

## Club News

*Saturday June 11<sup>th</sup>, 2005 – keep this date free!*

So that you will be able to attend our Summer Garden Party at Birdbrook Hall from 12.30 – 5.00 where there will be:

Music by Basically Acoustic

A marquee to cope with any weather

A large barbeque to be managed by my son James and two friends

Seating and drinks for up to sixty people

A raffle with many prizes

All taking place in a garden full of flowers.

The party is free of charge to all patients and carers and with a small charge of £5 to any other supporters who would like to come along.

### *Concert*

We are at the planning stage of another Autumn Concert which will include some of the music that you have enjoyed most over the last four years. Further details in the next newsletter.

### Competition

As there was no winner to the competition in our last newsletter please do try the competition in this newsletter. See the Wordsearch on page 5!!

First prize will be the Rise and Shine clock awarded to the first correct entry, with ten pound gift vouchers to the next two correct entries.

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## **Making things easier for a depressed person**

When you are around there are practical ways in which you can make time pass more easily for the patient.

Make a list of small jobs that need doing around the house or garden, a bit of DIY or weeding, you must not have expectations that are too high, though, or he will feel pressured or inadequate if he finds he cannot manage them. And no nagging! Praise any achievements, however small. To a depressed person it has taken an enormous amount of effort. The important thing is to get thought each day as best you (both) can leaving him little time to sit and brood.

Involve him in a hobby if he has the energy, but be prepared for him to say that he can't concentrate. Inability to concentrate is a feature of depression.

Daily walks and gentle exercise are important. Spectator sports, gardening, painting, (both kinds, art and interior decorating) are therapeutic. A change of scenery is often welcome, and pets can be a blessing. Watching a moving or uplifting play, film or concert on television can release emotions (yours as well as his,) which can be a relief.

In a depressed state a person does not think life is worth getting up for in the morning, so he will need encouragement. It is often in the mornings that they are at their lowest.

Being so absorbed with his inner misery and mental pain he may ignore his appearance and personal cleanliness. Coax him to have a shower or bath daily, shave himself and put on fresh clothes. He probably won't do so otherwise, and will slop around in his oldest clothes for days, unkempt, and with lank, greasy hair. Later, when he is recovering, he will be glad that you encouraged him to attend to his personal appearance and helped preserve his dignity.

At meal times offer him a plate of food even though he says he is not hungry and picks at the food. He may well have lost weight, but he will put it on again when he gets better. He might prefer a meal supplement such as Complan or Fortsip. <sup>1</sup>Caffeine and alcohol are both depressants, so limit their intake, or stop using them altogether. If your GP has prescribed antidepressants for him, he will already have been warned not to drink alcohol.

At some point when you judge it to be the right time, you could sit down with him and write a list of his main worries and problems. Help him out by asking leading questions, otherwise he may shrug and tell you it is 'everything'. Some problems may be imaginary – "I'll never be able to drive my car again". He will.

Other problems may be real. He could, for instance, have lost his job. Face the problems one at a time and see what can be done to alleviate or overcome them. Work out what will need to be changed in your lives in order to deal with the depression. If there is something wrong with your relationship, contact Relate for counselling, either then or when he is coming out of the depression.

If he has suffered a loss of some kind, he will need bereavement counselling. When you confront problems, always get professional help if you feel out of your depth.

Aromatherapy and massage have been found to be therapeutic by many sufferers. You could teach yourself a few massage strokes to use on your partner. Massage could help you too. After all, you are also in a stressful situation.

Read up all you can about depression. The more you understand this painful illness the better. Just keep remembering that people don't want to be depressed and they cannot help the way they behave.

## **Psychotherapy and Family Relationships**

Margie a forty two year old woman who has been stable on lithium for two years, says that her family therapy made a significant difference for her, her husband, and her children.

<sup>1</sup> Caffeine is not a depressant. It is a stimulant that works on the central nervous system. The problem with taking in caffeine occurs when you stop doing so and then without its stimulant effect the patient can revert to a depressed state. (Editor)

“After a few months of seeing a psychiatrist on my own and gaining some insight into what I was like to live with, I didn’t know where to start making amends – or how. How could I apologise to my children for the ball games I never went to, for the school nights I missed, for shutting them out of my room and my life when they needed me the most? How could I tell my husband that I couldn’t help the affairs I had, the scenes I caused, the embarrassment I brought him? I was so ashamed, it felt overwhelming.

“I also needed to know that they were feeling. How angry were they? Could I make it up to them or was too much chipped away? And I wanted them to know what I was still going through, the terror I still have about going out of control again. Other people wake up full of energy, they feel great. Me, I wonder if it isn’t the beginning of a manic episode. When I’ feeling blue, I start sweating and clench my teeth, hoping that I won’t sink into the bottomless depressions I used to have. I needed my family to understand so I could stay well.”

*A Brilliant Madness  
Patty Duke and Gloria Hochman*

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### **Our most common cry for help**

Our most common but difficult to cope with enquiry is from a patient who is suffering from great anxiety because they are in say two weeks time meant to accept an invitation – which means travelling and meeting well people unknown to them in a new uncharted environment.

Should I go on holiday with some friends to Spain for two weeks? Should I go to Scotland for an old school reunion? Must I go to a friend’s wedding in Penzance? Ought I change my routine and risk the unknown?

There is no one answer. Everybody’s case and their concern about the future engagement must be looked at on its own merits. One thing is certain, a firm decision one way or the other as soon as possible is better than no decision.

Clearly spelling out the advantages and disadvantages of going and not going, can help. If at all possible, and we feel the patient can cope, we encourage them to try the new experience, come out of their shell and meet life head on. If the patient is desperately anxious and there is no helpful companion etc to prop them up on their trip then sometimes it seems best to let the patient feel relaxed about staying at home.

*J A J Rook*

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### **Romanticising Manic Depression: A Danger**

Because of this prevalence of manic depression in highly creative people, many mental health practitioners worry about the tendency to romanticise the illness. Dr. Nancy Andreasen warns that manic depression is not a disease to be taken lightly. Nor is it one that should be wished for, even by creative people. Fiction writing, for instance, takes more than a creative spurt and a vivid imagination. It requires a lot of knowledge and thinking about people because so much information must go into a novel or short story. And writing

is hard work; it takes organisation and discipline as well as insight. "Sensitivity is not the same as eccentricity," she says.

"This is an illness that torments," declares Dr. Kay Jamison. And no one who is confined in a psychiatric hospital is being creative. No one who is spending six or seven months a year sleeping fourteen hours a day is producing anything. No one is achieving when he is dead."

In his book *Movie Stars, Real People and Me*, Joshua Logan the theatrical director and producer, once said that over a period of twenty years he experienced manic elations during which he "would be going great guns, putting out a thousand ideas a minute, acting flamboyant – until I went over the bounds of reality" and then got to a point where "I had a profound wish to be dead without having to go through the shaming defeat of suicide."

A manic depressive artist in Boston said that when he was hypomanic he felt "juiced up" and knew he could paint brilliantly. And for a while he could. But as his manic symptoms speeded up, he became scattered and totally disorganised. Once his studio was littered with a hundred paintings, none of them finished. His mind was racing so fast that ideas toppled over one another. He would begin a painting, get an inspiration for a new one, abandon the old, and move on. Finally he collapsed in exhaustion, realising the disaster he had created.

It is a common scenario because someone in the grip of mania is so distractible that he moves from project to project, expending a lot of energy but accomplishing little.

Of course, not all people with manic-depressive illnesses are creative. Many resent the focus on the creativity connection because it doesn't reflect their experience – one characterised by lost jobs, broken marriages, and fractured relationships because their moods seesawed out of control. As Dr. Anthony Rothschild of Boston reminds us, "For every Hemingway, there are thousands of manic-depressives whose lives are ruined."

*A Brilliant Madness*  
Patty Duke and Gloria Hochman

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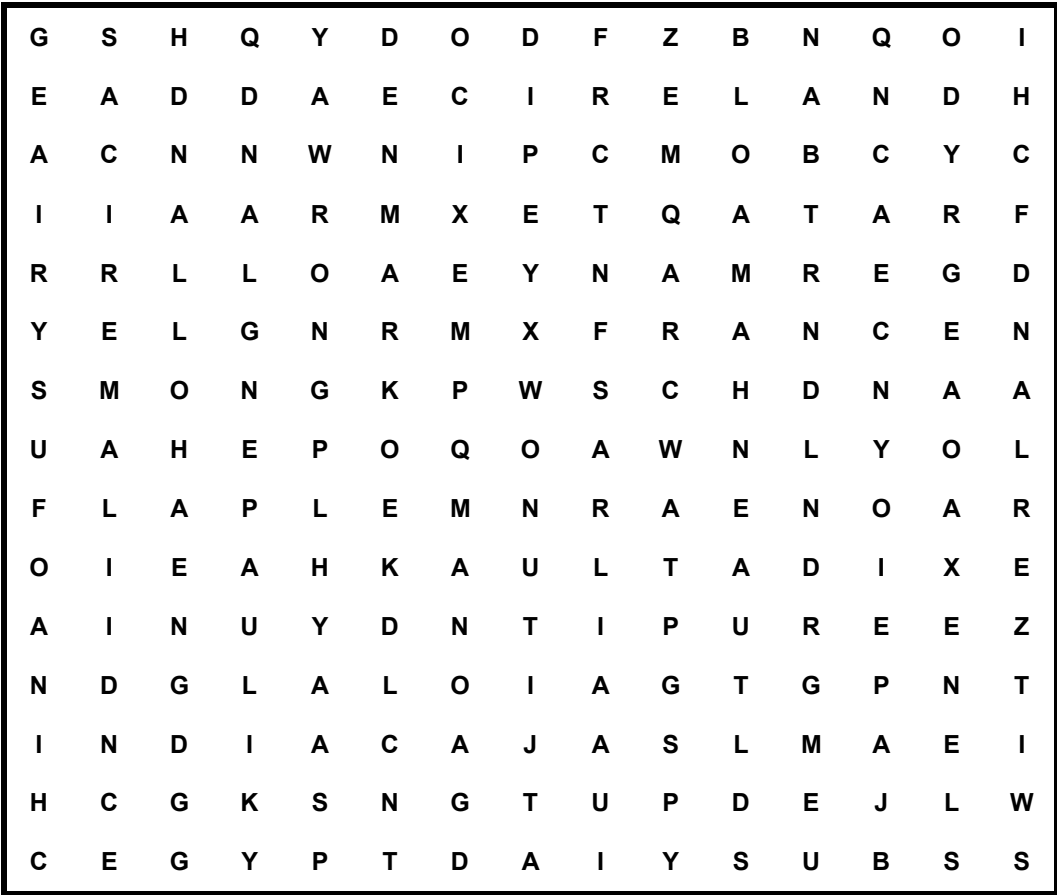
## **"Feedback"**

The secret of successful journalism is to make your readers so angry that they will write half your paper for you.

*C E M Joad*

*We love to hear from patients, carers or other supporters of our charity on any topic relating to either the newsletter or matters concerning the work we do. So please do take part in our competition as well as writing to us on any topic that particularly interests you. We are always happy to publish articles sent into us when requested to do so by the author.*

*Compiled by J A J Rook  
23.12.04  
Edited by Dr A D Broadhurst*



AMERICA  
AUSTRIA  
BELGIUM  
CANADA  
CHINA  
DENMARK  
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ENGLAND  
FINLAND

FRANCE  
GERMANY  
GREECE  
HOLLAND  
INDIA  
IRELAND  
ITALY  
JAPAN  
MEXICO

POLAND  
PORTUGAL  
QATAR  
SCOTLAND  
SPAIN  
SWEDEN  
SWITZERLAND  
SYRIA  
WALES

Which country is in the grid but not on the list?

Answer: .....

Please complete with your name and address and send to The Lithium Club  
Competition, Birdbrook Hall, Birdbrook, Halstead, Essex CO9 4BJ

Name: .....

Address: .....

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