

ANDREW SOLOMON reflects on resilience



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MOMS & DEPRESSION

Raising your spirits
while raising a family

8 Rules for RECOVERY in college

STRESS RELIEF:
KNIT AWAY
YOUR WORRIES

PAIN IN
BODY +
MIND

PLUS

OUTSMARTING SELF-SABOTAGE

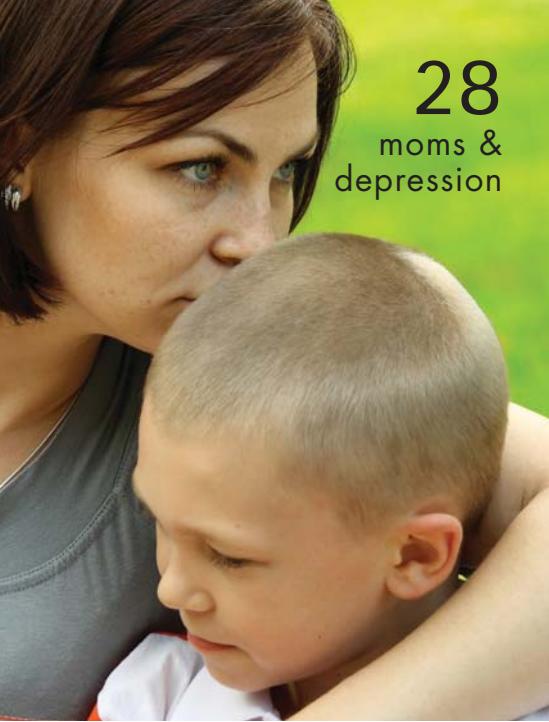
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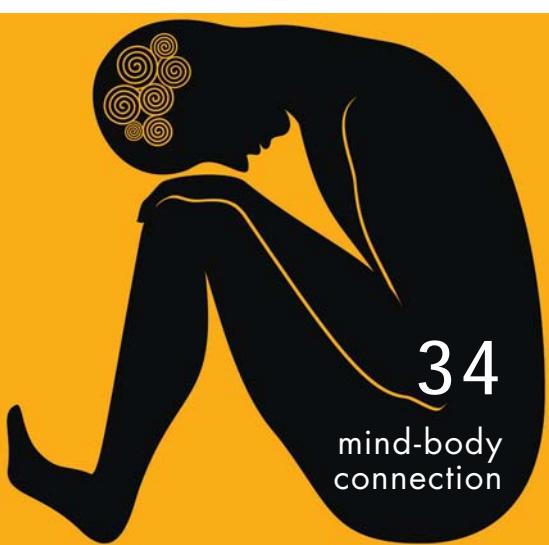
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- ✓ *See the person, not the illness*
- ✓ *Take action on mental health issues*

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Andrew Solomon

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publisher/founder JOANNE M. DOAN

art director BEATRICE LAUREY

graphic designer DENNISE LITTLE

finance manager COLIN PETT

editor ELIZABETH FORBES

news editor PAUL FORSYTH

proofreader LINDA MANSON

connections associate SHANE FURGAL

contributors MARGARET LANNING

MICHAEL RAFFERTY

SUSAN REINHARDT

DEBORAH SERANI, PSYD

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advisory board

ALLEN DOEDERLEIN: President, Depression and Bipolar Support Alliance (DBSA), Chicago, IL

KATRINA GAY: Director of Communications, National Alliance on Mental Illness (NAMI), Arlington, VA

GUSTAVO KINRYS, MD: Director, Mood and Anxiety Disorders Research Program, Cambridge Health Alliance, Harvard Medical School, Cambridge, MA

RAYMOND W. LAM, MD, FRCPC: Professor and Head, Division of Clinical Neuroscience, Department of Psychiatry, University of British Columbia; Medical Director, Mood Disorders Centre of Excellence, UBC Hospital, Vancouver, BC

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JULIE TOTTEM: President and Founder of Families for Depression Awareness, Waltham, MA

MADHUKAR TRIVEDI, MD: Director of Mood Disorders Research Program and Clinic, University of Texas Southwestern Medical Center at Dallas, TX

LINDA ZAMVIL, MD: Assistant Clinical Professor of Psychiatry, Harvard Medical School; Medical Director, Behavioral Health and Wellness Center Community Health Services of Lamoille Valley, VT

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editorial panel

RICHARD D'AMATO: Peer Advocate Specialist, Depression and Bipolar Alliance of Western New York, Buffalo, NY

DAVID CARMICHAEL, BED: Public Speaker on Mental Health, Canadian Mental Health Association, Niagara Region, ON

STEVEN L. DUBOVSKY, MD: Professor and Chair, Department of Psychiatry, State University of New York at Buffalo, NY

SUE GESCHWENDER: Parenting Volunteer, Buffalo, NY

TEDD R. HABBERFIELD, PHD: Licensed Clinical Psychologist, Williamsville, NY; Assistant Professor, State University of New York at Buffalo, NY

ROXANNE LIBBEY: Peer Support Worker, Canadian Mental Health Association, Niagara Branch, St. Catharines, ON

PATRICIA A. SAMSON: Parent Advocate, Mental Health Association of Erie County, Buffalo, NY

COLLEEN SHEEHAN: Certified Psychiatric Rehabilitation Practitioner, Buffalo, NY

EILEEN TRIGOBOFF, RN, DNS: Research Coordinator, Buffalo Psychiatric Center, Buffalo, NY

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CANADA:

HOPE'S RUN PUBLISHING, INC.

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To my mind, Andrew Solomon is one of our most compelling chroniclers of depression, that “emotional pain that forces itself on us against our will.” When his book *The Noonday Demon: An Atlas of Depression* won the prestigious U.S. National Book Award for nonfiction in 2001, it brought the reality of how disabling it can be to live with depression to a worldwide audience.

The Noonday Demon combines Solomon’s personal story with wide-ranging reportage. It’s the kind of book I want to read with a highlighter in hand because everything he says is so true (and so well said, to boot). Perhaps best of all, Solomon has excellent insights into all that’s involved in healing—as you’ll see in our profile “The Wisdom of Solomon.”

As a mother myself, I wanted that highlighter again for our cover story “Mom, Interrupted.” We internalize a lot of expectations about what it means to be a “good mother.” Depression doesn’t fit with any of them. And symptoms like fatigue, withdrawal and irritability have a ripple effect on our kids and partners.

Here’s something worth marking: “When it comes to action, the key strategies are adjusting your expectations and enlisting allies.” And this: “Addressing what’s happening head-on with children may ease some of the guilt that seems to go hand-in-hand with parenting with depression.” Our story offers guidance on what’s appropriate for different age groups as well as other helpful advice.

“Pain in Body, Pain in Mind” tackles the twin challenges of living with depression and a chronic medical condition. In this feature, we look at what science has to say about why so many medical conditions double up with depression—and what helps those who are coping with dual disorders. Connecting with peers was powerful for Scott J. “You realize that other people are wrestling with the same things and it brings a sense of normalcy back into your life,” he reports.

More and more people—38 million in the United States alone—are knitting. Trendy yarn shops in Manhattan even started men’s-only nights to cater to the growing number of guys who like to “knit one, purl two.” Not least of knitting’s attractions: stress relief. Turns out handicrafts can double as a kind of mindfulness practice. In “Knit a Bit,” Valeri Scott calls her craft projects “my happy place to go to.” Here’s to finding more happy places in our lives!

Elizabeth Forbes
Elizabeth Forbes, Editor

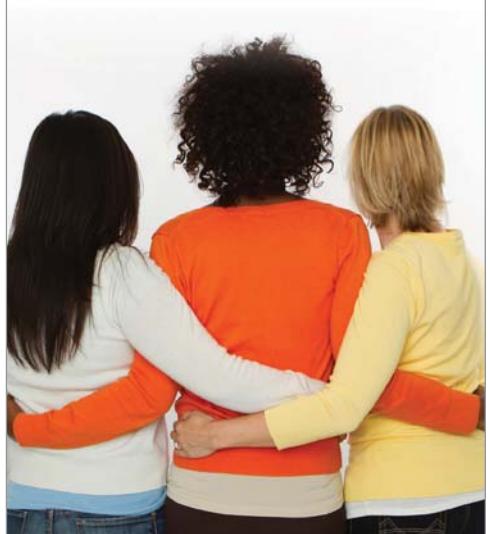
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MOTHERS' HELPER

AFTER READING the "mom power" article on Glennon Doyle Melton ("Truth Warrior," Fall 2015), I felt empowered. While I was pregnant I found it extremely helpful to be real and honest when chatting to my friends about how I felt about the upcoming change in my life. I was lucky that people were accepting of my fears and feelings. As a new mother, I think Doyle Melton's tips for how to decompress and address challenges and bouts of depression will prove to be useful. I like her concept of "brutiful" [that life can be "brutal" but also "beautiful"] and plan on trying to direct my own thinking that way.

Claire Collinson
PORTLAND, ME

I ENJOYED THE ARTICLE on Glennon Doyle Melton. It brought back memories of struggling to stay a (relatively) sane and reasonable person while raising two children. One of the things Doyle Melton mentioned was "trying to make it all good." I remember literally taking on the blame for bad weather on a family

vacation more than once. And trying desperately to make it all better for the family. At some point I managed to stand up on my hind legs and say, "This is not my fault."

Name Withheld
CONNECTICUT

THE ARTICLE ON Glennon Doyle Melton was such an affirmation for me. It was as if she was telling some of my story. I, too, have experienced depression/anxiety most of my life, while trying to parent six children and be a June Cleaver wife who appears to have it all together but inside is falling apart. Thank you for publishing articles that influence people living with mental health conditions to live life without barriers. This particular article will allow people to be made whole "out loud" and not suffer in silence.

C.K.
MILWAUKEE, WI

SOCIALIZING SKILLS

I TRULY ENJOY reading your magazine. In your article "Join the Party" (Fall 2015), I found this statement: "Anxiety is a reason to do something, not a reason to avoid doing something, since the more you do it, the easier it gets." That is a major direction and key to my life today. When the voice of my disease tells me to stay away and hide, that is the time it is most important to get moving, put one foot in front of the other, and be part of the world around me. Life is short. I have seen my share of my bedroom walls.

Alby Allen
GREENWATER, WA

NICE ARTICLE. People who have mental health issues have different problems socializing. These pieces of advice just might help them.

N.S. via hopetope.com

I WILL TRY some of the techniques listed in "Join the Party" as I am quite isolated and depressed. I do like to socialize, and it may help with my depression. Interesting article.

Mike via hopetope.com

“ THE ARTICLE ON GLENNON DOYLE MELTON WAS SUCH AN AFFIRMATION FOR ME. IT WAS AS IF SHE WAS TELLING SOME OF MY STORY. ”

BAKED GOODS

WHEN I READ the article on soothing stress by baking ("Bake Me a Cake," Fall 2015), I had to show it to my daughter. She has anxiety issues and is always wanting to bake. So now if she is feeling [anxious], she'll bake something delish! Kind of a win-win here at home. If only I could get her to cook for dinner!

M.J. via hopetope.com

MY GO-TO FOR relieving stress is almost always binge eating. Imagine my delight in reading how to soothe stress

through baking! I particularly like the idea of creating baked goods as gifts for others. Maybe I could slow down enough to bake one or two individual items for myself and avoid the havoc and pain of my full-on binges. This article helps me to reframe, or shall I say re-measure how I choose to react to anxiety and stress and worry.

*Leslie Kassal
BALTIMORE, MD*

REGARDING THE COMFORT of baking, I get similar results with outdoor grilling. There's a visceral pleasure in building a charcoal fire, smelling the smoke, and watching the sparks fly as it ignites—it's both a sensuous and therapeutic experience. You must keep a close eye as the food cooks, which requires focus and keeps you from dwelling on negative thoughts. And the praise you get from family and friends as they pound down your mesquite-grilled pizza, shrimp kabobs, or even burgers and hot dogs, will boost your self-esteem and make you feel great.

*Kevin Withers
CAMARILLO, CA*

CLUTTER VS CLARITY

THE ARTICLE ABOUT CLUTTER ("Harmony in the Home," Fall 2015) and how it affects the mind was quite good. I have been going through clothes drawers, closets, book cases, shelves, and anything else you can think of. I have a built-in need for organization and simplicity. I go through my attic and shed every couple of months and throw out unnecessary items. I continue to try and make my living space a positive environment without clutter. I do believe it helps me mentally. This was a great article.

*Tim Glover
CHESTER, VA*

THE NAIL WAS hit on the head reading your article on clutter. My rooms all have clutter and for some time now I could feel the stress behind it all. I have trouble "letting go." I have experi-



Sitting at home isn't the solution for shyness and social anxiety—so try these ideas instead

BY LORI HILL

It's easier to sit alone rather than go to a holiday party. Should he or she enter a lonely house after the rest of the crowd has gone?

But most of the time, this is the stuff dreams are made of. What a great opportunity to practice social skills! And if you're more withdrawn than social butterfly, a party invitation may cause a panic attack.

If you're an introvert, this is the very idea of mingling with the masses can be overwhelming. In such instances, we are stronger odds as dreamers of how to handle social situations. And if you suffer from social anxiety, the thought of walking into a room full of unfamiliar faces might trigger an panic attack.

"Uncomfortable" is how one Chicago man described time spent at performances. When he was growing up, says Tom O'Connor (just his real name), his strict parents would force him to go to shows that he really had the freedom to decline.

"Since I wasn't exposed to these events, I didn't feel like I deserved these experiences," he says. "I'm not the type of person who would often look onto one person and think, 'I'm not good enough.'"

These days, he's selective about what events he chooses to attend. And when he does go, he's more prepared. "I always try to bring a book along," he says. "If I'm sitting there, I might offer something of value to the person next to me."

"Uncomfortable" is how one Chicago man described time spent at performances. When he was growing up, says Tom O'Connor (just his real name), his strict parents would force him to go to shows that he really had the freedom to decline.

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'ANXIETY IS A REASON TO DO SOMETHING, NOT A REASON TO AVOID DOING SOMETHING.' THAT IS A MAJOR DIRECTION AND KEY TO MY LIFE TODAY.

enced the accomplished feeling of being clutter-free. I even sleep better in an uncluttered bedroom. Your article is a great reminder and motivator to get with the program again. Thank you so much for helping me remember!

Sue via hopeCOPE.com

similar experiences. It helps me to know that I'm not alone and that the thoughts I have are not just "weird." Your magazine has helped me tremendously. I want every waiting room in a psychiatrist/psychologist's office to have it. We have to know that we are normal and that we can change how we feel with the right kind of help.

*Angela Cotnam
MATTAWA, ON*

'HOPE AND COMFORT'

YOUR MAGAZINES have provided me with valuable information that I have not been able to find online or in other resources. I am very proactive regarding my mental health, and your magazines have timely and up-to-date stories of real people and offer the best advice regarding coping strategies. I would take them to my therapist and we would use some of the content for talks in our sessions. Thank you for publishing magazines that allow me to keep up with current information and have offered me hope and comfort.

*Joanna Deacon
PINELLAS PARK, FL*

AS SOMEONE WHO deals with generalized anxiety and chronic depression, I love to read stories about others with

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Depressions and Bipolar Illnesses - A Critical National Health Issue

The National Network of Depression Centers (NNDC) was created to mobilize collaborative expertise in response to a critical national health issue. Through the Power of a Network, we have undertaken projects of a size and scope that no single institution could tackle alone, and momentum is building. The NNDC, in alliance with the Canadian Depression Research and Intervention Network (CDRIN), bring together



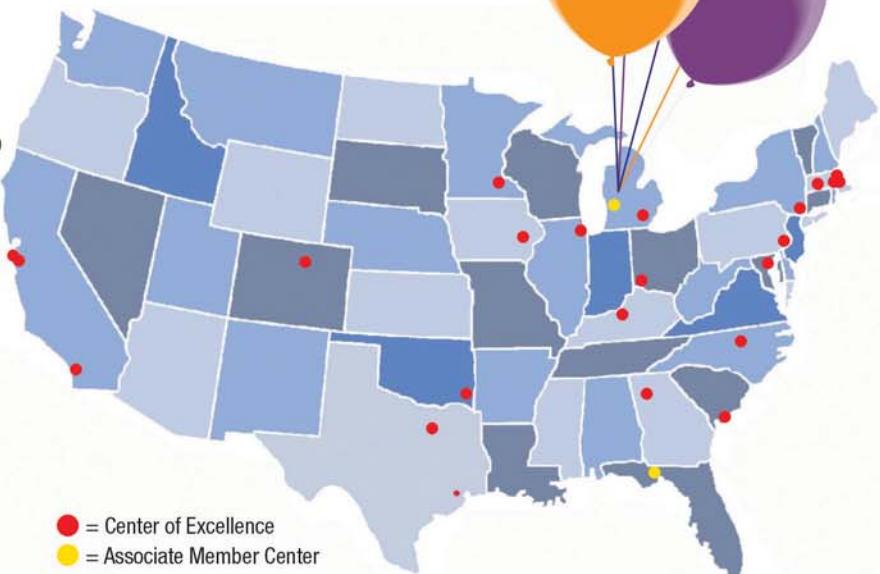
members who represent the best in their field and have launched initiatives that can transform the landscape of depression and related mood disorders.

To learn more about our work and how you can contribute to the NNDC's vital and complex work, please contact: National Network of Depression Centers: 2350 Green Road, Suite 191, Ann Arbor, MI 48105, call 734.332.3914 or visit our website at nndc.org.

The NNDC Member Sites:

- Brigham & Women's Hospital, Partners HealthCare – Harvard Medical School
- Duke University
- Emory University
- Florida State University College of Medicine
- The Johns Hopkins Mood Disorders Center
- Massachusetts General Hospital, Partners HealthCare – Harvard Medical School
- Mayo Clinic
- McLean Hospital, Partners HealthCare – Harvard Medical School
- Medical University of South Carolina Comprehensive Depression Center
- Menninger Clinic – Baylor College of Medicine
- Stanford University
- Michigan State University - Pine Rest
- University of California, San Diego
- University of California San Francisco Depression Center
- University of Cincinnati & Lindner Center of HOPE
- University of Colorado Denver Depression Center
- University of Illinois at Chicago
- University of Iowa Mood Disorders Center
- University of Louisville Depression Center
- UMass Medical School / UMass Memorial Health Care
- University of Michigan Comprehensive Depression Center
- University of Pennsylvania
- University of Texas Southwestern Medical Center
- Weill Cornell Medical College

Congratulations and Welcome to our New Associate Member Center: Michigan State University - Pine Rest



FONDA

NICKNAME: Tweetie.

FAVORITE TV SHOW: Believe it or not, the *Andy Griffith Show*. It's funny to this day and it reminds me of being a kid and my grandmother.

FAVORITE HOLIDAY: Mother's Day. My son goes all-out for me and always seems to get me a great gift from the heart.

ON TOP OF MY PLAYLIST: Aerosmith. I've seen them three times in concert.

MOST UNUSUAL TALENT: Being able to talk to strangers. People I don't even know will strike up a conversation and tell me about their lives.

MOST TREASURED ITEM: My Emmitt Smith No. 22 jersey. I am a big Dallas Cowboys fan.

TO DESTRESS I LIKE TO: Do cardio and lift weights. For me, working out is about #SanityNot-Vanity. And I recently started coloring in adult coloring books.

IT MIGHT SURPRISE YOU TO KNOW:

My father was a famous R&B singer by the name of Johnnie Taylor. And no, I can't sing.

I WISH I WERE BETTER AT: Being patient.

BIGGEST INDULGENCE: Shoes. My 4-year-old grandson said to me, "Nana, you have too many shoes." I replied, "Never tell a woman she has too many shoes."

MY HERO IS: My best friend, who is fighting late-stage breast cancer. Not once have I heard her complain. She always has a smile on her face and is always helping others.

I'M MOTIVATED BY: Knowing that I am making a difference as a mental health advocate.

MOST VALUABLE COPING STRATEGY:

Counting my blessings.

GREATEST LESSON I'VE LEARNED:

Your parents do know best 95 percent of the time!

Diagnosis: Depression • **Diagnosed:** 1995

Location: Charlotte, North Carolina • **Age:** 55

Occupation: New business coordinator for an insurance company



eye on anxiety and depression headlines

quick picks

Melbourne revamps crisis calls

January 3, 2016, MELBOURNE, Australia—On-site psychiatric evaluations for individuals in crisis have slashed lengthy waits at hospital emergency departments for both the individual and responding police officers, the *Maroondah Leader* reports. People can get early intervention instead of being locked in the back of a police van, said clinician Cathy Cooper, RN, CPN.

India looking at treatment gaps

December 27, 2015, BENGALURU, India—A survey of mental health needs and existing services in 12 of India's 29 states will be submitted to the national Union Council in June. The ground-breaking survey will be used to identify treatment gaps and create pathways for care.

Refugees in Europe at emotional risk

December 14, 2015, GENEVA, Switzerland—The UN High Commissioner for Refugees and more than a dozen other agencies have issued guidelines for how to protect the mental health and psychosocial well-being of the wave of refugees seeking asylum in Europe, saying displaced persons may feel overwhelmed, confused, and extremely anxious.

Policy goals elusive in South Africa

December 1, 2015, CAPE TOWN, South Africa—A University of the Free State researcher said progress has been slow since South Africa adopted a national policy for mental health in 2013. André Janse van Rensburg cited meager public funding, a woefully inadequate mental health workforce, vast distances to access specialized services, and severe stigma.

Innovative project turns to people with lived experience

January 2, 2016, BOSTON, MA—An online project to investigate better treatments for depression and bipolar disorder is pushing the envelope in its scope and approach, the *Boston Herald* reports.

The MoodNetwork initiative plans to incorporate input from 50,000 individuals with those diagnoses in hopes of developing more targeted, personalized therapies. Family members, clinicians and researchers will also play a part.

"It's really a game-changer. It's meant to be a different way of doing research and collaborating with patients," said Andrew A. Nierenberg, MD, a researcher with Massachusetts General Hospital who is leading the project.

The MoodNetwork is also meant to provide support for participants, who can share information with each other through forums and blogs and take advantage of mood tracking tools.

Manitoba loosens PTSD rules

January 1, 2016, WINNIPEG, MB—Provincial legislation taking effect today recognizes post-traumatic stress disorder (PTSD) as a work-related illness, according to CTV News.

The new rule covers all employees who are eligible under the Workers Compensation Board. It applies to everyone

from firefighters and first responders to nurses and retail workers, the news report said.

Manitoba Premier Greg Selinger said the change allows people with PTSD to get timely help. He called the legislation a first in Canada and expressed the hope that other provinces follow Manitoba's lead.

NY prisons to train all guards

December 27, 2015, ALBANY, NY—All prison guards and staff who have direct contact with inmates in state prisons must now get eight hours of training a year to recognize the symptoms of poor mental health, the Associated Press reports.

Assemblywoman Aileen

Gunther, who sponsored the new law, said it's vital that corrections staff recognize behavior that could result in suicide, self-harm or harm to others, and to get those inmates appropriate treatment. Previously, only new employees were required to get the training.

Princess Kate named top 'health hero'

December 24, 2015, LONDON, England—Catherine, Duchess of Cambridge, leads the list of 10 "health heroes" for 2015 for her ongoing work to champion the mental health of children, the *Evening Standard* reports.

The Duchess, known by her nickname Kate, was honored by the website MyHealthLondon for using her high profile to speak out on a subject that for decades was kept in the shadows. She is a patron of the Place2Be charity, which promotes early intervention in schools.

The rapper Professor Green was



Photo: RICKY WILSON/Wikimedia Commons

also named a health hero for discussing his father's death by suicide in order to highlight the number of young men taking their own lives.

One in five UMinn students report depression, anxiety diagnosis

December 23, 2015, MINNEAPOLIS, MN—The number of University of Minnesota students reporting a lifetime mental health diagnosis has increased 33 percent since the university's student health survey was last conducted in 2013, the news site *MinnPost* reports.

Some of that jump may relate to a lessening in stigma, said Gary Christenson, MD, chief medical offi-

cer with the Boynton Health Service, which conducts the survey. Young people are more comfortable talking about mental health issues and more willing to seek help, he said.

Around a fifth of UMinn students reported a lifetime diagnosis of depression. The same percentage reported an anxiety diagnosis. Nearly a third of students said their stress levels felt hard to manage.

NAMI sounds alarm on state trends

December 8, 2015, ARLINGTON, VA—Even as public awareness of the need for mental health services continues to increase, funding fell in more U.S. states than not in 2015, according to a new U.S. National Alliance on Mental Illness (NAMI) report.

In its state-by-state review of mental health legislation, NAMI found "cause for alarm" in the latest trends in mental health budgets. The country has regained some of the ground lost during the devastating recession, which led to \$4.35 billion in overall cuts. However, fewer than

half of the 50 states increased mental health funding this past year.

Only 11 states have increased investment in every year from 2013 to 2015, while three—Alaska, North Carolina and Wyoming—have shrunk their spending each year.

The new report also highlights promising legislation, including creation of a housing trust fund in Arizona that provides rental assistance to people with serious mental illness, and efforts in Utah to improve mental health services for inmates and develop alternatives to incarceration.

Reforms in Australia target homelessness as part of health care

December 11, 2015, SYDNEY, Australia—The Australian government's mental health reforms could help address rising rates of homelessness among people with mental illness, the Australian Broadcasting Corporation reports.

New statistics show that about a quarter of Australia's homeless population has mental health issues. In the past few years, that has been the fastest growing group of people getting services from homelessness agencies across the country.

The national framework for mental health reform aims to address factors in someone's life that affect mental well-being, such as lack of housing or a substance addiction, said federal health minister Sussan Ley. Health care networks would be charged with finding solutions if someone has no place to sleep that night or is at risk of losing lodging.

Report highlights need for help before police get involved

December 10, 2015, ARLINGTON, VA—A new report says people with untreated mental disorders are 16 times more likely than others to be killed by police, *USA Today* reports. The startling statistics come from the Treatment Advocacy Center, which said about one in four fatal police encounters involve someone with mental illness.

The organization urged lawmakers to enact public policies to better track the use of deadly force by police. In addition, the group said cuts to the mental health system must be restored so that people with severe psychiatric issues receive help long before they interact with police.

"Individuals with untreated mental illness are vastly overrepresented in every corner of the criminal justice system," said John Snook, executive director of the Treatment Advocacy Center and co-author of the report. "Until we reform the public policies that have abandoned them there, these tragic outcomes will continue."

eye on anxiety and depression research



Brain stimulation may be helpful for hard-to-treat OCD

February 1, 2016, BRON, France—Transcranial direct current stimulation (tDCS) shows some promise for treating treatment-resistant obsessive-compulsive disorder (OCD), a pilot study suggests.

French researchers tested the non-invasive use of electrical current on people with treatment-resistant OCD in 10 sessions given twice a day. The anode (positive) electrode was placed over the right cerebellum area of the brain, which has been shown to be overactive in people with OCD. The cathode (negative) electrode was placed above the left orbitofrontal cortex, which has been observed to be underactive in people with OCD.

The study found a roughly 25 percent decrease in OCD symptoms at three months post-treatment, but no effect on depressive symptoms was observed. The authors said further exploration is needed in a larger, randomized study.

The study, which appeared in the journal *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, was entitled "Transcranial direct current stimulation in treatment-resistant obsessive-compulsive disorder: An open-label pilot study."

Computerized cognitive training aids global functioning in major depression

January 1, 2016, NEW YORK, NY—Computerized cognitive training (CCT) appears to be beneficial for people with major depressive disorder, according to a new study.

Cognitive training involves exercises designed to strengthen memory, focus, and other aspects of cognition. American researchers analyzed nine previous trials of CCT in people with depression to review its effect on mood symptom severity, daily functioning, and cognition.

They found a significant effect on global functioning (overall social,

occupational and psychological coping abilities); a moderate effect on attention, working memory, and daily functioning (accomplishing everyday tasks); and a smaller improvement in symptom severity.

The training did not appear to have significant influence on verbal memory or executive functioning (the ability to plan and organize).

The study, which appeared in the *Journal of Affective Disorders*, was entitled "Computerized cognitive training and functional recovery in major depressive disorder: A meta-analysis."



Risk factors for maternal PTSD

January 1, 2016, ANTWERP, Belgium—A new study has identified risk factors and possible protective measures for post-traumatic stress disorder (PTSD) in new mothers.

Belgian researchers said from 13 percent to 20 percent of women in their study had PTSD symptoms six weeks after giving birth, yet PTSD symptoms after birth are not yet well understood by health care workers.

The researchers found that Islamic belief, a traumatic childbirth experience, a lower family income, a history of psychological or psychiat-

ric consults, and complications during delivery significantly predicted PTSD symptoms.

On the flip side, midwifery team care and the opportunity to ask questions of the team, as well as experiencing a normal physiological birth, were significantly associated with fewer postnatal PTSD symptoms.

The study, which appeared in the journal *Midwifery*, was entitled "Post-traumatic stress disorder after childbirth and the influence of maternity team care during labour and birth: A cohort study."

Greater awareness needed to address anxiety's role in cardiovascular disease

January 1, 2016, HUDDINGE, Sweden—Anxiety is emerging as one of the most important risk factors for cardiovascular disease, joining other factors such as depression, sedentary lifestyle, being overweight, and substance abuse, according to a new study from Sweden.

The researchers found that anxiety also increases the risk of major cardiac events in people with coronary heart disease.

They said more awareness is needed of anxiety's influence in takotsubo

cardiomyopathy, also known as stress cardiomyopathy—a temporary condition in which the heart muscle becomes suddenly weakened or "stunned"—and in the common phenomenon of people whose blood pressure increases when visiting the doctor.

Furthermore, managing anxiety is of vital importance to people who have had heart transplants, they said.

The study, which appeared in the journal *Current Opinion in Psychiatry*, was entitled "Anxiety as a risk factor in cardiovascular disease."

Older adults far more likely to develop PTSD after surviving a natural disaster

January 1, 2016, BRISBANE, Australia—Older people are at higher risk than younger adults of developing post-traumatic stress disorder (PTSD) following natural disasters, a new study has found.

Australian researchers analyzed existing studies to look at PTSD, depression, anxiety disorders, psychological distress, and adjustment disorder (a stress-related mental illness).

Older adults were more than twice as likely to experience PTSD symptoms

when exposed to natural disasters, and also had an elevated risk of developing adjustment disorder.

Mental health services need to be alert to early detection and management of PTSD in this population after a natural disaster, the authors said.

The study, which appeared in the journal *International Psychogeriatrics*, was entitled "Mental health implications for older adults after natural disasters—a systematic review and meta-analysis."

MDD raises odds of falls for seniors, but subthreshold symptoms do not

January 1, 2016, LONDON, England—More research is needed into the link between major depressive disorder (MDD) and falls in older adults, British researchers said.

The researchers reviewed previous studies and selected only those that specified MDD diagnoses. In looking at three studies involving 976 older adults, the researchers found that those with MDD are at increased risk of falling compared to those who

don't have MDD.

They said the odds of falling were higher when considering only people with MDD rather than anyone with subthreshold depressive symptoms.

The study, which appeared in the journal *International Psychogeriatrics*, was entitled "Falls in older adults with major depressive disorder (MDD): A systematic review and exploratory meta-analysis of prospective studies."

Teens with GAD should be watched for later depression

January 1, 2016, TORONTO, ON—Clinicians should be alert to signs of depression in teens who have generalized anxiety (GAD), a new study suggests.

Canadian, British and Australian researchers examined data from a study that has charted the health of more than 14,000 families since the 1990s. Their study found having symptoms of generalized anxiety at age 15 was associated with a higher risk of a depression diagnosis at age 18. There was no such association for symptoms of panic disorder.

The study, which appeared in the journal *Psychological Medicine*, was entitled "Symptoms of generalized anxiety disorder but not panic disorder at age 15 years increase the risk of depression at 18 years in the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort study."

Differences seen in anxious depression

December 31, 2015, BEIJING, China—People who have major depression with anxiety-related characteristics appear to have distinct illness aspects from those with non-anxious major depression, a new study has found.

Chinese researchers said those with "anxious depression" were more likely to be older, to have an older age of onset, to have more reported lifetime episodes of depression, and were more likely to have seasonal depressive episodes and more episodes following stressful life events.

They found no significant differences in terms of sex, educational level, work status, or melancholic features associated with the depression.

The study, which appeared in the journal *Clinical Psychopharmacology and Neuroscience*, was entitled "Risk factors for anxiety in major depressive disorder patients."



Stresses of city living may contribute to higher rates of mental health issues

December 2, 2015, GRONINGEN, The Netherlands—City living may put people at higher risk of mental health issues, according to a new study.

Dutch researchers said people living in urban areas are exposed to traffic fumes, noise, crime and other stressful factors. When compared to people living in rural or semi-rural areas, city residents had higher rates of major depression and generalized anxiety disorder, as well as poorer lung function.

However, they had lower prevalence

of metabolic syndrome, a term used to describe a cluster of conditions including increased blood pressure, a high blood sugar level, excess body fat around the waist and abnormal cholesterol levels.

The authors said more research is needed to explore the mechanisms underlying the different health outcomes.

The study, which appeared in the journal *PLOS ONE*, was entitled "(Un) Healthy in the city: Respiratory, cardio-metabolic and mental health associated with urbanity."

Cyberchondria linked with OCD

December 15, 2015, TALLAHASSEE, FL—The vast amount of information available online at the click of a mouse button may play a role in some aspects of obsessive-compulsive disorder (OCD), a new study suggests.

American researchers said more studies are investigating the "vicious cycle" of cyberchondria, or the interplay of escalating physical health concerns and seeking medical information online. They said research has shown that cyberchondria is strongly associated with health anxiety, but less is known about other types of anxiety disorders.

They looked at hundreds of people and found significant associations between cyberchondria and the OCD symptoms of contamination/washing and responsibility for harm/checking. Furthermore, greater cyberchondria was associated with greater symptom severity.

The study authors said more research is needed to determine whether there is a causal relationship at work or whether they are simply co-occurring phenomenon.

The study, which appeared in the journal *Psychiatry Research*, was entitled "Relationships between cyberchondria and obsessive-compulsive symptom dimensions."



Cognitive therapy helps adolescents with social anxiety

December 7, 2015, LONDON, United Kingdom—Cognitive therapy for social anxiety disorder (CT-SAD), which has been shown to be effective in adults, also appears beneficial for teens with social anxiety disorder, a new study suggests.

British researchers said social anxiety disorder often develops in childhood or adolescence. They followed a small group of teens with severe social anxiety who received a course of CT-SAD adapted for adolescents. The authors said all the participants achieved remission by the end of treatment, and significant improvements were also observed in general anxiety, depression, and concentration in the classroom.

The study, which appeared in the journal *Behavioural and Cognitive Psychotherapy* online ahead of print, was entitled "Cognitive therapy for social anxiety disorder in adolescents: A development case series."

Mental illness associated with lower life expectancy in Quebec

December 1, 2015, MONTREAL, QC—Life expectancy for Quebec residents with mental illness is years shorter than the general public, according to a new study.

Canadian and Australian researchers analyzed longitudinal data and found that among those who had received a mental disorder diagnosis, life expectancy was eight

years lower for men and five years lower for women.

Cardiovascular disease and cancer were the most common causes of premature death.

The study, which appeared in the *Canadian Journal of Psychiatry*, was entitled "A surveillance system to monitor excess mortality of people with mental illness in Canada."

The fraternal twins of mood disorders

anxiety depression

Anxiety is a normal reaction to stress. It helps one deal with a tense situation. But when it becomes an excessive, irrational dread of everyday situations, it has become a disabling disorder.

Who is affected?

Anxiety disorders affect approximately 12% of adults in a given year.

Types of anxiety disorders

Generalized Anxiety Disorder (GAD): chronic anxiety, exaggerated worry, and tension, even when there is little or nothing to provoke it.

Obsessive-Compulsive Disorder (OCD): recurrent, unwanted thoughts and/or repetitive behaviors.

Panic Disorder: unexpected and repeated episodes of intense fear.

Post-Traumatic Stress Disorder (PTSD): persistent frightening thoughts and memories of a terrifying ordeal.

Social Phobia, or Social Anxiety Disorder: overwhelming anxiety and excessive self-consciousness in everyday social situations.

Signs and symptoms

All symptoms cluster around excessive, irrational fear and dread, but each disorder has different symptoms.

GAD: worries accompanied by fatigue, headaches, muscle tension, or other physical symptoms.

OCD: persistent, unwelcome thoughts or images, or the urgent need to engage in certain rituals.

Panic Disorder: feelings of terror that strike suddenly and repeatedly without warning. Frequently accompanied by a pounding heart, sweatiness, weakness, faintness and dizziness.

PTSD: emotional numbness and detachment, sleep problems, and a tendency to be easily startled.

Social Phobia: a persistent, intense, and chronic fear of being watched and judged by others and being embarrassed or humiliated. Often accompanied by blushing, profuse sweating, and other physical symptoms.

Treatment

Anxiety disorders are generally treated with a combination of medication and cognitive-behavioral therapy (CBT) with effective results. Many people with anxiety disorders also benefit from support groups, family counseling and educational resources.

HOW TO GET HELP

TALK to someone you trust with experience in mental health—for example, a doctor, nurse, social worker, or religious counselor. Ask their advice on where to seek treatment.

CONTACT

CANADA:

Canadian Association for Suicide Prevention • suicideprevention.ca

UNITED STATES:

The National Suicide Prevention Lifeline • Call (800) 273-TALK.

REACH out to local mental health organizations through:

CANADA:

Canadian Mental Health Association • cmha.ca

Mood Disorders Society of Canada mooddisorderscanada.ca

UNITED STATES:

Depression & Bipolar Support Alliance • dbsalliance.org

National Alliance on Mental Illness nami.org

Mental Health America mentalhealthamerica.net

Depression is a serious medical illness. It's more than just feeling "down in the dumps" or "blue" for a few days. It's feeling "down" and "low" and "hopeless" for weeks at a time.

Who is affected?

Depression is a common condition that affects about 8% of adults every year.

Types of depression

Major Depressive Disorder, or Major Depression: a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities.

Persistent Depressive Disorder (formerly known as Dysthymia): long-term (two years or longer) but less severe symptoms that may not disable a person but can prevent one from functioning normally or feeling well.

Some forms of depressive disorders exhibit slightly different characteristics than those described above. They include:

Psychotic Depression: When a severe depressive illness is accompanied by some form of psychosis, such as a break with reality, hallucinations, and delusions.

Postpartum Depression: Diagnosed if a new mother develops a major depressive episode within one month after delivery.

Seasonal Affective Disorder (SAD): The onset of a depressive illness during winter, when there is less natural sunlight. The depression generally lifts during spring and summer.

Bipolar Disorder, also called Manic-Depressive Illness: Cycling mood changes from extreme highs (mania) to extreme lows (depression).

Signs and symptoms

These include: **Emotional**

- ▶ Persistent sad, anxious, or "empty" feelings
- ▶ Feelings of hopelessness and/or pessimism
- ▶ Feelings of guilt, worthlessness, and/or helplessness
- ▶ Irritability, restlessness
- ▶ Loss of interest in once-pleasurable hobbies or activities, including sex

Physical

- ▶ Chest pain
- ▶ Digestive problems
- ▶ Fatigue / exhaustion
- ▶ Headaches
- ▶ Pain (back, joint and/or muscle)
- ▶ Weight loss or gain

Treatment

Depression is the most treatable of mental illnesses. Most people who suffer from depression are helped by their treatment plans which usually include medication and/or psychological counseling. Support from trusted family members, friends and self-help groups are also key to recovery.

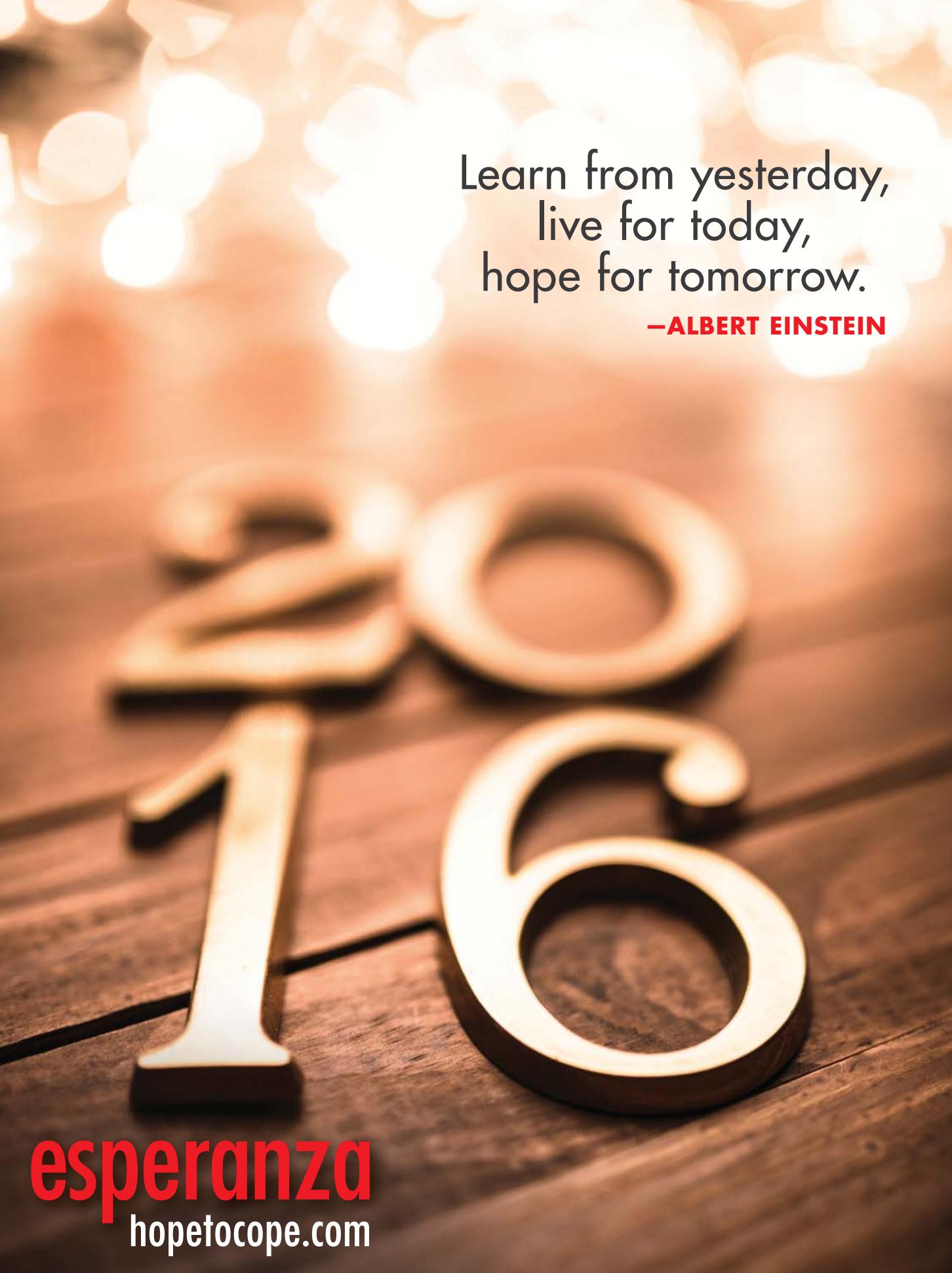
If you are thinking about suicide, get help immediately. **CALL 911** or visit your local emergency room or nearest hospital.

For inspirational articles go to:

HOPETOCPE.COM

esperanza

hope to cope with anxiety and depression



Learn from yesterday,
live for today,
hope for tomorrow.

—ALBERT EINSTEIN

esperanza
hopetoscope.com

Survival instinct

In one of the first pieces that I wrote for *esperanza*, I made the point that I don't want to be described as "suffering from depression." It is much better, I argued, to describe me as "struggling with depression." It's all about the active versus the passive verb.

Okay, I take words seriously. (Too seriously, some would say.) I love words and all their nuances.

I have recently been focused on the word "survivor." As in "depression survivor." I have *struggled* with depression for more than half my adult life. I resist, however, saying that I have *survived* depression. If I am referred to that way, my impulse is to go into full-sarcasm mode and reply, "Whoa, there! I'm not a survivor yet."

“THINKING BACK ON THOSE EPISODES NOW, I AM STARTING TO APPRECIATE MY OWN RESILIENCE.”

To me, survival implies arrival at the far end of an ordeal. It's the sort of claim that you'd see on a T-shirt: "I survived the winter of 2016," or, "I survived the holidays with my in-laws." But lately, I have been reconsidering the notion.

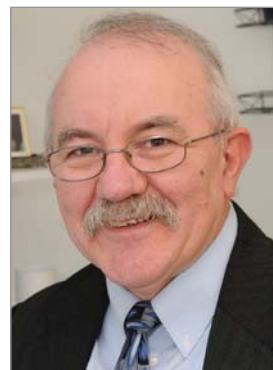
I have been reading a book titled *The Theater of War*, by Bryan Doerries. In its preface, Mr. Doerries describes himself as a philologist—a lover of words—so I was a fan right from the get-go.

The book draws on Doerries' experiences in staging ancient Greek tragedies for audiences of combat-hardened Marines and prison inmates with life sentences. He wants his audiences to see that the private struggles that torture Ajax or Prometheus—guilt, abandonment, despair—are shared human experiences.

Ajax was a soldier who (spoiler alert!) lost his best friend, Achilles, in the Trojan War. Consequently, Ajax had an Olympian-level case of survivor's guilt. In the Prometheus myth, Zeus chains the defiant Titan to a rock on a mountainside. His only visitor is an eagle sent to torture him every day. Being immortal, he seems destined for a future of eternal misery.

(Actually, there's a happy ending: Prometheus eventually gets rescued by Hercules.)

I am generally loathe to use military metaphors to describe illness. No patient ever volunteered to be sick, and



later, I remember the awakening I experienced in that small theater: "This O'Neill guy knows something about me!"

I won't go into the details about the Tyrone family's, um, issues because a) this is a family magazine, and b) my family will read this. Let's just say that shame, resentment and fear figure into the plot. It took me years—decades actually—before I understood that I was on my own journey into night. It took me a little longer to understand that dawn did not always promise a better day.

As a case in point, I have a distinct recollection of a crisp autumn day in 2006. I could feel the bear hug of a depression coming on when I got out of bed that morning, but it wasn't until midafternoon that I felt it crushing my chest. I was walking my dog at the time, trying to keep one foot in front of the other, hoping I could cover the two blocks back home without breaking into sobs. I can still remember thinking, "I can't go through this again. I can't. I just can't."

Here's the weird part: Even as my depression was lifting—crying can be very therapeutic—I was already anticipating the next one. And there was a next one. And another after that, and another, and—well, you get the idea.

Thinking back on those episodes now, I am starting to appreciate my own resilience. That just might be what surviving is all about.

That's kind of Promethean, don't you think? **e**

MICHAEL RAFFERTY IS A FREELANCE WRITER AND CONSULTANT FOR NONPROFIT ORGANIZATIONS. HE AND HIS WIFE LIVE IN THE BOSTON AREA.

THE WISDOM OF SOLOMON

*The award-winning author of 'The Noonday Demon'
reflects on what he's learned from his depression*

By Lori Hile





Photo: ANNIE LEIBOVITZ

Ican't imagine myself without depression," writer Andrew Solomon tells a roomful of therapists, educators, and peers gathered for his keynote address at the Depression and Bipolar Support Alliance (DBSA) national conference in Chicago.

Solomon, 52, seems the picture of poise and self-assurance as he holds court, cutting a dapper figure in his crisp pinstripe suit. With the erudition of an Ivy League professor—he's on the faculty at Columbia University Medical Center—and the panache of a polished speaker, Solomon delivers his carefully crafted prose with apparent enjoyment.

Can this vibrant presenter really be a famous chronicler of his own profound depression?

Readers introduced to Solomon in his memoir *The Noonday Demon: An Atlas of Depression* got to know an eloquent and introspective man—but one plagued by the twin devils of depression and anxiety. Solomon doesn't sugarcoat his struggles in the book, detailing his symptoms and treatments while also examining the disorder through a scientific and cultural lens.

The book nabbed the 2001 National Book Award for nonfiction and was short-listed for the Pulitzer Prize. At a time when admitting to depression incurred even more serious stigma than today, his narrative helped raise awareness and shift public perception.

Solomon describes some of his battles to the DBSA audience, starting with his first major depressive episode in 1994. Over the previous three years he had endured several foundation-shaking events—his mother's death, the end of a relationship, moving back to the U.S. from overseas—and emerged seemingly unscathed. Ironically, it was at a more positive milestone that serious symptoms of depression set in.

On the cusp of publishing his first novel, he experienced a loss of interest in almost everything. The thought of seeing friends or performing simple tasks triggered exhaustion and a sense of dread. One morning, he woke up and felt literally paralyzed, unable to budge from bed or pick up the phone.

That night—at age 30, with a master's degree in English under his belt—he moved back home with his father. The older man had to assist with any number of everyday functions, including cutting Solomon's food for him.

As if that wasn't humiliating and excruciating enough, the illness packed a

secondary punch—a feeling of “free-floating” anxiety he describes as “horrific every single second.”

The process of recovery went in spurts and starts as Solomon went on and off medication at least six times. Ultimately he realized that “depression is a cyclical illness and that dealing with it requires a long-term commitment.”

Over the years he has assembled a combination of supports that hold his demons at bay.

“I take medication, I’m in psychotherapy, and I’ve attempted to surround myself with love. I think that those are all incredibly helpful. Maybe it’s somehow a placebo effect, but whatever it is, it appears to be working.”

Embracing his depression—or at least accepting it as a permanent part of who he is in the world—has also been central to his recovery. In many ways, writing *Noonday Demon* was an attempt to understand his relationship with this tenacious visitor.

It was also an attempt to puzzle out the secret of resilience—why some people dealt with acute depressive symptoms yet still found meaning in their lives, while others appeared to be completely disabled by relatively mild symptoms.

“I take medication, I’m in psychotherapy, and I’ve attempted to surround myself with love. I think that those are all incredibly helpful.”

As a gay man who grew up in the days when *Time* magazine derided homosexuality as “a pathetic second-rate substitute for life,” Solomon knew a little something about overcoming stigmatization.

Never a strong fit with masculine norms, Solomon says he was bullied steadily from grade school through high school. As he became aware of his homosexuality in adolescence, he worried that he would be a disappointment to his parents and spend his future “on the margins.”

Solomon says he grew up hearing from his mother “that family was the most important thing there was,” and for years he was convinced that being gay meant he would never have a family of his own. He even enrolled himself in sexual surrogacy therapy in a desperate attempt to turn straight.

He grappled with his sexual identity throughout college. He moved to England afterward, partly to figure himself out, and gradually came through his confusion and into the open.

“It took a long time to get out of the closet,” he says, “and I was darn well not going to go into some other closet and have this secret.... If I was dealing with [depression], I was going to be open and direct about it.”

After the book launched, Solomon received some hate mail from strangers telling him, “We don’t need crazy people like you,” and accusing him of shilling for Big Pharma (his father, Howard Solomon, has spent decades leading a major pharmaceutical company). Still, he says, “the vast amount of correspondence was from people who said they were helped.”

And then, of course, there was that little bonus called the National Book Award, the prestigious U.S. literary prize. “I said on the day [I received it], if you want to get ‘undepressed,’ try winning the National Book Award,” Solomon quips. “It feels like recognition not only for my literary enterprise but also for the validity of this as a subject of public conversation.”

It’s a conversation Solomon is passionate about having on behalf of the many people worldwide who lack the resources to get help. In a new chapter Solomon wrote for the 2015 edition of *Noonday Demon*, he laments that only 1 in 12 individuals with depression receive treatment, and often it is inadequate treatment.

“Mental health is not a luxury,” he says, visibly frustrated. “Access to decent care and the ability to function at your maximum level ... should be available to everyone.”

Inspired by a study where low-income individuals with depression were successfully and dramatically treated, Solomon tried to convince U.S. lawmakers to

“It took a long time to get out of the closet and I was darn well not going to go into some other closet [because of stigma].”

AN OPEN BOOK

Solomon knew he risked stigmatization by publicly plumbing the depths of his despair.

“I felt it needed to be spoken about,” he tells *esperanza* in a brief interview after the lecture.

“There is a point which I sort of admitted to it, but wished it weren’t true. Then I eventually got to the point of thinking, ‘Actually, it’s who I am.’”

He wasn’t about to repeat that whole painful process with this new element in his life.



MODERN FAMILY There's a lot of love to go around for Andrew Solomon (in beige) and his husband, John Habich, whose clan includes four children in three households. George, who is Solomon's biological son, sits between the two men. Next to Solomon is his longtime friend Blaine, then their daughter, also Blaine (in the blue dress). The couple at right, Tammy and Laura, are raising Lucy and Oliver (seated at far left), who were fathered by Habich. "All four children call us Daddy and Papa," Solomon reports. **Photo:** MICHAEL SHARKEY

expand mental health care programs for the poor, only to be told that poor people don't vote. If he wanted to help them, he needed to make voters care about seeing changes.

So Solomon continues doing what he does best: telling stories that otherwise might not get told. In a *New York Times Sunday Magazine* cover story last year, he tackled the issue of depression during pregnancy. (Solomon was awarded a doctorate in psychology from Cambridge University in 2013 for his research on maternal identity in pregnant women and new mothers.)

DAD MATERIAL

Creating a family, albeit a modern and complicated one, has been a tonic for Solomon. That neither marriage nor fatherhood come easily for a gay man makes those bonds that much more precious.

Solomon met fellow journalist John

Habich on his book tour for *Noonday Demon* in 2001 and both were soon smitten. Enamored and enriched by Habich's quick wit and deep kindness, Solomon told the *New York Times* that, "John became, in some ways, the cure for my depression."

The two were wed in a civil ceremony in 2007 in England, where Solomon has dual citizenship, and again in Connecticut in 2009.

Still, Solomon craved the kind of parental love his mother had described and embodied. After meeting a number

of nontraditional families, including a lesbian couple with two children fathered by Habich, Solomon's dream of having his own children no longer seemed so far-fetched.

The decade he spent researching his book *Far From the Tree*, inspired by an article he wrote about families raising children with special needs, only reinforced his belief that parenting was "profoundly rewarding" even with added difficulties. (When *Far From the Tree* was published in 2012, it won a number

“ Mental health is not a luxury. Access to decent care and the ability to function at your maximum level ... should be available to everyone. ”

of honors—including the National Book Critics Circle Award for nonfiction.)

Solomon now has a biological daughter who turned 8 in November and a 6-year-old son he and Habich are raising in New York City. Although his daughter lives mostly in Texas with her mother, a longtime friend of Solomon's, he remains very involved in the little girl's life—and vice versa.

At first, Solomon found parenthood "very intimidating" and anxiety-provoking, but his fears have subsided as the kids have gotten older. Overall, he says parenting "has largely been helpful to my depression. When I'm only sort of depressed, having them snuggle up to me ... makes me feel better."

He knows he's really depressed when the snuggle cure has little effect. When that happens, he fakes it: "I can mostly put on a good front with my children or people I don't know very well."

While fatherhood provides some balm for his depression, Solomon credits his depression for helping him become a more sensitive and empathetic parent. When Habich might dismiss some troublesome behavior as a bid for attention, "I'm more understanding of the idea that they're not just being willful," he reflects. "Maybe they're really suffering."

"I guess that I have a kind of 'awakeness' to the idea that logic can be irrelevant to solving the problem. And I think that's actually a good thing for parents, in general, to know."

VITAL TRUTHS

As it turns out, his ability to find value in his depression—such as his enhanced sense of empathy—might be an important key to coping. Solomon has come

“ [Resilience] has to do with the way people ... manage to integrate depression into the rest of their lives. ”

to believe that resilience "has to do with the way people ... manage to integrate depression into the rest of their lives."

Some people, he says, simply want to put depression behind them and forget about it. The problem is, depression has a high likelihood of recurring, "and if you cut the depression out of your description of who you are, then every time it comes back, it destroys your identity, and you're back in that desperate place."

On the other hand, he has met people who told him they wouldn't have chosen depression, "but they actually have gotten strength or meaning in it." These people are no less likely to relapse, he says. It's just that when they do, "it will be less disruptive to their underlying character."

When Solomon has relapses, such as a minor depression this past summer, "I'm better at managing them than I used to be," he says. And in between episodes, "I live with an intensity I never anticipated."

Solomon has often said that the opposite of depression is not happiness but vitality, something that "feels different when you have known its absence." He counts every day that he wakes up free of depressive symptoms as a celebration.

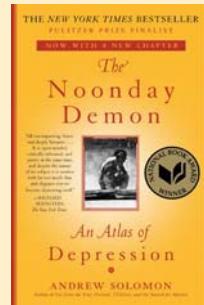
As his lecture at the DBSA conference winds down, he tells the audience that a deeper commitment to embracing life's

gifts is another by-product of his mood disorder.

"I don't look forward to depression in the future, but I think depression in my past pressed me every day to find and choose and cling to the reasons for joy in this world—to find marriage and a family and a life I might not have known enough to reach for otherwise." **E**

LORI HILE IS A CHICAGO-BASED FREELANCE WRITER WHOSE WORK HAS APPEARED IN *HEMISPHERES*, *TIME OUT CHICAGO*, AND OTHER NATIONAL AND REGIONAL PUBLICATIONS. SHE ALSO WRITES NON-FICTION BOOKS FOR YOUNG ADULTS, INCLUDING *BULLYING*.

ANDREW'S BOOKS

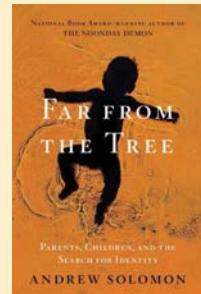


HISTORY & HIS STORY

Winner of the 2001 National Book Award for nonfiction, this hefty volume views depression from many angles, including personal experience.

IDENTITY CRISIS

An extended answer to the question, "What is it like to raise a child who is deeply different from you?" (Deaf, a dwarf, autistic, or otherwise "exceptional.")





Annie

Glenn

Calen

Jessie

Mattie

PEOPLE TOLD GLENN SHE WAS CRAZY TO DO THIS AD.

SHE SAID, “DEFINE CRAZY.”

Glenn Close's sister Jessie and Jessie's son Calen have a disease. And even though their story is their own, it's far from unusual. The fact is, one in six adults has a mental illness. The harder reality is that the ignorance that fuels the stigma associated with mental illness can often be the most painful part of managing the disease.

Glenn and her family chose to be national voices for the first campaign dedicated to fighting the stigma that accompanies mental illness. Because having a disease is difficult enough. Being blamed, or ostracized for having it, well that's just crazy.

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change
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KNIT A BIT

IT'S A GREAT WAY TO
CALM THE MIND & SHRUG OFF STRESS

By Diana Louise Carter

I WAS HOME FROM WORK
on a sick day when I got a call from the head of human resources: After 27 years with my company, I was being "downsized."

I spent most of the next few days at my sewing machine, completing at least half a dozen Christmas gifts and a baby present. I tried not to think about the layoff except when friends called or stopped by to check on how I was doing. Between times, I was in the sewing zone,

enhanced by reruns of *Merlin* playing on a tablet set up next to my machine.

Now I've learned that I was employing a great strategy for coping with stress and worry. Neuroscientists and art therapists say there's something about working with your hands on creative projects that engages and focuses the brain, lifts mood, and counters negative thoughts.

"Hands light up much of the brain in the meta-sensory cortex.... When

you are deeply engaged with your hands, there is deep brain stimulation," says psychiatrist Carrie Barron, MD, co-author of *The Creativity Cure: A Do-It-Yourself Prescription for Happiness*. "When you create an object through strands and pieces and parts and this idea and that idea, it has a psychological parallel process."

One study, published in the Spring 2011 issue of *Journal of Neuropsychiatry and Clinical Neurosciences*, even

found that elderly people who pursued hands-on hobbies such as quilting or knitting saw less cognitive decline than those who listened to music or participated in group activities.

Speak to people who do handicrafts and they'll often reveal an emotional benefit from doing what they do. Whether dealing with a troubling setback as I was or facing the routine stresses of life, they find that working with yarn, fabric, wood and so on is helpful—sometimes even necessary—for their mental well-being.

When Abby Hogg is knitting, she says, "It shuts down all the stresses and everything that's going on in my head."

Hogg, 26, first picked up knitting needles two years ago when an injury kept her out of work and she needed something to occupy herself. She found how-to-knit videos on YouTube and soon was making toys, scarves and rugs. Now the Henrietta, New York, resident knits for pleasure, has a new job working in a craft store that sells her knitted objects, and goes to craft fairs as a vendor.

Hogg is among the estimated 38 million knitters in America, according to the Craft Yarn Council, a trade organization. The Council's 2014 survey showed that baby boomers make up the largest demographic of people who enjoy knitting and crochet. Not surprised? How about this: Instead of a steady decline in interest as age drops, the data show an uptick in the 18- to-34-year-old group. What's more, the survey

found that more than half of knitters ages 18 to 34 knit daily.

It's not just young women who are taking up needles and yarn. Manhattan shops Knitty City and Lion Brand Yarn Studio both started men's-only nights to accommodate a growing number of male knitters. One man told the *Wall Street Journal* that he prefers knitting

"It kind of is my happy place to go to.... Sometimes there's stress at work. You come home worked up, or family is not going smoothly. It just kind of helps me unwind and become even again," she says.

That kind of stress relief may have something to do with an inadvertent mindfulness practice that takes place

“When you are deeply engaged with your hands, there is deep brain stimulation.”

to video games because he has a tangible product to show for his leisure-time efforts.

That resonates with Valeri Scott of Mitchell, Ontario, who describes a sense of reward that comes from completing a project or just mastering a new skill.

"Whether embroidery, crochet, or quilting, I feel I'm expressing myself," says Scott, 61, who looks for challenges that will stretch her abilities: "If I choose a project outside the box, I get gratification knowing that yeah, I can do that."

A full-time office manager, Scott makes time every day to sit down with some sort of craft project.

when you're focused on your stitches, sanding with the grain or what have you.

"Focusing is really about bringing mindful awareness in the present moment into the body sense. It's kind of listening to what's inside," says Laury Rappaport, PhD, of Santa Rosa, California, a psychotherapist who has taught expressive arts therapy for 35 years.

Lisa Brown, executive artistic director and founder of the Workman Arts Center in Toronto, explains that arts and crafts enhance mind-body connection by engaging our awareness through physical activities. That helps keep the mind from dwelling in unproductive places.

“It kind of is my happy place to go to.... It just kind of helps me unwind and become even again.”

“As human beings, we have a lot of chatter in our heads. When we’re painting, that helps us refocus and turns the chatter down,” says Brown, a former psychiatric nurse.

GO WITH THE FLOW

Another word for that sense of escape from your own thoughts is “flow”—a state in which you’re so engaged with something that you lose awareness of your self, time passes unnoticed, and your troubles seem to disappear. The concept of flow was articulated by Mihaly Csikszentmihalyi, PhD, founder and co-director of the Quality of Life Research Center at Claremont Graduate University in California.

Decades of Csikszentmihalyi’s work (and his TED talk) support this conclusion: If you want to be happy, spend time making something.

Quiltmaker Linda Halpin of Boscobel, Wisconsin, often has several projects going at once. She says quilting helps keep her content and opens up mental channels: “I tend to solve a problem on one project when I’m working on another one. The solution to my problem pops up when I’m not expecting it.”

She finds that taking on commissions also spurs her imagination: “I get more creative when the deadline gets tighter and I get more focused,” says Halpin.

Halpin also teaches quilting and embroidery. She sees more and more women asking for quilting retreats—using the craft as a way to pamper themselves or have down time from their busy lives.

Taking craft classes or joining a more informal knitting or quilting circle can provide a whole new social network—

terBeest Kudla of Baraboo, Wisconsin. Because Kudla has turned crafting fabric purses into a home business, she makes the same item over and over to sell at craft fairs. That repetition leaves her mind free to wander—for better or worse.

“I find if I don’t have someone talking to me, like the radio, then I start overthinking everything in my life,” the 65-year-old says.

For Ethan Cook, however, the repetition of making familiar objects can be balm in itself.

Cook, 32, is a pastor with a college campus ministry in the Twin Cities area of Minnesota. Before he graduated from divinity school in May 2015, Cook was juggling full-time ministry work,

“[Knitting] shuts down all the stresses and everything that’s going on in my head.”

and social connections, of course, are an acknowledged element in well-being. Yet for the most part, making crafts is a solitary endeavor. For some people, that can open the door to rumination rather than relief.

“We’re creative people, so the brain kind of keeps going anyway,” says Char

coursework for his master’s degree, and child-care duties for two young children alongside his wife, who also works.

One way he deals with life’s pressures is to retire to his workshop at 10 p.m. and use his lathe to turn pieces of wood or colorful acrylic into pens and sewing tools that he markets online

DOES DEPRESSION HOLD YOU BACK FROM ENJOYING YOUR LIFE?

Depression is a serious medical condition that can leave you feeling sad, helpless, overwhelmed, and uninterested in your favorite activities. You may feel like you have to wind yourself up.

PRISTIQ® (desvenlafaxine) 50 mg is FDA-approved to treat depression.

In clinical studies, PRISTIQ 50 mg also helped improve patients' ability to function according to a scale* used to measure how depression disrupts the following areas:

- Work
- Social life/leisure activities
- Family life/home responsibilities

In clinical studies, PRISTIQ 50 mg showed no significant difference in average weight gain versus placebo.[†] Please see Important Safety Information below.

Ask your doctor if PRISTIQ may be right for you.

*Sheehan Disability Scale (a validated measure of functional impairment) total score for Pristiq vs placebo.

[†]Side effects may increase at higher doses. Based on data from 8- and 12-week clinical studies, long-term effects on weight have not been established.

Important Safety Information About PRISTIQ

Suicidality and Antidepressant Drugs

Antidepressants increased the risk of suicidal thinking and behavior in children, teens, and young adults.

Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy or when the dose is changed should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior such as becoming agitated, irritable, hostile, aggressive, impulsive or restless. Should these occur, report them to a doctor right away. PRISTIQ is not approved for use in children under 18.

Do not take PRISTIQ if you are allergic to desvenlafaxine, venlafaxine, or any of the ingredients in PRISTIQ. Do not take PRISTIQ if you currently take, or have taken within the last 14 days, any medicine known as an MAOI (including intravenous methylene blue or the antibiotic linezolid). Allow 7 days after stopping PRISTIQ before starting an MAOI. Taking an MAOI with PRISTIQ can cause serious or even life-threatening side effects.

Before taking PRISTIQ, tell your healthcare professional about all prescription and over-the-counter medications and supplements you take or plan to take including: those to treat migraines or psychiatric disorders (including other antidepressants) to avoid serotonin syndrome, a potentially life-threatening condition; aspirin, NSAID pain relievers, or blood thinners because they may increase the risk of bleeding.

PRISTIQ may cause or worsen some conditions, so tell your healthcare professional about all the medical conditions you have or had including:

- High blood pressure, which should be controlled before starting PRISTIQ and monitored regularly
- Heart problems, high cholesterol or triglyceride levels, a history of stroke, kidney or liver problems, or low sodium levels in your blood
- Bleeding problems
- Depression, suicidal thoughts or behavior
- Mania, bipolar disorder, or seizures or convulsions
- Nursing, pregnancy, or plans to become pregnant

Some people are at risk for visual problems such as eye pain, changes in vision, or swelling or redness around the eye. You may want to undergo an eye

examination to see if you are at risk and get preventative treatment if you are.

Discontinuation symptoms may occur when stopping or reducing PRISTIQ, so talk to your healthcare professional before stopping or changing your dose.

Until you see how PRISTIQ affects you, be careful driving a car or operating machinery. Avoid drinking alcohol while taking PRISTIQ. In clinical studies, most common side effects with PRISTIQ 50 mg were nausea, dizziness, sweating, constipation, and decreased appetite.

Indication

PRISTIQ is a prescription medication approved for the treatment of major depressive disorder in adults.

Please see brief summary of Full Prescribing Information, including BOXED WARNING, on adjacent page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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Visit: PristiqSavings.com
Call: 1-800-PRISTIQ (1-800-774-7847)



IMPORTANT FACTS ABOUT



Pristiq® desvenlafaxine EXTENDED-RELEASE TABLETS

(pris•teek*)
Pristiq® -
(desvenlafaxine)
Extended-Release
Tablets

Read the Medication Guide that comes with your prescription before you start taking PRISTIQ and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical conditions or treatment.

Talk to your healthcare provider about:

- all risks and benefits of treatment with antidepressant medicines
- all treatment choices for depression or other serious mental illness

What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?

1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.
2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions. These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.
3. How can I watch for and try to prevent suicidal thoughts and actions?

- Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
- Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
- Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

Call a healthcare provider right away if you have any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- trouble sleeping (insomnia)
- attempts to commit suicide
- new or worse depression
- acting aggressive, being angry or violent
- new or worse anxiety
- acting on dangerous impulses
- feeling very agitated or restless
- an extreme increase in activity and talking (mania)
- panic attacks
- other unusual changes in behavior or mood
- new or worse irritability

What else do I need to know about antidepressant medicines?

- Never stop an antidepressant medicine without first talking to a healthcare provider. Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of treating depression and also the risks of not treating it. Patients should discuss all treatment choices with the healthcare provider, not just the use of antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of this medicine.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you take. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Talk to your child's healthcare provider for more information.

Important Information about Pristiq Extended-Release Tablets

Read the patient information that comes with Pristiq before you take Pristiq and each time you refill your prescription. There may be new information. If you have questions, ask your healthcare provider. This information does not take the place of talking with your healthcare provider about your medical condition or treatment.

What is Pristiq?

- Pristiq is a prescription medicine used to treat depression. Pristiq belongs to a class of medicines known as SNRIs (or serotonin-norepinephrine reuptake inhibitors).

Who should not take Pristiq?

Do not take Pristiq if you:

- are allergic to desvenlafaxine, venlafaxine or any of the ingredients in Pristiq.
- take a monoamine oxidase inhibitor (MAOI). Ask your healthcare provider or pharmacist if you are not sure if you take an MAOI, including the antibiotic linezolid and the intravenous medicine methylene blue.
- have taken an MAOI within 7 days of stopping Pristiq unless directed by your healthcare provider.
- have started PRISTIQ and if you stopped taking an MAOI in the last 14 days unless directed by your healthcare provider.

What should I tell my healthcare provider before taking Pristiq?

Tell your healthcare provider about all your medical conditions, including if you:

- have high blood pressure
- have heart problems
- have high cholesterol or high triglycerides
- history of stroke
- have or had depression, suicidal thoughts or behavior
- have kidney problems
- have liver problems
- have or had bleeding problems
- have or had seizures or convulsions
- have mania or bipolar disorder
- have low sodium levels in your blood
- are pregnant or plan to become pregnant. It is not known if Pristiq will harm your unborn baby.
- are breastfeeding. Pristiq can pass into your breast milk and may harm your baby. Talk with your healthcare provider about the best way to feed your baby if you take Pristiq.

This brief summary is based on Pristiq Prescribing Information LAB-0539-6.0, revised June 2014.

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Serotonin syndrome

Rare, but potentially life-threatening, conditions called serotonin syndrome can happen when medicines such as Pristiq are taken with certain other medicines. Serotonin syndrome can cause serious changes in how your brain, muscles, heart and blood vessels, and digestive system work.

Especially tell your healthcare provider if you take the following:

- medicines to treat migraine headaches known as triptans
- St. John's Wort
- MAOIs (including linezolid, an antibiotic and intravenous methylene blue)
- tryptophan supplements
- silbutramine
- tramadol

Ask your healthcare provider if you are not sure whether you are taking any of these medicines. Before you take Pristiq with any of these medicines, talk to your healthcare provider about serotonin syndrome. See "What are the possible side effects of Pristiq?"

Do not take Pristiq with other medicines containing venlafaxine or desvenlafaxine.

Switching from other antidepressants

Side effects from discontinuing antidepressant medication have occurred when patients switched from other antidepressants, including venlafaxine, to Pristiq. Your doctor may gradually reduce the dose of your initial antidepressant medication to help reduce these side effects.

What should I avoid while taking Pristiq?

- Do not drive a car or operate machinery until you know how Pristiq affects you.
- Avoid drinking alcohol while taking Pristiq.

What are the possible side effects of Pristiq?

Pristiq can cause serious side effects, including:

• See the beginning of this page.

• Serotonin syndrome. See "What should I tell my healthcare provider before taking Pristiq?"

Get medical help right away if you think that you have these syndromes. Signs and symptoms of these syndromes may include one or more of the following:

- | | | |
|--|------------------------------|------------------------------|
| • restlessness | • coma | • diarrhea |
| • hallucinations (seeing and hearing things that are not real) | • nausea | • loss of coordination |
| • panic attacks | • vomiting | • fast heart beat |
| • other unusual changes in behavior or mood | • confusion | • increased body temperature |
| • new or worse irritability | • increase in blood pressure | • muscle stiffness |

Pristiq may also cause other serious side effects including:

• New or worsened high blood pressure (hypertension).

Your healthcare provider should monitor your blood pressure before and while you are taking Pristiq. If you have high blood pressure, it should be controlled before you start taking Pristiq.

• Abnormal bleeding or bruising.

Pristiq and other SNRIs/SSRIs may cause you to have an increased chance of bleeding. Taking aspirin, NSAIDs (non-steroidal anti-inflammatory drugs), or blood thinners may add to this risk. Tell your healthcare provider right away about any unusual bleeding or bruising.

• Visual problems

- eye pain
- changes in vision
- swelling or redness in or around the eye

Only some people are at risk for these problems. You may want to undergo an eye examination to see if you are at risk and receive preventative treatment if you are.

• Symptoms when stopping Pristiq (discontinuation symptoms).

Side effects may occur when stopping Pristiq (discontinuation symptoms), especially when therapy is stopped suddenly. Your healthcare provider may want to decrease your dose slowly to help avoid side effects.

Some of these side effects may include:

- | | | | |
|-------------------|----------------|---------------------|------------|
| • dizziness | • tiredness | • diarrhea | • sweating |
| • abnormal dreams | • headache | • sleeping problems | • anxiety |
| • nausea | • irritability | (insomnia) | |

• Seizures (convulsions)

• Low sodium levels in your blood. Symptoms of this may include headache, difficulty concentrating, memory changes, confusion, weakness, and unsteadiness on your feet. In severe or more sudden cases, symptoms can include hallucinations (seeing or hearing things that are not real), fainting, seizures and coma. If not treated, severe low sodium levels could be fatal.

• Lung problems. Some people who have taken the medicine venlafaxine which is the same kind of medicine as the medicine in PRISTIQ have had lung problems. Symptoms of lung problems include difficulty breathing, cough, or chest discomfort. Tell your healthcare provider right away if you have any of these symptoms.

Common side effects with Pristiq include:

- | | |
|----------------|----------------------------------|
| • nausea | • sleepiness |
| • dizziness | • loss of appetite |
| • insomnia | • anxiety |
| • sweating | • decreased sex drive |
| • constipation | • delayed orgasm and ejaculation |

These are not all the possible side effects of Pristiq. Tell your healthcare provider about any side effect that bothers you or does not go away. Call your doctor for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Need more information?

• Ask your doctor or pharmacist. This is only a summary of important information.

• Go to www.pristiq.com or call 1-800-PRISTIQ (1-800-774-7847).

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through Etsy. He often works late into the night, absorbed in some "me time."

While he was still in school, he'd strap on headphones and listen to audio versions of his textbooks. These days he uses the time to think over readings or discussions for his ministry work.

"I'm able to focus better when I'm doing two things at once," says Cook, who has attention-deficit/hyperactivity disorder.

PROCESS, NOT PRODUCT

In his younger days, Cook used a circular handheld loom called a Knifty Knitter to churn out hats and keep himself from fidgeting. He says he appreciates the sense of accomplishment that comes from producing a physical object.

What about when there's no finished object to take pride in? Beating yourself up because a project is stalled halfway or doesn't turn out the way you wanted may end up adding stress to your life. When that happens, reframing your expectations might be in order.

Halpin advises students to "recognize that just because I start a quilt doesn't mean I have to finish it. Once you've learned that project, you're under no obligation to complete the project ... When people let go of that, it really helps."

Another recommendation:

Appreciate the process of making something rather than obsessing over the final product.

"We have to be very tolerant about what we don't finish," says Barron, the *Creativity Cure* co-author. "It's a process. We have to understand it. We have to respect it. It can be a problem because

it creates shame: 'I'm knitting and I'm just going to give up.' I hear this a lot.

"Make it very private. Make it about you." **E**

DIANA LOUISE CARTER, A FREELANCE WRITER IN UPSTATE NEW YORK, HAS STARTED MANY QUILTS AND FINISHED SOME OF THEM.



READY, SET, KNIT

Getting started in knitting can be as simple as visiting a store that sells yarn. (Ditto for quilting and fabric stores, et cetera.)

Whether large chain stores or independent shops, merchants who cater to crafters typically offer classes so you can learn how to use the materials they sell. Look for a beginner class or a workshop for a simple project, such as a knitted hat.

Typically there's a fee for classes, though you often get a discount on supplies you'll need to complete the project. (Instructors will provide a list of required materials and equipment.)

For a no-fee option, ask about regular gatherings at the store where people share advice and inspiration while working on their individual projects. Or you may be in one of the hundreds of cities with a Meetup knitting group.

Local libraries, continuing education programs and cooperative extensions are also worth checking out for classes. Libraries may carry how-to videos and magazines on the craft of your choice (or you can spend some time browsing the magazine section at a well-stocked bookstore).

Of course, you could just jump on the Internet for a wealth of "learn to" demos and DIY advice.



Mom, interrupted

When you are parenting with depression, honesty and realistic expectations can help you and your family through it

By Robin L. Flanigan

Everyone in the family feels it when Mom has depression. She might fall behind on daily chores, slip away to be by herself, and have an increasingly short fuse. Children who don't understand that fatigue, withdrawal, and irritability are symptoms of a psychiatric illness may start to act out or blame themselves for the changes happening around them.

Other adults in the house aren't immune to the added stress of Mom's depression, either. To help the family—and to help the family help Mom—it's important to be clear and honest about what's going on when things aren't going well.

That means using age-appropriate language with kids and direct language with partners.

Experts agree there's not a one-size-fits-all set of instructions on how much to say to kids and what words to use.

"Every parent needs to decide that based on their child's personality," says

Karen Israel, LPC, a psychotherapist in Dallas, Texas. "Some children, even younger ones, will be naturally compassionate, understanding, and helpful. Others will struggle far more, which makes how you communicate so vital."

"A most important piece is to be very clear with the child that they are not the cause of their mother's sadness, anxiety, irritability, or anger."

An important corollary: Reassure your child that you're doing all you can to get better. In fact, for some women, realizing the trickle-down effects of their depression becomes an important motivator for recovery.

After her second child was born, Maggie White slipped into her worst depressive episode to date. She barely ate and neglected to shower until her first-born, then 2 years old, asked her one morning whether she was going to have a happy day or a sad day.

"That was really the clincher for me," recalls White, of Downers Grove, Illinois. "I thought, 'That's it. I need to do something to break this cycle so it doesn't affect my kids!'"

SPEAK UP

Research into how offspring are affected by a parent's depression tips far more heavily to mothers than fathers, though some are trying to narrow the discrepancy [see box, page 32]. What seems clear, however, is that depression in both moms and dads during the infant and toddler years influences the way a child internalizes and externalizes behaviors.

A French study published in the June 2015 issue of the *Journal of Pediatrics* found that children are more likely to develop behavioral or emotional problems if their mothers are chronically depressed. Previous research reached similar conclusions, but this study was the first



I think we're in an age where we're trying to teach kids, especially little boys, that it's okay to be upset sometimes and work through your emotions....

— Anne Thériault

to establish the connection even if symptoms are mild.

White, now the mother of five children ages 2 to 9, notices that her children easily pick up on—and tend to take on—her irritability.

"It seems like my bad mood rubs off on them," she says. "They start picking on each other, teasing and fighting over their toys or whose turn it is to watch a favorite television show. I think it's just their unconscious way of getting attention from me, even if it's to get me to come down to the playroom for five minutes to yell."

"But you're not sick!"

"Right now my heart is sick. I feel sad and my brain is very, very tired. I'm asking you to give me a little time, and as soon as I get the yuckiness out, I'll snuggle you the best I can."

Her 4-year-old, on the other hand, steps up naughty behavior when she doesn't get the attention she craves.

"I try to keep it as rational as I can," White says of her younger kids. "If I need an hour or two for them to play together or watch a movie, I explain that I'm not asking for an unending amount of time."

feeling, Emily was able to prepare her son for the possibility that she would experience emotional changes after the birth of his brother last year. She explained that she was at higher risk because she has a history of postpartum anxiety and would probably need some adjustment time once home from the hospital. That turned out to be the case.

"I said, 'Remember when mommy's brain was sad? Now it's scared,'" she recalls. "I'm still kind of figuring it all out myself, but using scientific language with him and talking to him about this as a medical thing really helped him to understand that it was definitely not his fault."

Addressing what's happening head-on with children may ease some of the guilt that seems to go hand-in-hand with parenting with depression—sometimes because you may not feel adequate, sometimes because it's obvious your child is trying to take on the role of caretaker.

Even at a young age, children often attempt to make things better for a parent who's hurting. Anne Thériault of Toronto sees that with her preschooler.

"There's for sure a little bit of guilt that comes with him wanting to make me feel good," she admits. "His response is to want to think up ways to help me feel better, which is really sweet. I tell him, 'You shouldn't be parenting me.'

"I don't want him to feel like he has to take care of me, or that my emotions come first, but he does seem to have a keenly developed sense of empathy, which is not necessarily a bad thing."

"I think we're in an age where we're trying to teach kids, especially little boys, that it's okay to be upset sometimes



You just have to look at your family and that situation and ask, 'What can we do to make sure everybody is healthy?'

— Meaghan Morris

White talks about her depression and generalized anxiety disorder differently with each child.

With the oldest boy, who can empathize with her emotional challenges, she can be more open and use examples he might understand personally.

If White becomes withdrawn, her 7-year-old daughter can handle it for a couple of days before crying for snuggle time. Then the conversation goes something like this:

"I promise when mommy's feeling better, I'll snuggle with you."

When Emily C.'s son was 4, she would say things like, "Something's not working right in mommy's brain and she can't be in a good mood even though she wants to be."

Now that the boy is 7 and something of a science buff, they talk about neurochemicals causing her brain to switch to overload.

"The more we talk about it, the more he understands," says Emily, who lives in Jacksonville, Florida. "Sometimes he'll ask how my brain is doing."

Because she is open about how she's

Having 'THE TALK'

Children can easily be confused by—and feel responsible for—a parent's depression. It's important to talk honestly with them about what's going on, and equally important to do so in a developmentally appropriate way.

Here are tips for explaining the illness to kids at different stages of childhood and adolescence, as well as how to ask for a little assistance, from psychotherapists Karen Israel and Paula Briggs. Both professionals emphasize that these are general guidelines, and that parents should base decisions on their child's personality.

PRESCHOOL: No explanation about depression will make sense at this age, so be simple and direct about your needs: "Mommy has to take a nap," or, "Mommy's feeling sad right now."

You can ask them to: Put toys back where they belong, since structure and order can be important for your recovery.

ELEMENTARY SCHOOL: Kids this age start to take the blame for mom's (or dad's) depressive episodes. They may start to act out, particularly if they feel a parent is spending less time with them than usual. Reassurance is key. Make sure they know you're trying to get help and get better.

You can ask them to: Take on small jobs like setting the table.

MIDDLE SCHOOL: Acknowledge what's going on, apologize if you snap or isolate, and listen for cues that your kids want to ask questions. Keep assuring them that you are talking to a therapist or reaching out to some other support system to work things out. Turn conversations around for a deeper relationship: "This is what's going on with me. Let's talk about what's going on with you, too."

You can ask them to: Keep you company on a walk.

HIGH SCHOOL: As your kids mature, encourage them to share their feelings about your irritability, absence from events like their concerts or sports games, or other symptomatic behavior.

You can ask them to: Take on more household responsibilities like driving duties and dinner preparation.



... talking to [my son] about this as a medical thing really helped him to understand that it was definitely not his fault.

— Emily C.

and work through your emotions, hopefully in a positive way. I don't think it's the end of the world for kids to see their parents feeling sad and crying."

BATTLE PLAN

When it comes to action, the key strategies are adjusting your expectations and enlisting allies. Of course, that means you have to be willing to reach out for help.

One Chicago woman says that even when her depression was severe, her daughter hasn't lacked for care because her husband and other relatives stepped forward with support.

"I have a hard time asking people for help," says Jennifer. "I've been lucky that I have people in my life who recognize that."

Jennifer has had depressive episodes for nearly two decades, but nothing as intense as the one after her daughter was born four years ago. Her husband, an attorney, took three weeks off from work and helped her find a therapist and a psychiatrist specializing in postpartum issues. Her sister, mother and mother-in-law babysat while Jennifer trained in cognitive and dialectical behavioral skills for managing her depression.

When symptoms recurred in a serious episode a couple years later, Jennifer's husband shortened his work hours, took care of dinner when she didn't want to cook, and encouraged her to hire a babysitter on days she had therapy sessions.

"He wants the best not only for me, but for our daughter," she says.

Sometimes that kind of support needs to be carefully cultivated, even when it feels uncomfortable to push. That was the case when White approached her husband with a request.

WHEN DAD HAS DEPRESSION

"I had to force myself to step out of my comfort zone and ask him to educate himself on depression," she recalls. "He said he'd looked on the Internet and I told him no, that he needed to read a book and really dive in and understand it as a disease so I would feel more supported and understood."

"That was hard because he thought he'd been helping, and I didn't want to make him feel worse."

Meaghan Morris, who lives in upstate New York, also describes her spouse as supportive. That doesn't mean he's always available: He works 60 hours a week as a truck driver. With four daughters under 11, Morris normally has a busy routine of shuttling the girls to activities (Girl Scouts meetings, gymnastics, swim class, Bible study). During low times, she has to recalibrate and scale everything back.

"Some days I could only muster up enough energy to spread out a blanket and pillows on the floor and watch movies all day," she says. "You just have to look at your family and that situation and ask, 'What can we do to make sure everybody is healthy?'"

Sometimes the answer doesn't reflect a mythical ideal of motherhood—another reality to make peace with. When Emily C. has an episode, for example, her singular goal is to reach bedtime with no meltdowns.

"You have to adjust your expectations of what a normal day looks like, and sometimes that means just surviving until bedtime," she says. "It doesn't even matter if the kids get dressed. We made it? We're good." **e**

ROBIN L. FLANIGAN IS AN AWARD-WINNING JOURNALIST WHOSE WORK HAS APPEARED IN *PEOPLE* MAGAZINE, *US AIRWAYS* MAGAZINE, AND OTHER NATIONAL AND REGIONAL PUBLICATIONS. SHE LIVES IN ROCHESTER, NEW YORK.

Rates of depression in women are at least twice the rate in men, and the responsibilities for home and family still fall more heavily on moms than on dads. But when men are depressed, it appears to affect their children's early development, too.

In one of the first studies to examine mental-health patterns in a nationally representative sample of U.S. dads and their children, published in the December 2011 issue of *Pediatrics*, researchers found that a child's chances of developing emotional or behavioral problems increase if the father shows signs of depression.



DAD AT THE DAIS Jean-François Claude speaking at the 2nd Annual Men's Mental Health Awareness Day in Ottawa, Ontario, with the theme "It's Not ALL In Your Head."

Photo: NADIA ZWIERZCHOWSKA/One Big Eye photo

It also appears that becoming a father raises a young man's risk of depression, although obviously hormonal changes aren't to blame. (The more likely culprit: stress.) The April 2015 issue of *Pediatrics* carried a study showing that among fathers living with their children, depression scores rose an average of 68 percent over the first five years of a child's life.

What's now known as perinatal depression in women—the change from "postpartum" reflects a growing understanding that depressions

in new mothers often emerge during pregnancy—has become better recognized and studied in the past decade. Depression in dads, not so much.

That's why the Fathers' Mental Health Network was created. A first for Canada, the network's main program, launched out of St. Joseph's Health Centre in Toronto, accepts referrals to see expecting and new dads with mental health concerns.

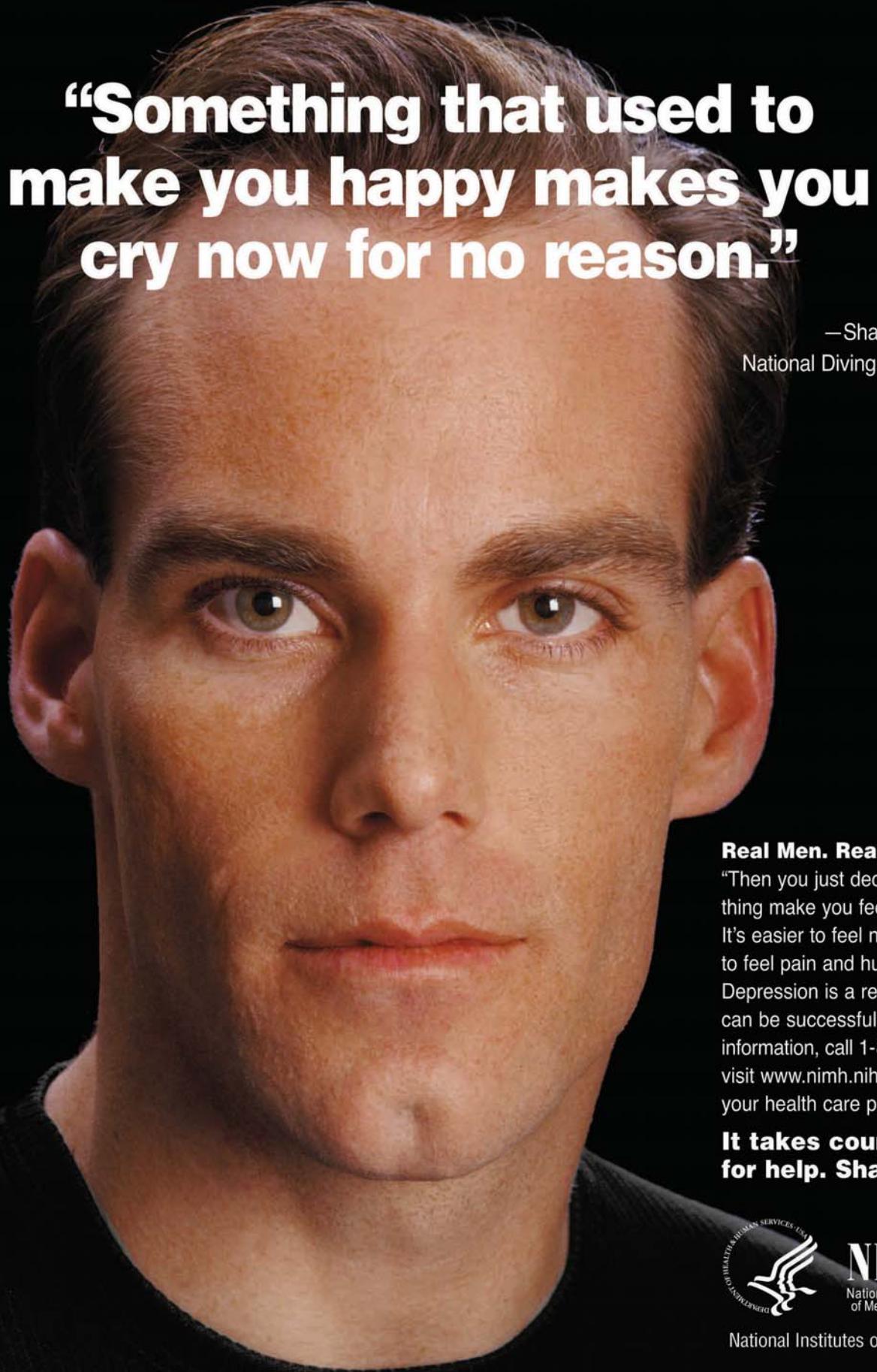
"It's extremely important for me to create an environment where they feel comfortable sharing their experiences and feelings in a nonjudgmental and non-shaming environment," says psychiatrist Andrew Howlett, MD, FRCPC, a co-founder of the initiative.

There's also an online resource, fathersmentalhealth.com.

Despite distinctions in traditional social roles and differences in how depression typically presents in men and women, dads and moms share many of the same concerns about how depression affects their parenting.

Jean-François Claude of Orleans, Ontario (pictured above) developed an even deeper commitment to his recovery from depression and anxiety when his daughter, 7 at the time, offered a hug and a kiss with these words: "I love the new daddy."

"That was an eye-opener," recalls Claude, who takes his two kids to the park, gives 20-second hugs, and shares mindfulness meditations to engage more deeply when he's not up for doing much. "That's what drove home that this wasn't an illness just about me."



**“Something that used to
make you happy makes you
cry now for no reason.”**

—Shawn Colten,
National Diving Champion

Real Men. Real Depression.

“Then you just decide to not let anything make you feel anything. It’s easier to feel nothing than it is to feel pain and hurt or sadness.” Depression is a real disease that can be successfully treated. For information, call 1-866-227-6464, visit www.nimh.nih.gov, or contact your health care provider.

**It takes courage to ask
for help. Shawn did.**



NIMH
National Institute
of Mental Health

National Institutes of Health

PAIN IN BODY



PAIN IN MIND

WHEN DEPRESSION TRAVELS WITH A CHRONIC MEDICAL CONDITION, IT'S TIME TO DOUBLE DOWN ON COPING STRATEGIES



BY JANICE ARENOFSKY

"Mens sana in corpore sano."

That's how the ancient Roman poet Juvenal defined life's greatest virtues: A sound mind in a healthy body.

What about the opposite? For many people, depressive symptoms and chronic physical disorders go hand in hand—and science is puzzling over why.

More than a dozen medical conditions have a notable overlap with depression. The list includes asthma, cancer, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, and high blood pressure.

Illnesses characterized by chronic pain seem especially linked with depression. A third of people with arthritis also have depression. Ditto for fibromyalgia. A startling 85 percent of those with lupus report depressive symptoms.

(In medicine that's known as comorbidity: the simultaneous occurrence of two chronic disorders, whether medical or psychiatric.)

The double challenge of coping with both medical and psychiatric issues can

feel overwhelming. People who've been through it recommend learning all you can about both conditions, employing every professional and self-help resource at your disposal, and keeping all your practitioners fully informed and working in concert.

"You need to think outside the box and work with doctors who also think outside the box," says Bonnie Rosenthal of Randolph, New Jersey. "And if you do not feel a physician is helping you, find someone who does."

Rosenthal lives with major depressive disorder and fibromyalgia, a chronic medical disorder with no clear cause and no cure. Fibromyalgia is

characterized by widespread pain in joints and muscles, fatigue, sleep and mood issues, and problems with memory and focus.

At 41, Rosenthal aches like an elderly woman. She wills herself up and out of bed every morning and distracts herself with daily tasks, even when she's in pain or a mental fog. If she doesn't, she might sink into lethargy.

If she overdoes it, she'll face disabling exhaustion—though she counts herself lucky because she's not fatigued all the time. Depressive episodes don't seem to affect her physical condition, she says, but fibromyalgia flare-ups do worsen her depression.

Rosenthal believes personal empowerment makes all the difference for her. She sees her doctors regularly and takes psychiatric medications that target her depressive symptoms, which include feelings of hopelessness and worthlessness, exacerbated anxiety, and loss of appetite.

Chiropractic treatments, a water exercise class, and physical and occupational therapy help a lot with her bodily symptoms, and that has benefits

“ YOU REALIZE THAT OTHER PEOPLE ARE WRESTLING WITH THE SAME THINGS AND IT BRINGS A SENSE OF NORMALCY BACK INTO YOUR LIFE.”

—SCOTT J., MINNEAPOLIS, MN

“YOU CAN’T TREAT CHRONIC PAIN WITH JUST DRUGS. A POSITIVE ATTITUDE PLUS ACTIVITIES SUCH AS MOVEMENT THERAPY, PET THERAPY, TAI CHI, ACUPUNCTURE, AND EVEN DANCE ARE BENEFICIAL.”

—CATHERINE CAHILL, PHD

for her mood. She participates in support groups, continues to educate herself, and follows all the coping recommendations.

“I try to push myself as much as I can,” she says.

At her best, Rosenthal was able to participate in a 5K race after a training regimen of walking and running.

“That was huge for me,” she says. “Being successful at something I never saw possible was an amazing feeling ... a ‘high’ for me.”

DUAL DISORDERS

Ailments of mind and body connect in complicated ways, and different mechanisms may be at work in different situations. To further muddy the waters, physical complaints like bodily pain,

gastrointestinal disturbances, fatigue, trouble sleeping, headaches and backaches are common to both depression and a number of medical conditions.

In some cases, people who seek help for physical woes actually have what’s known as “masked depression.” Physicians will prescribe the usual medical treatments, but see little improvement. Once the root cause is recognized, however, the physical or “somatic” symptoms respond to treatments for depression.

In people with Huntington’s disease, Parkinson’s disease and certain other conditions, depressive symptoms are considered to be complications of the underlying physical illness. In fact, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, the standard reference for psychiatric diagnoses in North America, includes a category for “depressive disorder due to another medical condition.”

A number of chronic illnesses that have a strong association with depression travel an interesting two-way street. Studies show that people who have had heart attacks are at higher risk of developing depression; likewise, people diagnosed with depression face an elevated chance of developing cardiovascular disease. People with diabetes face a 50 percent increased risk of getting depression; people with psychiatric disorders are twice as likely to have diabetes as someone in the general population.

Scott J. of Minneapolis, who was diagnosed with Type 1 diabetes at age 5, wishes he’d known more about the interplay between depression and

TALK THERAPY FOR THE BODY

Basic lifestyle strategies for recovery from depression—a nutritious diet, healthy sleep, judicious physical activity, and tools to cope with stress—are also bedrock recommendations for managing conditions like diabetes, high blood pressure and heart disease.

Well, fit for tat: The principles of cognitive behavioral therapy (CBT), which are quite effective for depression, have a role to play in handling the day-to-day difficulties of living with a chronic illness. Research suggests CBT can lead to better outcomes for diabetes, arthritis, and chronic pain.

Which leads us to Chris Williams, a professor of psychosocial psychiatry at the University of Glasgow in Scotland.

Williams popularized CBT in a series of booklets called *Living Life to the Full*. The Canadian Mental Health Association’s (CMHA) British Columbia division uses his framework in its Bounce Back program, originally developed to help people living with mild to moderate depression and another chronic illness. CMHA Ontario adopted Bounce Back last year.

Williams looks beyond emotional distress to physical debility in *Reclaim Your Life: From Illness, Disability, Pain or Fatigue*. Some of his tips:

- Think of yourself as bigger and more important than your illness. Avoid checking constantly for aches and pains.
- List things you enjoy (walking in the park, spending time with a child), then do more of them.
- Learn to pace yourself in achieving realistic targets (for example, completing one errand rather than a whole list). Break down tasks into small parts you can do at different times.
- Appreciate and enjoy what you can achieve rather than ruminating about what you can’t. Try to grumble less.
- Reconnect with others. Perform a small kindness for another person every day or call up friends or family.

diabetes way earlier in the history of his own mood issues. His wife encouraged him to seek help from a therapist when he became increasingly irritable in his mid-20s.

Scott, now 40, recalls that it took six months to a year before he found relief from depression through medication. In the meantime, his depressive symptoms made it harder to stay on top of the frequent blood sugar checks, regular exercise, and nutritious meals required to maintain his physical health.

Depression also made it harder to get himself a psychotherapist, much less one he clicked with, one who could provide sympathetic guidance on coping with his double disorders.

"I went to a number of therapists, but

fault." And especially, "Don't be afraid to ask for help."

PURPOSE-DRIVEN LIFE

Patti Renfro of Knoxville, Tennessee, trades information and encouragement with peers in her online support groups. What helps her the most, though, is the sense of mission she gets from her Christian faith and her efforts to educate others about both depression and lupus.

"I think God has a plan and a purpose for me, and that is getting my story out there," she says.

Renfro, 49, has been living with depression since childhood and sought

coping strategies remain vital for both halves of the equation.

"You can't treat chronic pain with just drugs," explains Catherine Cahill, PhD, a University of California–Irvine researcher who explores the juncture of chronic pain and mood disorders.

"A positive attitude plus activities such as movement therapy, pet therapy, tai chi, acupuncture, and even dance are beneficial.... And you need a support group because family doesn't want to hear about your chronic pain all the time."

Renfro lives with her son, who is a registered nurse, and speaks appreciatively of all the support he provides. It's hard for her to get out and around, so she spends most of her time in the home they share.

Feeling isolated and discouraged about the future can become fuel for depressive episodes. Renfro has church friends who will call to make sure she's not languishing in bed—her "safe haven" when she's depressed.

Reaching out to friends is on her list of coping tools. She also recommends using relaxation techniques to relieve stress. She does deep breathing exercises when she needs to relax.

"And treat yourself occasionally to something special like a total body massage or bubble bath," adds Renfro, who finds massage especially good for her bodily ills.

"Above all, take one day at a time." **E**

JANICE ARENOFSKY IS A FREELANCE WRITER IN ARIZONA WHO SPECIALIZES IN HEALTH AND LIFESTYLE TOPICS. HER WORK HAS APPEARED IN SCIENTIFIC AMERICAN, THE ONLINE MAGAZINE EXPERIENCE LIFE AND OTHER PUBLICATIONS.

“... TREAT YOURSELF OCCASIONALLY TO SOMETHING SPECIAL LIKE A TOTAL BODY MASSAGE OR BUBBLE BATH. ABOVE ALL, TAKE ONE DAY AT A TIME.”

—PATTI RENFRO, KNOXVILLE, TN

they did not appreciate how much work was involved in managing diabetes," says Scott.

He has found the most compelling encouragement comes from others who are facing similar challenges.

"You realize that other people are wrestling with the same things and it brings a sense of normalcy back into your life," he says.

He joined peer support groups and connected with people through the Internet. He now pays it forward as a blogger and social media advocate.

He might advise someone to "recognize that feeling emotional when your blood sugars are higher is not your

counseling in her early 20s. Increasingly troubled by physical issues such as severe pain, fatigue, fever, and sensitivity to light, she was diagnosed with lupus (technically systemic lupus erythematosus, or SLE) at age 28.

She takes medications that tamp down her various psychiatric and medical symptoms. By definition, however, chronic conditions have no decisive remedy. Science is seeking answers (see "Looking for the Missing Link," page 38), but in the meantime, everyday

TURN THE PAGE FOR RESEARCH FINDINGS

LOOKING FOR THE MISSING LINK

What science has to say about the connection between medical conditions and mood disorders

Experts are not sure why depression travels in company with so many chronic diseases.

One theory suggests that compromised self-care contributes to “lifestyle diseases” like diabetes, heart disease and high blood pressure. In addition to poorer diet and lack of exercise, people with depression are less likely to keep regular medical appointments and take medication as directed.

Other proposed explanations: the side effects of medications prescribed for physical disorders mimic depression, or dealing with a debilitating physical burden takes a toll on mood.

More recently, researchers have been exploring the involvement of underlying biological systems.

INSULIN EFFECT: There’s growing evidence that some depressions may relate to how well or poorly the body metabolizes blood sugar. For example, a mouse study published in the journal *PNAS* on March 17, 2015, found a link between insulin resistance and depressive behavior. (Insulin resistance—when cells cannot properly absorb glucose from the blood—is a factor in diabetes.)

Disabling insulin receptors in the brain led to altered chemical reactions in mitochondria (the structures that produce energy within our cells), which produced changes in two enzymes that act on the neurotransmitter dopamine, making it less effective.

Findings published online in *Psychiatry Research* on October 12, 2015, looked at the relationship from the other direction. That study involved a medication used to improve insulin sensitivity in people with Type 2 diabetes. (Translation: It helps them metabolize glucose more easily.) The medication had a significant effect on treatment-resistant

DOPAMINE & DEPRESSION

The neurotransmitter dopamine plays a role in movement, memory, cognition and focus, sleep, and reward pathways. Although dopamine is sometimes called the “pleasure hormone,” there is increasing evidence that it also mediates both emotional and physical pain.

Low dopamine has been associated with depression that is characterized by lack of motivation, sluggishness, and an inability to feel pleasure. Oddly enough, however, excessive dopamine also links to a number of psychiatric disorders, including depression and addiction.



depression in people with insulin resistance. The more their insulin sensitivity increased, the greater their relief from depressive symptoms.

IMMUNITY ANGLE: Some people with depression have been found to have higher levels of cytokines, which are cell-signaling proteins in the immune system. Injury, infection, perceived threats, and chronic stress all stimulate production of cytokines as part of the body’s “fight-or-flight” response.

That inflammatory response causes wear and tear on the brain, the nervous system and the organs, and thus may be a common source for twinned physical and psychological disorders. Dopamine disruption again appears key, this time courtesy of immune cells known as microglia. (Microglia are a key defense system in the brain, where they make up 10 to 15 percent of total cells.)

In autoimmune disorders—a broad class of disease that includes Type 1 diabetes, rheumatoid arthritis and lupus—the body’s antibodies run amok so that instead of protecting against infection they attack joints, tissues and organs. An analysis in the August 2013 issue of *JAMA Psychiatry* examined the health records of 3.5 million people over three decades and found those

with autoimmune disorders had a 45 percent increased risk of a future mood disorder.

An Israeli study published in the October 2015 issue of *Trends in Neurosciences* suggests that existing therapies for depression may be useful to either inhibit or stimulate microglial function, depending on the patient.

PAIN PATHWAYS: The persistent pain typical of many autoimmune disorders may be a compounding factor in comorbid depressions. Yves De Koninck, PhD, a professor of psychiatry and neuroscience at Université Laval in Quebec, explains that the neural pathways of chronic pain and depression are interrelated in the brain.

“Changes in the mid-brain occur after many years of pain,” he says.

De Koninck’s research focuses on the loss of protein in nerve cells that normally inhibit pain. Other scientists are exploring different avenues toward the goal of addressing both chronic pain and depression. Catherine Cahill, PhD, an associate professor of anesthesiology at the University of California, Irvine, has been studying a tetracycline antibiotic that blocks inflammation in the brain caused by chronic nerve pain, thus restoring dopamine function.

"People with mental illness did not stop needing care simply because the resources dried up."

—Arica Nesper, MD, MAS, lead author of a study that found a huge jump in crisis care following cuts to mental health services in Sacramento County, California.

"We don't teach [medical residents] in ways that encourage wellness and good mental health and coping mechanisms."

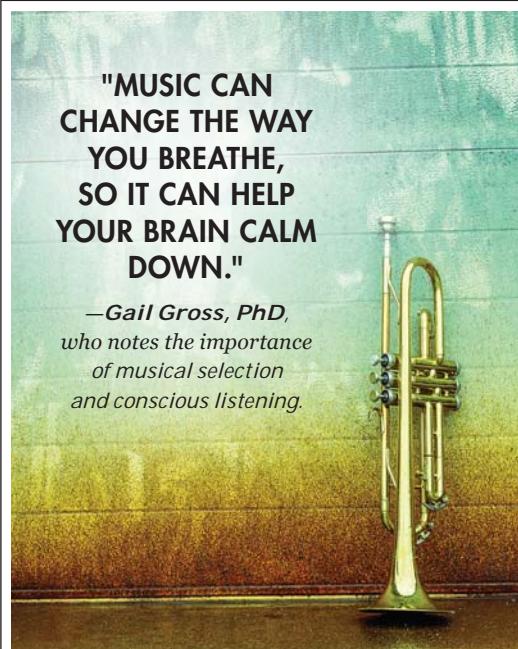
—Thomas Schwenk, MD, dean of the University of Nevada School of Medicine, on a study showing more than a third of medical residents have depression or depressive symptoms.

"[Greeks with mental disorders] need to know that ... this does not cancel their whole life—they still have a right to work, to education, to their family."

—Psychologist Niki Darmogianni, who is part of a nonprofit advocacy group launched in Greece following severe cuts in mental health funding.

"MUSIC CAN CHANGE THE WAY YOU BREATHE, SO IT CAN HELP YOUR BRAIN CALM DOWN."

—Gail Gross, PhD, who notes the importance of musical selection and conscious listening.



"[Seasonal depression] isn't a trivial problem, it's part of a major mood disorder that really needs to be addressed. But it is treatable."

—Michelle Riba, MD, associate director of the University of Michigan Depression Center, noting that a recurring pattern of "winter blahs" calls for professional evaluation.

"I really welcome the fact the [Canadian] government is interested in the mental health of Syrian refugees."

—Psychiatrist Kwame McKenzie, a Toronto-based expert on social causes of mental illness, praising resettlement plans that take trauma and stress into account.

"Nothing diminishes the human capital of our nation and its capacity more than mental illness."

—Australian Prime Minister Malcolm Turnbull, announcing a three-year blueprint for reforming the country's mental health system to make it less "one-size-fits-all."

"Mental health is a particular area for need among boys and men of color, where the topic is often neglected and pushed aside."

—New Orleans Health Director Charlotte Parent, MS, on a city initiative to address trauma, reduce alienation, and build resilience among African-American males.

"Far too many people are getting sent to prison because they didn't get good mental health services outside the walls."

—Phyllis Arends, executive director of the National Alliance on Mental Illness in Sioux Falls, on disproportionately high rates of psychiatric medications dispensed in South Dakota state prisons.

"Two out of every three people who need mental health services never seek these services for fear of being labeled as crazy or psychotic. This has to change."

—Glenn Liebman, chief executive officer of the Mental Health Association in New York State, welcoming a change in the state tax returns that will allow residents to "check off" a donation to anti-stigma efforts.



"Today, there is an increasing realization all over the world that there can be no health without mental health."

—President Pranab Mukherjee of India, declaring that mental health services are a government priority as he dedicated the National Institute of Mental Health and Neurological Sciences.

"I found that with depression one of the most important things you could realize is that you're not alone."

—Actor Dwayne "The Rock" Johnson, who fell into despair in his early 20s when his hopes for a pro football career stalled.



"Imagine the benefits we could realize if we spent as much time and money addressing mental health issues as we do crooked teeth ..."

—Mike Tighe, a Wisconsin journalist who fell prey to stigma (despite writing about mental health) and denied his own depression for several years.



"There's a lot of misunderstanding [about postpartum depression]. There's a lot of people out there that think that it's not real ... It's really painful and it's really scary and women need a lot of support."

—Nashville actress Hayden Panettiere, who sought treatment after struggling for months after her first child was born.

"And so I think what this mental health piece will do will be to really raise everyone's awareness ... and hopefully that will help more people come forward."

—Britain's Prince William, while on tour with his wife, Kate, Duchess of Cambridge, to promote the emotional and psychological well-being of young people.



"I was in the perfect sport to hide my [depression]. Everybody screams in hockey."

—College hockey coach Mark Wick, whose symptoms included explosive anger on the job and withdrawal from his family before he sought counseling.

"Without realizing, I've spent the majority of my teenage life being addicted to social media, social approval, social status and my physical appearance."

—Essena O'Neill of Australia, explaining to her nearly 800,000 followers on Instagram, YouTube and Tumblr why she is ending her posts.

"There's a positive contagion effect. The more people talk about mental health, the more it becomes okay to do so."

—JP Swaine, co-founder of Ireland's First Fortnight, a 10-day arts festival established to raise awareness of mental health issues.

Quotation Sources (top to bottom, left to right) **Page 39:** News-Medical.net (Nov 2015), Kaiser Health News (Dec 2015), *World Post* (Oct 2015), *(Binghamton) Press & Sun-Bulletin* (Dec 2015), Fox News (Dec 2015), Huffington Post (Nov 2015), *Toronto Sun* (Nov 2015), Sky News (Nov 2015), *Times-Picayune* (Oct 2015), *Argus Leader* (Nov 2015). **Page 40:** *Economic Times* (Dec 2015), *Oprah's Master Class* (Nov 2015), *Live! With Kelly and Michael* (Sep 2015), *Daily Mirror* (Oct 2015), *La Crosse Tribune* (Dec 2015), *Duluth News Tribune* (Oct 2015), *Time* (Nov 2015), *Irish Times* (Dec 2015). **Photos** (page 40 top to bottom): David Shankbone/Wikimedia Commons, Toglenn/Wikimedia Commons, British Embassy Tokyo/Alfie Goodrich/Wikimedia Commons

Outsmart self-sabotage

How can I get out of my own way?

When your own thoughts and behaviors undermine success, that's known as self-sabotage. Let's say, for example, you have an appointment for a lab test. You set your alarm and ready all your things for the morning. But when the next day arrives, you procrastinate and end up late for your appointment.

Such self-defeating behaviors often stem from a psychic conflict. The key is to identify your underlying thoughts and feelings—both conscious and subconscious.

ANALYZE YOUR ACTIONS:

Determine the nature of your procrastination. Were you aware that you were dawdling but still dragged your feet? Did you linger in bed despite knowing you should be getting up? In short, were you *conscious* of your self-sabotaging behaviors?

Perhaps you couldn't find your keys, lost track of time, or weren't sure of the best route to the lab. You didn't deliberately make yourself late, but *subconsciously* you did by not being more mindful.

IDENTIFY YOUR ATTITUDES:

Conduct a similar review of your inner dialogue. The first layer consists of *conscious* thoughts—"I really wish I could sleep in," or, "I don't want to go to the appointment today"—that explain why you procrastinated. But what are the deeper, unarticulated feelings compromising your success?

Subconscious beliefs tend to be harder to identify, but once you've done so, you can untwist the knot of self-sabotage. Ask yourself *what more* might be going on within you. Are you upset? Perhaps you're afraid? Are you frustrated? If so, why?



Deborah Serani, PsyD, is a licensed psychologist who specializes in treating depression and trauma. She also manages her own depression, which was diagnosed in 1980. She is a faculty member at Adelphi University in New York and the author of *Living with Depression* and *Depression and Your Child*.

Deepening your self-inquiry might help you see that you're scared to find out the lab results. Or maybe you anticipate the results will require a change in your diet and that's not something you're looking forward to doing. Or perhaps you're worried that medication may be recommended and you're reluctant to take a prescription.

REFRAME AND REDEFINE:

To break your self-defeating cycle, create a positive intention designed to counteract the root cause. Start by acknowledging the sabotaging behavior, then offer yourself an antidote to its toxicity. For example:

"It would be great to sleep late, but this test is important for my health."

"I'm dawdling because I'm fearful of the lab results, but being on time will allow me to take charge of my future."

"Getting in my own way makes me feel like a failure. I don't deserve to feel bad about myself."

"My driving skills aren't great, so I must map a route to the lab on my phone or program it into the GPS ahead of time."

How can I stay positive when I'm depressed?

Going through the steps to identify and counteract self-sabotaging thoughts will help over time. In the midst of a depres-

sion, however, it can feel daunting to try to sidestep discouraging and downbeat thoughts. Here are three rapid-relief measures you can try:

FEED YOUR SENSES:

When you give your senses a sudden influx of something new, the feel-good hormones dopamine and oxytocin shift into play. Turn on some uplifting music. Gaze out the window to give your eyes a change of scenery. Take a walk. Draw in the aroma of a freshly brewed cup of coffee, then enjoy every sip.

You get the idea. Revive your body, and your mind and soul will follow.

REACH OUT:

Depression often leads to isolation, so make sure you connect to others to keep the path positive. Pick up the phone and call a supportive friend or loved one. Even better, make immediate plans to see them in person.

USE POSITIVE SELF-TALK:

A 2014 study from the University of Texas at Austin reports that self-compassionate phrases and positive language reduce depression and increase resiliency. So adopt an encouraging phrase as your mantra, such as: "I can do this," "Things will get better," or, "I am good enough." **E**

Have a question for Dr. Serani? Email mailbag@hopetope.com.

Work in workouts

Take advantage of downtime to firm up. Here are a few ideas:

1 While you wait for coffee to perk, toast to brown or water to boil, do "standing push-ups."

Lodge your hands firmly on the edge of a kitchen counter, then stand far enough away for you to raise and lower your body weight in push-up fashion.

2 When riding an elevator or escalator, do a set of glute squeezes: Standing comfortably with your legs slightly bent, squeeze your butt muscles tightly together. Release and repeat.

3 Do leg lifts while watching TV. Sit facing forward while you extend your foot to knee height and lower it to the floor. Sitting sideways along the couch, raise and lower your whole leg. Lie on your side to do leg lifts that work the abductor muscles on the outer thigh.



Central intelligence

If staying organized and on task is a problem, Elizabeth Twamley, PhD, has one word for you: calendar. Twamley developed the CogSMART cognitive training program, which emphasizes using a one-stop system—pocket-size planner, larger binder, smartphone or email app—to keep all your information in one place. It should be something you will carry with you at all times.

Train yourself to record every task, appointment, and event. Then you can backdate related chores or append relevant items—noting down "buy a card" the week before someone's birthday, say, or attaching questions for your psychiatrist to the entry for your next visit.

The mind's eye



Art teachers often assign "blind contour drawing" exercises to sharpen hand-eye coordination. The idea is to place the point of your pencil on your paper, look intently at some chosen object, and carefully re-create its outline without once lifting your pencil or looking down. In mindfulness circles, this is called "Zen drawing."

The activity helps you stay focused in the present moment, practice observing closely, and let go of any attachment to the end product of your endeavor.

Letting go to keep it together

Twice a year, fall and spring, clients arrive at the cosmetics counter where I work, wanting new shades for the turning season. Cue to an autumn Saturday afternoon, with a phalanx of well-turned-out women waiting in our chairs to be matched with the perfect foundation and latest in color trends.

Things weren't going well. Every shade my clients wanted ... well, we didn't have it. Flustered and hurried, I knocked over my water bottle and drenched the counter.

"If that's the worst thing that happens today, we'll be all right," a co-worker said as she dusted shimmering powder on a newly painted face.

Famous last words. Two hours later, rushing to fill an impatient woman's long list of reorders, I backed into the perfume display and an entire \$100 tester of amber fluid shattered like a million glass stars all over the floor.

As my hands began to tremble, I ducked into the stock room for a few minutes of calming breaths. I sat on the cold, metal steps of a rolling ladder and silently intoned what my mother calls, "A pep talk to keep it together."

I have to work hard to keep it together when it feels like everything's spinning out of control. That's because I'm a control freak—my lifelong response to free-floating fear.

When anxiety roars toward me, my impulse is to lock down everything around me. Even the people I love—despite the fact that one is a full-grown man, another is in early adulthood, and the third is a teenager, which by definition means she resists and resents any attempt at control.

This pattern began way back when Mama dropped me off at Kiddie Ranch Kindergarten. The abrupt change from

playing in my own backyard to a structured classroom setting triggered my first symptoms. (Embarrassingly, the one my teacher noticed was how often I went to the bathroom.)

I responded by becoming master of my domain (but not in the *Seinfeld* sense). I'd line up my dolls in a certain order, organize my chest of drawers, and engage in other routines that eased the jitters and gave me a sense of peace.



I turned to the Serenity Prayer: "God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." (Though that "knowing the difference" thing can be pretty tough.)

Real progress comes in accepting my powerlessness over so many situations. It's a relief to give myself the "Stop Light ... and Just Let Go"—something I learned years ago in 12-step meetings.

I need to become more aware of when I'm operating in control mode. I need to listen when my family tells me to lighten up.

I need to face whatever fear is fueling my behavior, and substitute a more positive emotion. If my teen leaves her

“... I DECIDED TO STOP LETTING MY NEED FOR CONTROL HAVE CONTROL OVER ME.”

The need to control has taken many forms over the years. I often pray when the clock strikes 11:11, somehow convinced that this ritual will guarantee wonderful lives for me and my family. And if I don't pray? I'm sure something awful will befall them.

That day at the makeup counter, when all chaos unfolded and left me a complete mess, I decided to stop letting my need for control have control over me.

After consulting with my therapist and tweaking my meds, I vowed to dismantle my controlling behaviors, even if only by making a dent a day.

No more texting my daughter a dozen times about where she is and with whom. No more fretting over whether my husband's coffee mug will leave a stain on the table, or if the dog's water is truly fresh enough.

room a pigsty, I try to feel grateful she's such a good girl in other ways.

I need to heed the advice from a former therapist who told me to make a list of everything causing me anxiety, then write next to each item: "What's the worst thing that will happen if ... ?"

What's the worst that will happen if the house stays a semi-wreck for a week? No, a bald-tailed rat will not emerge from the pantry, as my mother's teachings on cleanliness led me to believe.

What's the worst that will happen if I crash a bottle of perfume into a zillion pieces in a fancy department store?

I get a broom and clean it up. **e**

SUSAN REINHARDT'S MOST RECENT HUMOR BOOK IS *CHIMES FROM A CRACKED SOUTHERN BELLE*. THE MOTHER OF TWO LIVES IN ASHEVILLE, NORTH CAROLINA.

FEELING LOVED

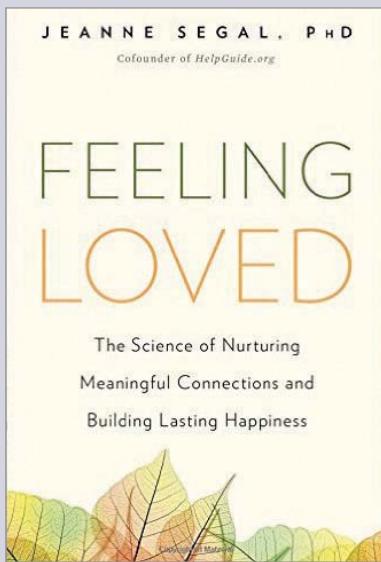
The Science of Nurturing Meaningful Connections and Building Lasting Happiness

By Jeanne Segal, PhD (BenBella Books, 2015)

Anyone who has felt isolated and friendless or, conversely, alone in a crowd will be intrigued by the premise of this book. The author, a veteran psychologist, explains how learning a basic set of skills will enable you to create and deepen emotional connections.

Segal and her husband co-founded a nonprofit website called Helpguide.org after their daughter's death by suicide. Much of this book repackages material from the online resource in an easy-to-follow progression, introduced with an overview of research on "the link between feeling loved and our ability to thrive amid stress and trauma."

There are three main themes: becoming emotionally self-aware through mindfulness meditation, managing stress in the moment by focusing on sensory input, and improving your ability to communicate and resolve conflict. Segal wisely acknowledges barriers that can impede change and gently encourages a "little by little" approach to practicing the exercises that ultimately will allow you to more freely receive—and give—love.

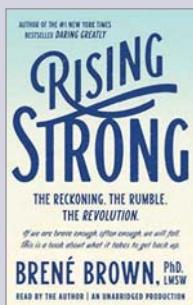


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RISING STRONG

By Brené Brown, PhD, LMSW (Spiegel & Grau, 2015)

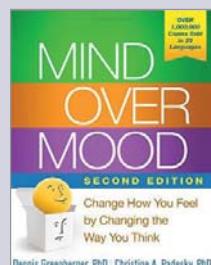
Survey of resilience by the well-known "shame researcher" and author (*The Gifts of Imperfection*, *Daring Greatly* and other titles). Through interviews with ordinary people, artists, and corporate leaders, she finds common themes in what helps us get back up after life knocks us down—most importantly, coming to terms with uncomfortable emotions.



MIND OVER MOOD

By Dennis Greenberger, PhD, and Christine A. Padesky, PhD (Guilford, 2015)

Updated reissue of this influential self-help book incorporates 20 years of advances in cognitive-behavioral therapy and positive psychology. Added material delves more deeply into anxiety, reaching goals, mindfulness, and gratitude, among other topics. Reflecting advances in personal technology, purchasers can download and print worksheets.



DOG MEDICINE

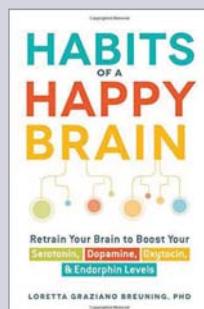
By Julie Barton (Think Piece Publishing, 2015)

Beautifully written memoir powerfully evokes the experience of living through soul-searing depression. A parallel story follows Bunker, a wriggly Golden Retriever puppy who will become a source of solace, hope and a sense of connection as the author faces difficult truths about her childhood and struggles for self-acceptance.



HABITS OF A HAPPY BRAIN

By Loretta Graziano Breuning, PhD (Adams Media, 2015)

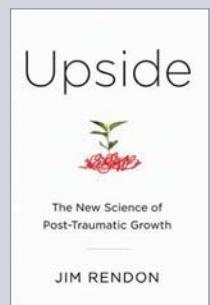


Lively tour of the neurochemicals most associated with mood—serotonin, dopamine, oxytocin, and endorphins—and how you can harness them to maximize well-being. Entertaining explanations illuminate the link between our motivations and behaviors and our underlying mammalian nature, while practical exercises promise to retrain your brain and override its default settings.

UPSIDE

By Jim Rendon (Touchstone, 2015)

New perspective on trauma examines how surviving extremely stressful events can ultimately enrich our lives. Subtitled "The New Science of Post-Traumatic Growth," the book combines research and real-life stories to show how tools like creating a meaningful narrative and finding ways to help others can lead to healing and strength.



Women, hormones and depression

Q Are my hormones causing my mood problems?

This is something many women wonder, and it's easy to see why.

For one thing, women are twice as likely as men to experience depression in their lifetime. This sex difference is most prominent during the reproductive years, when women's brains are exposed to fluctuating levels of reproductive hormones.

Secondly, some women notice that their mood symptoms either primarily occur or worsen when their hormones are changing in a specific and marked way, such as when they are premenstrual, during pregnancy, soon after they give birth, or during their menopause transition (perimenopause). This pattern suggests the possibility that hormone changes trigger mood instability.

However, most depressive episodes in women are not triggered by hormonal events, and not all women are sensitive to the effects of hormones on their brain.

As a parallel, consider that women are more likely to experience migraines than men, and a subset of women will have migraines linked with their menstrual cycle. However, most women with migraines do not have episodes related to their menses, and among those with menstrually linked migraines, the majority of their headache episodes are unrelated to such hormone changes.

So how can you tell if hormones are behind your mood symptoms?

ASK PEOPLE CLOSE TO YOU.

Good friends and family, especially those who live with you, may have noticed a pattern in your moods across the menstrual cycle or after



Hadine Joffe, MD, MSc, is an associate professor of psychiatry at Harvard Medical School with a joint position at the Dana-Farber Cancer Institute and Brigham and Women's Hospital, where she is director of the Division of Women's Mental Health, vice chair for psychiatry research, and runs the Women's Hormone and Aging Research Program, a clinical translational research program that focuses on the hormonal issues underlying mood disturbance.

you started or stopped a specific hormone treatment. Sometimes they observe these changes before you notice them in yourself.

TRACK THE TIMING.

In general, keeping a record of your mood symptoms and related factors like sleep, exercise and stressors proves helpful in the treatment of depression. It is simple to add a brief notation about when your period starts and stops to identify whether there is any connection.

Looking for a pattern over several months makes the most sense, since any single month may be atypical for a range of reasons. It is also helpful to continue monitoring mood symptoms and your menstrual cycle once you start treatments that target hormone-related mood disturbance to see if anything changes with the treatment.

TALK TO YOUR TREATMENT TEAM.

Involve your mental health clinician in determining whether your mood issues are related to hormonal events. Be certain to share any prior experience when your mood problems became prominent or worse in the week before your period, during pregnancy or after you gave birth, as you approached menopause, or while on a specific hormone medication.

If the answer is yes, what then?

Strategies to improve mood stability include increased awareness of personal triggers and risk factors, monitoring symptoms, and collaborating with practitioners to achieve the best personalized treatment approach.

If you have mood instability in relation to your menstrual cycles (or other hormone/reproductive-related transitions), treatment targeting that window of risk is important. Being mentally prepared for a transient period of susceptibility to mood deterioration can also help you bring coping strategies to bear in a timely way.

Ruling out a hormonal connection is just as important, since that misconception can distract you and your clinician from focusing on treatments with the best chance of success at reducing or eliminating your depressive symptoms.

The women's mental health field is young and we have much to learn about the profound and wide-ranging effects of female hormones on the brain regions and neurotransmitter systems involved in mood regulation. As we understand more how these hormonal effects result in depression in a subgroup of women, our ability to individualize treatment will increase. **e**

Have a question for the doctor? Email mailbag@hopetope.com.



A screening test is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. It only takes a few minutes to take a screen, and you can check for symptoms of Depression, Anxiety, Bipolar Disorder or PTSD. These are serious conditions that can affect not only your quality of life but your physical health as well, and the earlier you catch them, the better.

At Mental Health America, we think that getting help before mental health concerns become critical – before Stage 4 in a chronic disease process – makes all the difference. Learn more about how you can support our #B4Stage4 campaign at www.mentalhealthamerica.net/b4stage4.

Our screenings are free, anonymous and confidential. Visit www.mhascreening.org to get started.



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College break: 8 rules for recovery

I gave up two years of my life to depression. It started in small ways, but I sank layer through layer until negative thoughts were filling me up inside and I felt hollow and useless.

I lost interest in everything, including getting good grades in my college courses. I started failing subjects when I used to be in the top of the class. Nothing seemed to motivate me. I was tired all the time and got sick very easily. My muscles felt stiff and my nerves felt stretched.

My family worried and took the blame for not doing as much as they should for me. I was unable to explain that this feeling was all from within. My friends would ask me what was wrong and why I didn't hang out with them anymore. A time came when they got tired of making all the efforts and a space came between us.

I wanted to get better for my family and friends, because they were hurting, too. These eight principles put me on the path to participating in life again. I still sometimes feel empty and hopeless, but I've never fallen to those deep extremes again.

1 THE 80-20 RULE: This was something I came across while studying project management and it just clicked for me. In my interpretation, only 20 percent of problems are real problems and the other 80 percent are just offshoots. Finding out what's behind the 20 percent automatically solves the rest. I made a list of all the things that were bothering me and surprisingly, just a few were real problems. Most were just longer versions of those few.

2 THIS, TOO, SHALL PASS: There's always that fear in depression: "Will I be stuck in this for the rest of my life?" The truth is, just as good times don't last, bad ones won't, either. Just hold on, sit tight, and remember,

"Nothing's forever in this crazy world."

3 EXPLORE YOURSELF:

I wrote this on the first page of my journal so I would see it every time I opened it: "The most important part of growing up is finding out who you really are. Now it may take falling down, breaking up, getting hurt, but in each case you'll learn something new about yourself."

4 DREAM BIG: If a dream doesn't scare you, it's not big enough. I believe that's the first step on the ladder of success. I've always been a daydreamer



teacher called Shams-i-Tabrizi. The way he defines love had a lot to do with helping me out of depression: "If you want to change the way others treat you, you should first change the way you treat yourself. Unless you learn to love yourself, fully and sincerely, there is no way you can be loved."

7 IGNORE NEGATIVITY:

"Negativity is a thief, it steals happiness." That's another saying I came across and it's so true. Many times I've been surrounded by so much negativity that I started thinking about everything in a negative way. I've stopped listening when anyone doubts my abilities. No one knows my true capabilities. Shams-i-

“ WHEN EXPECTATIONS ARE SO HIGH THEY CAN’T BE MET, IT LEADS TO DISAPPOINTMENT AND UNHAPPINESS. ”

but I never used it in a creative way. So I started asking what I wanted to do with my life.

5 EXPECT NOTHING: Expecting too much from other people was one of the major causes of my depression. When expectations are so high they can't be met, it leads to disappointment and unhappiness. I looked inside myself instead, trying to become the person I wanted myself to be.

6 LOOK FOR SELF-LOVE: I was looking for love in all the wrong places, hoping to find someone picture-perfect and live happily ever after. Then I started reading books on Sufism and came across the writings of a spiritual

Tabrizi also wrote: "Be thankful for every thorn that others throw at you. It is a sign that you will soon be showered in roses."

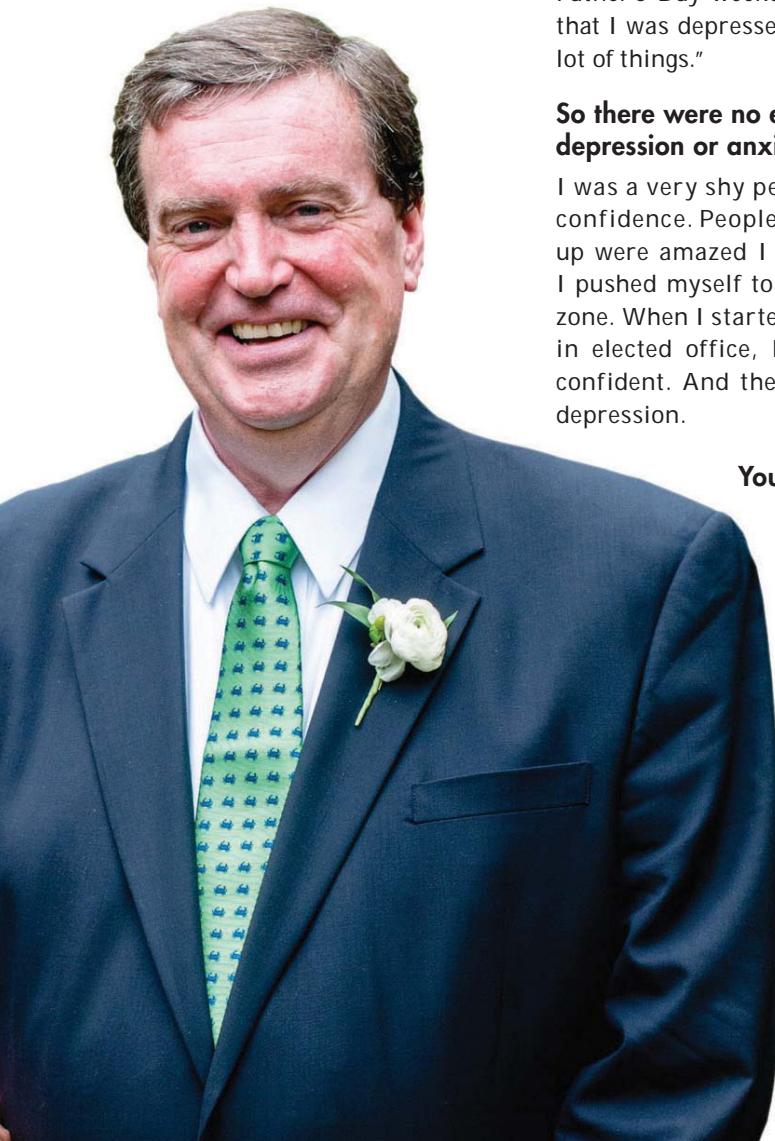
8 PRACTICE KINDNESS: I was on my way back from college one day and in front of my eyes, a bike crashed into a taxi. Without even thinking, I rushed to help the injured. Afterwards I felt immense happiness and satisfaction. I made a connection between selflessness and inner peace. If you help someone in trouble, you feel useful. This has helped me enormously in fighting depression. **e**

MAHNOOR TAHSIN IS A SOCIAL SCIENCES STUDENT IN PAKISTAN. SHE IS ALSO A FREELANCE WRITER, BLOGGER AND EVENT ORGANIZER.

In his 24-year career in public office, including three terms as the top elected official in Maryland's most populous county, **DOUGLAS M. DUNCAN** became a newsmaker around the Beltway. When he withdrew from the Maryland governor's race in 2006 to deal with severe depression, his courageous disclosure inspired nearly a thousand calls to the Mental Health Association of Montgomery County. He's now president & CEO of the nonprofit Leadership Greater Washington.

Public service can be all-consuming. What do you do for fun?

I come from a very large family—there's 13 of us—and I've got five kids of my own, so doing things with family is important. I love to read. I love the movies. I started a movie club with a bunch of friends and we go once a month. Sometimes we do blockbusters, sometimes we do more artistic kinds of movies.



You have a strong family history of mental illness. Why did it take so long to recognize your depression?

We call it the family curse. For years I just said, "I'm one of the ones who didn't get it." Often it comes on for young adults in college, but it seemed to skip me. So it didn't hit me that it could be that. My wife and kids knew something was wrong, but nobody put two and two together. It wasn't until I was at Mass one Sunday, Father's Day weekend, and it just hit me that I was depressed. "Oh, that explains a lot of things."

So there were no earlier signs of depression or anxiety?

I was a very shy person, not a lot of self-confidence. People who knew me growing up were amazed I went for public office. I pushed myself to get out of my comfort zone. When I started to have some success in elected office, I got much more self-confident. And then I lost it all with the depression.

You've spoken of worthlessness, irritability, indecisiveness ... what was the worst symptom for you?

The absence of joy. I'm normally a guy who sees joy around me—in a beautiful morning, flowers, the snow falling, whatever. I smile a lot. There was just no joy in anything. I call it the two years I lived in hell.

What helped?

A combination of medication and psychotherapy. Talking with my therapist helped quite a bit. We went through three, four different types of medication. I do consider myself lucky. I talk to people who really are treatment-resistant and can't find the kind of medication to help them.

What keeps you well now?

I do not ever want to go back to where I was, so I will always take medication. I'm a much more thankful person. Being grateful helps me think about positive things, rather than how bad I am or whatever. I've always been a very religious person, so a lot of prayer.

Do you ever regret going public about your depression?

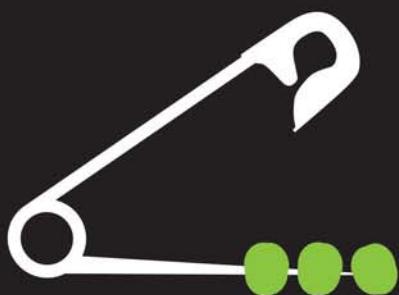
No, not at all. Even today, when I give speeches on other topics, I mention mental health and depression. I call it my public service announcement. I think it's important for me to talk about depression. I think we need more men talking about it. My little joke is, I'm a member of the secret handshake club. [Men will] pull you aside, they'll whisper in your ear, it's a big secret. I understand, and I'm glad they can talk to me about it, but there's still a big stigma attached to it.

What do you talk about in your informal PSAs?

For a couple of years I just felt miserable. I told myself, "It's the pressure of the campaign and the job and I need to suck it up and get through it." I realized I couldn't do it on my own. That's the message I try to give: You don't have to feel that way, you can get help. Go talk to someone, get medication, try different things to get better. **E**



When you feel like you have no one to talk to, know *I'm here...*



I'm here...

DBSAAlliance.org/ImHere
#ImHereDBSA

Creating Safety in Numbers

Creating an *I'm here* safety pin with another person starts the conversation.

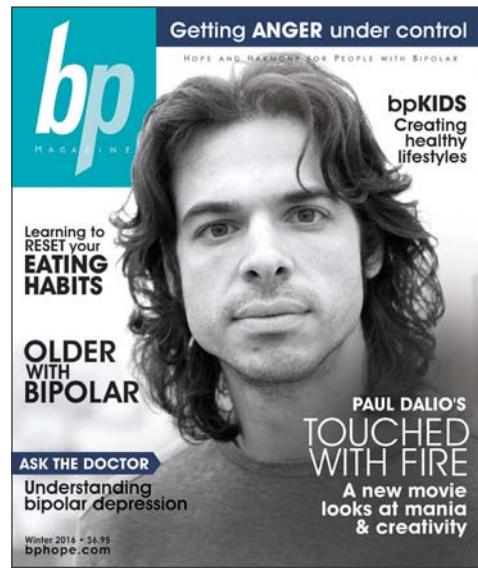
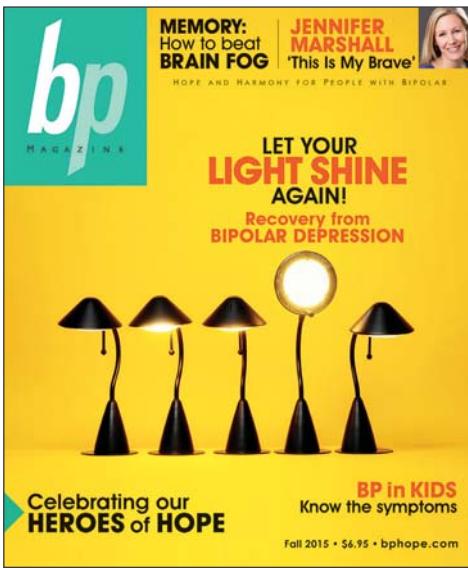
Starting the Conversation

Wearing an *I'm here* safety pin shows that you're supportive, open, and aware.

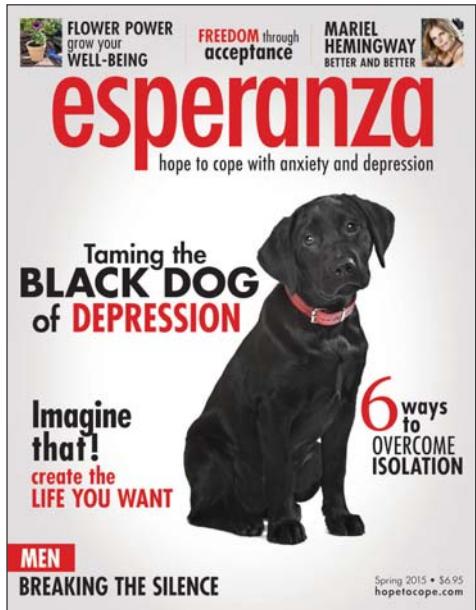
Spreading Awareness

Explaining the meaning behind the *I'm here* safety pin helps the whole community move closer to understanding mental health conditions.

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