



MDDA-RI Matters

Newsletter of MDDA-RI

(formerly the Manic-Depressive and Depressive Association of Rhode Island)

July/August 2009

MDDA-RI Partners With MHA of RI on Healthcare Reform



On June 11, 2009 MDDA-RI and the MHA (Mental Health Association) of Rhode Island co-sponsored a meeting under the auspices of Organizing for America. The meeting focused on whole health, and sought to make sure that mental health care was not left out of the discussion on health care reform as it evolves. Good medical care for people with mental health issues was also a focus. General consensus was that there needs to be a strong public option in any healthcare reform proposal.

MDDA-RI Support Group Topics: The Group Tackles Stress

During the May/June period, MDDA-RI Support Groups covered a number of

topics. Sleep, side effects, support (or lack of), depression, anxiety, dating and stress were some of them, with the Group coming up with many creative and supportive suggestions for coping. The last item—stress—was a consistent theme.

Members discussed the stress associated with doing very many things; most prominently working or not working. It seems that both situations present stress.

For working people, the Group suggested:

- Set reasonable limits with your employer on your availability
- Enlist the help of a coworker in getting “reality checks”
- Don’t answer your phone on days and nights off
- Keep the same routine on your days off: this will make it less difficult to regain momentum after days off or the weekend
- When possible, take a little time on Sunday night to prepare for the upcoming work week
- If you have disclosed, work with your employer on reasonable accommodations

- Really evaluate your capacity for either part time or full time work. There are times in our illnesses when working is just not the best option.

For non-working people, stress takes many forms.

For people who are job hunting, apart from a very difficult economy, stress is often located around whether or not to disclose to a potential employer. The wisdom of the Group on this topic is that the answer is highly variable and depends on circumstance.

For non-working people who are not job hunting, stress manifests in feelings ranging from boredom to guilt. Lack of structure, difficulty maintaining a sleep schedule, feeling like there is too much time to fill up, economic worries and feeling “less than” for being unemployed are some of the stresses mentioned by the Group.

Strategies for coping with not working include:

- Volunteer at something meaningful
- Reward yourself for getting up at a certain time every morning in order to maintain a better sleep schedule
- Exercise in order to reduce stress and get or stay fit
- Use medication prescribed by your doctor to combat intense feelings of anxiety or other difficult feelings
- Find or create a routine that consists of healthy lifestyle choices

- Try not to isolate: isolation tends to make things worse
- Work on self-acceptance and understanding that not working may actually be the wisest actual decision

Each Group member had something to contribute on the topic of stress.

Unfortunately, difficulty with stress is one of the universals associated with living with mental illness.



Thank you to Butler Hospital for their generous hospitality in offering us space for our Tuesday and Saturday meetings. Tuesday night meetings are from 7:00 p.m. to 9:00 p.m. on the second floor of the Ray Conference Center. Saturday meetings are from 10:00 a.m. to 12:00 noon every 2nd and 4th Saturday of the month, on the first floor of the Ray Conference Center on the Butler Hospital Campus.

Into the Woods

By Mary Geraldine Harrington

“Midway on our life journey, I found myself in dark woods, the right road lost.”

- Dante Alighieri

I found this quote from Dante’s “Inferno” during my first episode of depression. My daughter was a toddler and my son in first grade. Then, as now, I was acutely aware of the stigma of mental illness and was secretive about how badly I was doing. Although I had a

great therapist, I declined medication. I was determined to heal myself with a self-imposed, impossible regimen of exercise, diet, vitamin supplements and herbal tinctures that I made myself.

I was spectacularly unsuccessful. Much to the relief of my therapist and primary care doctor, I agreed to treatment. Dante's dark woods, now, as they did back then, remain for me a powerful metaphor for how disruptive and disabling depression can be when left untreated.

Sixteen years later, poetry remains a solace (if solitary comfort) that uplifts and inspires me as I continue the process of discovering the myriad ways this mystifying illness gets in my way of living my life as fully I would like.

As Prozac lifted the weight of that first episode and I returned to my life, I found yet another poem, this one from the Greek playwright Aeschylus. With his words, I found some of the meaning of and purpose for that first descent into depression I had been searching for.

"He who learns must suffer. And even in our sleep pain that cannot forget falls drop by drop upon the heart, and in our despair, against our will, comes wisdom to by the awful grace of God."

I have made several treks in and out of those dark woods now and I can safely say depression (along with and hundreds of hours of therapy) has made me wiser. It has certainly humbled me in ways that would have been imaginable during my small town Irish Catholic childhood and overactive, achievement-oriented twenties. My perspective on what constitutes a successful and purposeful

life has changed. My standards in every way have fallen - as they needed to. I like my own company far more than I ever thought possible and my priorities are crystal clear. As it reads on the headstones in the cemetery, "mother of, wife of, daughter of."

Still, in midst of a fourth, officially deemed treatment resistant episode, it's clear I have a great deal more to learn about living with this illness. And I do mean live.

This time, as I make my way through the woods, I have acquired a group of awesome companions, as my children would say. Most of them have also been waylaid by a mood disorder. With their help and guidance, I have entered what I believe is the densest, darkest part of my woods where the biggest impediments to my healing reside. This is my abiding shame about having this illness and my chronic, misguided belief that if only I had the proper degree of strength, faith and fortitude I could make it disappear myself.

My fellow pilgrims are members of the bimonthly Saturday sessions of the peer support group sponsored by MDDA-RI. In our sunny room in the Ray Conference Center, on the lovely grounds of Butler Hospital, we tell our stories. We pass on hard-earned wisdom about medications and treatments to the newly diagnosed. We discuss light-boxes and alternative treatments. We help each other figure out when to push forward and when to step back and simply accept the limitations of illness. To family members who come seeking help for a loved one, we offer comfort, understanding and our knowledge of the resources available to them.

The life-altering importance of finding this group crystallized for me one morning this past winter. It was my turn to talk and I presented to the group my latest dilemma.

Tired of our depression-created social isolation, my husband had invited some of his co-workers to dinner at our house that evening. He promised to do all the work. Despite this, I was completely overwhelmed at the prospect of people coming into our home. To someone for whom simply taking a load of laundry down the stairs to the basement was a major achievement, what he was asking felt insurmountable. The house was a mess; the bathroom a disgrace and the kitchen floor beyond dirty. I knew even with his best efforts, the house would never become close to what I considered company clean.

To my surprise, no one told me to buck up and be a good wife - which is what I miserably had been telling myself. Instead, someone immediately piped up and suggested I spend the day at the movies; another advised going to a friend's house until the whole thing was over. We laughed through my shame and tears.

The simple beauty of these Saturday morning gatherings is that my fellow mood-disordered colleagues get it. With them I don't have the wearying task of trying to explain the unexplainable. And that morning, they accepted better than I could, the severity of my symptoms and limitations they created.

I am not out of the woods yet by any means. With the support of my MDDA group, I am, however, well on my way to finding a truly saner way of being in

the world. I may not be able to make my depression go away, but I can get started on clearing away some of thorny underbrush of shame along my path.



Sun Safety for People Who Take Certain Medications

Summer is here and people who take certain medications need to take special precautions in the heat and sun.

1/ Up the fluid intake
Dehydration can occur much more easily in the heat, so increase your fluid intake accordingly. Many of the meds dry us out, so we need to take more fluids in. For people on lithium this is especially important.

2/ Wear sunscreen
Some medications, particularly some S.S.R.I.s, can make a sunburn easier to get. You should wear sunscreen anyway, but you might be wise to increase the protection level-especially at the beach or other places where the sun is unobstructed.

3/ Aim for the shade
Since some medications make us more sensitive to sun and heat, try to stay in the shade as much as possible. You still need to wear sunscreen, even in the shade.

4/ Turn on the fan or air conditioning
When the temperature rises, some medications made it hard for the body to

properly regulate temperature to cool you off. Turn on the fan or air conditioner to move that hot air around and cool things off.

5/ Head for the library or the mall
Libraries have air conditioning (and Internet access!). When it gets hot outside, head for the Library to read for the hottest part of the day.
Indoor shopping malls are air conditioned too. If you can afford it, coffee shops and diners almost always have air conditioning also.

6/ Head for the bath
A cool tub or shower can be of immense relief from the summer sun and heat. Soaking or showering is no substitute for an uptake in fluids, but it can be a way to cool down when too hot.

7/ Take the bus
When the weather is hot and ozone is high, the usually air conditioned busses are free (except for the busses going to the beach). You may call 401-781-9400 to see if the busses are free on a given hot weather day.

8/ Go to a movie
Movies are usually chilly, and, if you can afford it, can be a great way to spend a couple of hours.



MDDA-RI Holds Facilitator Training

On May 30th, 2009, MDDA-RI certified 5 new Support Group Facilitators. Each new Facilitator underwent a day-long training on facilitation skills. The training included such things as listening for themes, identifying issues, developing a repertoire of responses and handling challenges. Each trainee was given a manual and “cheat sheet” with the mechanics and guidelines as a quick reference for running a Group. New Facilitators will work with seasoned ones for further “on the job” training. The training itself was evaluated very highly by the participants, who indicated they believed the training helped prepare them to facilitate Groups. Another training will be held in the next few months. Members who are interested in becoming Facilitators should contact Kathryn McNulty at kathryn@mdda-ri.org or 401-309-7575.

Please visit us on the web!

MDDA-RI maintains an Internet presence at www.mdda-ri.org. There you will find our brochure, latest newsletter, directions, information on Groups, and links to resources.

MDDA-RI Holds Advocacy Training

One June 20, 2009, MDDA-RI held its first ever Advocacy Training. Fourteen people attended the day-long seminar, and each received a certificate of completion at the end of the day. The morning started off with introductions and a survey of the history of people who live with mental illness from the 1600s through the present.



Participants were exposed to a number of contemporary issues in mental health, and were assisted in crafting their stories to make key points on the issues that mean the most to them. A section on etiquette and advocacy opportunities rounded out the day. The program was evaluated very positively by the attendees. We expect to offer this well-received training again in the Fall. If you are interested in attending, please contact Kathryn McNulty at kathryn@mdda-ri.org or 401-309-7575 for latest updates.

Wish to donate to MDDA-RI?

Please make checks payable to MDDA-RI and mail to PO Box 28, Pascoag, RI 02859. Your contributions are deeply appreciated, and help us to do our work in the community.

The Willow and the Western Gal

By Kathryn McNulty

I am not an eastern gal. I am a western gal with a thing for shoes. Okay, I'm a western gal with a thing for shoes who lives with bipolar disorder. I have a lot of shoes.

Many years ago I got interested in eastern thought. I found it useful. Newly diagnosed and struggling to make sense of the experience, I found solace in the metaphor of the willow. In a storm, the strong oak will break because it is rigid and can not bend. In that same storm, the willow will survive because it is flexible and can adapt itself to the winds and other forces. For a long time, I reminded myself to "be as the willow" in living with bipolar disorder; to flex with the symptoms with which the illness presented me and to not grow rigid in my response to its challenges. This was a big step, but there was more to come.

"Attachment is the root of all suffering," is Buddha's Second Noble Truth. It has taken years to begin to understand what that means, so I hope I won't be judged too severely for my elementary understanding. In my mind, "attachment" means many things. It can mean material things. It can mean things like resentment which we don't let go of. Or fear, guilt, shame: that whole panoply of emotions that stay with us long after the incident or incidents that evoked them. We get attached to these feelings and can't let go and they rule our current thinking and emotion and we suffer because of that. That is one kind of attachment.

Another kind of attachment is to experience. Let's say I am having some

unusual thinking. For instance, this morning I may believe that the National Guard is looking for me. Long ago, this sort of thinking would be cause for a full on emergency intervention, maybe a hospitalization, probably a medication adjustment. The suffering because of this thought would be great: I would have a lot of fear stemming from possibly believing the thought or suffering from the awareness that a thought like this is not “normal”. Nowadays I simply notice that I am having this thought. There is a part of my mind that is not thinking it, that witnesses me thinking it, and remains detached from—not attached to—the unusual thought. I do not suffer with this thought when I am not attached to it. It is just a thought; one of many. It will pass and if it doesn’t I will call my doctor.

This sort of detachment from the immediacy of my mind’s work is effective for many different kinds of thoughts and feelings. I have cultivated detachment for a long time, through meditation and mindfulness: two positions of awareness consisting of a rather quiet mind. It is this quiet place and the development of my “noticing” abilities that have led to the development of the witness part of my mind which notices where my mind is going. I am sure there are other ways to get there too. This was my way.

A few years ago, Jim—my husband—and I were fascinated by the concept of “mental jujitsu”. Actual jujitsu is a martial art developed around the principle of using an attacker's energy against him, rather than directly opposing it. We began to realize that much of how we were coping well with bipolar disorder was by applying the

same concept to symptoms. If we could just get out of the way or wait through the storm of energy (too much or too little) with which the disorder presented us, we could cut down on the duration of these episodes. We could learn to “turn sideways” and watch bipolar disorder run right past, instead of digging in and standing against it, spending energy we didn’t have and effort that was hard and, often, not fruitful.

The journey from west to east and back has been long and it is not over. I have been fortunate to have great companions along the way, and a support group that has given me ideas and inspiration to make the journey. I highly recommend getting acquainted with some eastern thought. It has a lot to offer, especially for those of us who live with mental illness. I’ve focused on the benefits to bipolar disorder because that is what I have, but I have met others along the way, from other backgrounds, who have reached the same conclusion. Eastern thought has a place in the western world.

