

CORNUCOPIA

**A place to lead A place to learn
A place to believe in ourselves**



January 2004, Vol. 9, No 1

Psychiatrist who has it tells of living with illness

Diane Evans, Beacon Journal Dec 9

Everyone has a story. The most moving ones are told honestly.

Recently, Suzanne Vogel-Scibilia of Beaver Creek, Pa., told her story before an audience of 200 at a public lecture at Akron General Medical Center.

Scibilia is a clinical psychiatrist who founded her own mental health center in Beaver Creek. She has bipolar disorder and speaks throughout the country on what it's like to live with mental illness. I heard a doctor say not long ago that 20 percent of the population suffers from depression. One in five. It seemed hard to believe.

Actually, the figure may be higher. The federal government's National Institute of Mental Health estimates that 22 percent of Americans 18 and older have a diagnosable mental disorder in any given year. Many struggle with more than one disorder at a time.

In particular, bipolar disorder, also known as manic depression, affects an estimated 2.3 million adults in the United States. About one in every 100. "Everybody has something," Scibilia said in her talk.

It wasn't until she was an adult, married and a resident in medical school, that she knew what she had. Although bipolar symptoms often develop in late adolescence, Scibilia knew long before that something was wrong.

At 15, she failed at a secret attempt to kill herself. Once, when looking at

family pictures, she asked her mother why she had been given a crew cut at age 3. "We had to do something," she recalled her mother saying. "You were pulling your hair out."

Mood disorders ran in her family. As a sophomore in high school, she slowed down. Slept a lot. Ate a lot. Saw herself as lazy. Pretty soon, she'd hear Simon and Garfunkel songs on the radio and think they contained messages for her. Cycles started. Depression in winter. Big bursts of energy in spring.

She went on like this through college, until one day she learned her mother had cancer. She went to a campus counselor to talk through her emotions about her mother being sick. The counselor picked up on Scibilia's depression and scheduled her with a psychiatrist the next day.

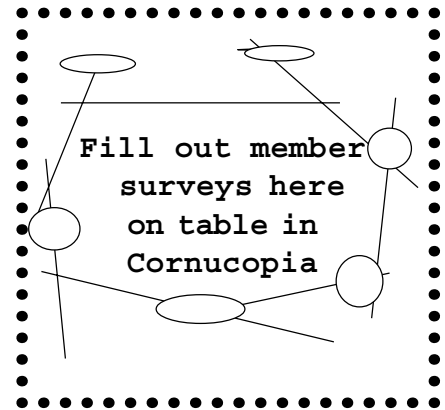
She started on anti-depression pills, although she kept that quiet for fear of jeopardizing her future medical career. Sometimes she had hallucinations and heard voices.

Working as a resident one night in a psychiatric unit, she thought she heard her name over the intercom. She asked a nurse. No, her name hadn't been called. She wondered if she were about to slip into depression. It seemed odd, though, because she had so much energy, and weakness usually accompanied depression for her.

That night, she interviewed a patient whose symptoms mimicked her own. The patient spoke of not being hungry, not being aware of missing meals, having energy but not getting stuff done — and, if you can imagine, hearing her name called over the intercom that night.

"The woman told me she was bipolar," Scibilia said. "I thought, 'Oh, my God, I'm bipolar.'"

(continued on p. 8, see "unusual")



How drug firms 'hoodwink' medical journals

Antony Barnett

The [London] Observer Dec 7

Estimates suggest that almost half of all articles published in journals are by ghostwriters. Doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations. Susanna Rees, an editorial assistant with a medical writing agency until 2002, was so concerned about what she witnessed that she posted a letter on the British Medical Journal website.

'Medical writing agencies go to great lengths to disguise the fact that the papers they ghostwrite and submit to journals and conferences are ghostwritten on behalf of pharmaceutical companies and not by the named authors,' she wrote. 'The editorial assistant must remove the names of the medical writing agency or agency ghostwriter or pharmaceutical company and replace these with the name and institution of the person who has been invited by the pharmaceutical drug company (or the agency acting on its behalf) to be named as lead author, but who may have had no actual input into the paper,' she wrote.

Dr David Healy, of the University of Wales, was doing research on the possible dangers of anti-depressants,

(continued on p. 8, see "hoodwink")



**United Way
of Dane County**



**Grassroots
Empowerment
Project**

Our phone is 608-257-7489. Our e-mail is copia@terra.com.net.



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"Don't shut up." - Al Franken

Cornucopia Board of Directors meeting November 24

We reviewed and approved the 2004 budget. We will review the budget in the spring.

We are doing well selling Bucky Books. Other ideas were put forth about fundraising, such as selling our artwork. We will have a group meeting to discuss ideas.

We discussed having fewer art shows next year because of how much work they are for a few people. A new expectation will be that members who are in the show participate in the work of putting on a show in some way.

The Personnel Committee reported that staff self evaluations closely matched Greg's evaluations and that overall staff were doing a good job.

Kerry went to the consumer conference and learned about the trial work period and the impact of that on benefits. She also attended an inservice on advocating for yourself with your psychiatrist. She is a new GEP board member as well! Congrats!

And new business was... Karen Herro is interested in starting a wellness group. Sue Maurer is our new secretary on the board! 'Til January.

Clarification

To serve our members better we are asking that members give us there emergency contact information. This is part of our commitment to risk management. Sharing emergency information is voluntary but encouraged. -Your humble Cornucopia Management and Board.



Our board president, Bill Kuban, on his way out of the Commonwealth exhibition in October. Followed by Ron Dunn, Greg Smith and Barbara Grimm. Cheers!

MEMBERSHIP

Membership is open to past or present mental health consumers, family members, allies and supporters. Membership entitles you to participate in all activities for the current year (Jan 1- Dec 31) and entitles you to the newsletter. Computer lessons, however, are only open to consumers. Participants in Cornucopia agree to help create a safe, friendly drug and alcohol free environment.

DATE: _____

Yes, I want to be a member of Cornucopia

- Enclosed please find my membership fee of \$15.00
- Enclosed please find my membership fee of \$7.50 to be paid over two months for a total of \$15.00

OR: I want to subscribe to your newsletter.

- Low income \$6.00
- Regular \$10.00

Yes, I/we support your mission and would like to make a donation to your organization. I/we wish you the best in achieving your goals of providing a place for people's creativity and self-realization.

- Donation \$_____
- I would like my donation to be anonymous

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

If you're new, how did you hear about us? _____

Please make checks payable to Cornucopia Inc
Detach and mail this form to **Cornucopia Inc**
306 N Brooks St, Madison WI 53715-1002
Cornucopia reserves the right to administrate membership.

Mission

Cornucopia is an arts and wellness center run for and by people with mental health issues and their allies. Through fellowship, we celebrate creativity and diversity. We promote growth and dignity by helping members develop strengths and talents which build personal and community life skills.

Join us!

ACTIVITIES & NEWS BITS

Dance movement therapy with Ann-Michele Corbi Fridays 11:00-12:00

Dance movement therapy is the use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual.

Dance movement therapy sessions promote healing, and emotional and mental wellness.

They build connection and community, as participants discover their own ways of relating to and mutually supporting each other.

Ann-Michele Corbi is a dance movement therapist intern at *Hancock Center for Movement Arts and Therapies, Inc.* She is completing her master's degree in *dance movement therapy* and a graduate level certificate in *movement analysis* at Columbia College Chicago.

Through the use of dance movement therapy, Ann-Michele strives to facilitate a connection to your inner resources and unique spirit.



Dogs are allowed free Cornucopia membership...Janice and Kerry adore this tiny puppy.

Reiki with Thomas Yellow Feather

2nd & 4th Wednesday of every month, 3:30-5:30

Reiki is a Japanese word meaning universal (rei) Life Energy (ki). It is an ancient form of hands-on healing. I personally use light massage techniques along with the Reiki energy.

A Reiki session takes place with the client fully clothed (you can take off your shoes) lying on a cushy table (or in a chair). Afterwards the clients report feeling relaxed, peaceful and energized. -*Thomas.*



Kinda like an ordinary day at Cornucopia, but actually it's hanging out at Halloween... Cora, Kerry, Karen and Dawn way in the background

Games with Rich

Come on Tuesdays for a \$1 lunch sponsored by CHAS in the cafeteria. It's good lunch and then you can play Yahtzee or Scrabble with Rich and others afterwards. Good chow! Lots of fun! Lunch is at 12:00 pm. Games are at 12:30. Hope to see you.

Yoga Wednesdays 11:30-12:45

T'ai Chi Thursdays 3:00-4:00



What a spread! We know how to do receptions. This one is for Janice Werlein's opening show in October.

Events near & far

If you want to attend an event but can't afford it, call the number listed and ask about scholarships.

New Directions peer support for separation or loss of relationship
Thur 7-9 St Dennis 245-0829

Mild Brain Injury network
Every 3rd Thurs of the month
7-9pm at Meriter-Park, Madison
Community Health Education Ctr Atrium
238-3571

Eating disorders support group
Mon 7:15-8:30 Covenant Presb. 274-5115

Self-Management & Recovery Training
Abstain from addictive behavior
Wed 7-8:30pm Wil-Mar Center 608-238-5176

LifeRing Secular Recovery
from alcohol or drugs Thur 8pm / Sun 9am
Wil-Mar Neighborhood Ctr 608-220-7045

Four Agency Cooperative Effort (**FACE**) offers **support groups** for Dane County residents: Depression, fear, anger, aggression, ADD, psych support, women, men, women & men, partner abuse, death of parent, sexual abuse, survivors of suicide, fear-anxiety-PTSD, divorce, trans-parenting, painful childhood, body image & esteem. 4 grupos para los hombres, mujeres, ninos. 256-2358.

Survivors of Suicide of Dane County Support Group
2nd and 4th Tuesday 7-9 pm 280-2600.

NAMI Dane County Support Group Meetings
Peer led, open to all, no charge. 249-7188
United Way building, 2059 Atwood, Madison

Adult Children & Siblings Jan 6 6:30

Significant Others Tue Jan 20 7:00-9:00

Parents Mon Jan 5 & 19 7:00-8:30

Schizophrenia Sat Jan 3, 17 & 31 1:00

Depression/Bipolar Every Wednesday 4:30-6:00 and 7:30-9:00

Visions for Tomorrow Thurs Jan 8 7:00-8:30

National Mental Health Association 2004 Annual Conference June 9-12, 2004

Bring solutions and expertise to end disparities in mental health care services. Lobby on Capitol Hill to ensure consumers in your state gain access to treatment. Network with advocates and stakeholders to improve mental health services for all Americans. Learn important lessons and tips about public education and advocacy.

Of particular interest are the challenges faced by children, parents and families when seeking care.

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Wisc Pub Psych Net Mental Health Teleconference Thursdays 11:00 to noon

Call 608-316-0022, code 1099

Jan 15 **How to Talk With the Police** Robert Factor

Jan 29 **To Be Announced**

Rogers Memorial Hospital Workshops:

Feb 26 **Nutritional Care of Eating Disorders** Maureen Hill 8:30-4pm \$99

Feb 27 **Practical Strategies for Treating Eating Disorders** Thomas Shiltz 8:30-4pm \$99

April 2 **Advanced Workshop for Dieticians** Maureen Hill 8:30-12:30pm \$49

May 7 **Treatment Update on Eating Disorders: Case Illustrations and Panel Discussion** Maureen Hill;

Catherine Loomis, Thomas Shiltz, Jenifer Waite-Wollenberg, Ted Weltzin 8:30-4pm \$99



Writer seeks personal stories of children of parents with schizophrenia.

Virginia Holman, author of *Rescuing Patty Hearst*, seeks candidates to interview.

- 1) The parent must have a formal, documented diagnosis of schizophrenia.
- 2) As a child or adolescent, the interviewee must have proven residence with the parent following diagnosis.
- 3) Candidates must not have told their story previously either through public-speaking or any other media venue. Contact Holman directly at holmanedits@mindspring.com

Conference information available at:

1-800-969-6642 or www.nmha.org

(2001 N Beauregard St 12th Fl, Alexandria VA 22311)

The Center for Mental Health Services (CMHS) is providing financial support to consumers of mental health services who wish to participate in the annual conference sponsored by the National Mental Health Association.

Completed application and letter of recommendation must be received by March 5, 2004 to be eligible for this scholarship.

Student Self-Harm: Silent School Crisis

by Michelle Galley
Education Week Dec 3

Young people who intentionally harm themselves, typically by cutting open their skin, are physically acting out extreme emotional distress.

Richard Lieberman is coordinator of the suicide-prevention hotline for the Los Angeles School District. Self-injury has a tendency to spread from one troubled adolescent to another, Mr. Lieberman said.

Tracy Alderman is the author of *Scarred Soul: Understanding and Ending Self-Inflicted Violence*. The behavior generally starts around age 12 or 13. Young people who harm themselves are usually not suicidal, according to Ms. Alderman.

"The stereotypical self-injurers are bright, sensitive, helpful caretakers of their friends and family, good listeners, above-average students, and invisible," she said. "They are very creative, artistic, neat kids," she continued, but ones who don't make their own needs well known.

Julia Carter, who heads the National Self-Harm Network in Nottingham, England, started cutting herself in her late 20s. "It is people who have had past experiences that have left them ill-equipped to deal with stressful situations," Ms. Carter said of cutters.

Roughly 90 percent have suffered some physical, sexual, or emotional abuse, said Ms. Alderman, who is also a clinical psychologist for the San Diego police. Cutting is the most common way that people hurt themselves, she added, followed by burning, bruising, excessive nail biting, breaking bones, and pulling out hair.

Sixteen-year-old Elizabeth Smith first thought of cutting herself when she was in 6th grade. At 14 she cut her wrist. Three months later, she began digging her fingernail into her arm while talking on the telephone with her father. "I knew I liked what I was feeling," she said in a recent interview. Soon, cutting became much more routine.

"I have a pretty stressful life," she said, explaining that her mother is an alcoholic and that her older brother, who lives at home with her, is addicted to drugs. When she has a fight with her

family, or a bad day at school, Elizabeth locks herself in the bathroom, tears apart a razor, and sinks the blade into the skin on her thighs, stomach, or arms. "I can't feel the pain when I cut," she said. "I'm so out of my mind at the time that I can't feel what is going on." Some of the cuts have left thick red scars on her body.

Although she generally cuts herself in private, she occasionally does so in public. Once, during a lull in track practice at school, she took her keys out of her bag and casually cut herself on the bottom of her leg.

Even though Elizabeth and other self-injurers are seriously hurting themselves, they don't experience the pain because they are in a state of "dissociation," in which a person is

mentally removed from reality, experts say.

"They are zoned out," Ms. Alderman said. In response to injury, the human body releases endorphins, hormones that have an effect similar to morphine. The release "makes them feel better, and it gets rid of the negative feelings they originally felt," Ms. Alderman said. After self-injurers cut, they feel calm and clear-headed—briefly—leading to a cycle of abuse and relief, according to Ms. Alderman. Breaking out of that cycle can be very difficult.

"With adolescents, how they feel at the moment is how they [believe they] will always feel," said Karen

(continued on p. 9, see "student")

Dealing With Self-Mutilation

Tips for helping students who cut themselves Education Week Dec 3

Always get in touch with a parent while the student is in the room so that each party knows exactly what is being said. That procedure helps protect the student, who is emotionally vulnerable.

Don't simply tell a "cutter" to stop. Doing so dismisses the real issues underlying the behavior. The problem is not that simple, and neither is the answer.

Use a "No-Harm Contract" to make students accountable for their actions. It can prevent them from harming themselves in the future.

Keep in mind that there is no quick fix. Recovery often involves extended psychotherapy to work on raising self-esteem. Therapeutic medications are also often used to treat underlying depression.

RESOURCES TO LEARN MORE ABOUT SELF-INJURY

Books

A Bright Red Scream: Self-Mutilation and the Language of Pain, Marilee Strong, 1998.

Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Society, Armando R. Favazza, 1996.

Bodily Harm: The Breakthrough Healing Program for Self-Injurers, Karen Conterio and Wendy Lader, Jennifer Kingston Bloom, 1998.

Scarred Soul: Understanding and Ending Self-Inflicted Violence, Tracy Alderman, 1997.

Video

"Self-Injury: From Suffering to Solutions," SAFE (Self-Abuse Finally Ends) Alternatives; (800) 366-8288.

Web Sites

Cutters: Self-Abuse, from the Discovery Channel:

<http://health.discovery.com/premiers/cutters/cutters.html>.

National Self-Harm Network, Nottingham, England: www.nshn.co.uk.

SAFE Alternatives:

www.selfinjury.com.

Self-Harm Fact Sheet, from the National Mental Health Association,

Alexandria, Va.: www.nmha.org/infoc_tr/factsheets/selfinjury.cfm.

Young People and Self-Harm, from the National Children's Bureau, London:

www.selfharm.org.uk.

Working Together

by Dylan Abraham

When one is building a house to live in, it takes more than one person to build that house. Some people pound nails, others work on the roof, some the plumbing and other facets of building a house requires a team effort. When dealing with mental illnesses, a team effort is required as well. How does a team go about working with somebody with a mental illness? What can a team do that one person cannot do? Why does a team work?

First, how does a team go about with helping the person? First, everybody has a role that comes into play. For example, the Doctor provides therapy and watching over medications. This is not easy as many times it takes years to find the right diagnosis and the right medications for that person. It can be frustrating for the person, but one must have patience when trying to find the right med and working with a Doctor that is right for you. But when that right

medication works with as few side effects as possible, the whole process becomes rewarding for the individual.

Then comes the case manager, guardian, or what have you. For example, a good case manager can help one in many ways. One can help with budgeting money, helping find housing, provide one-on-one support with the person they are working with. A good case manager still has a vital role in the team approach in general as well. With the right case manager, one can move forward.

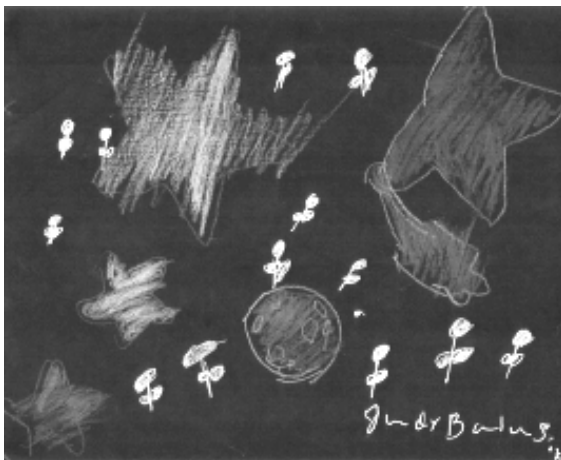
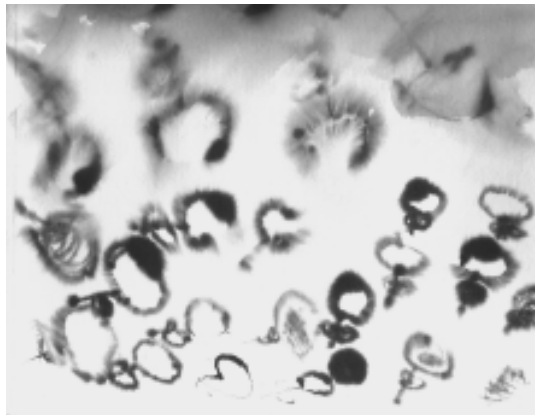
Next comes the family member(s). One way they can assist is by letting the professionals know who that person really is and what they are truly themselves. Families need to help, but families need a break. To be the professional for 24 hours a day just doesn't cut it. Families need time to grieve and time to heal as well. Finally, the person themselves. Whether they are

doing well or doing lousy, we all can contribute something to our own cause as well as others. We know what we want and what we need and should be listened to. As we get healthier we can get back to life once again and truly make a recovery.

Together a team can do what one person cannot do. To have that extra support for the person is vital in their recovery. All people working together can bring results in the ill person's life. Each is as important as the other.

So it is so basic and simple, it is profound. Working as a team can advance the cause for those with a mental illness. Together we can support one another so the team will be effective in treating the person. And in the long run positive results will happen. Yes, things can be tough and yes, life can be unfair. But together with numbers, we can move onward with our lives and work as a team to get there. 🐾

In memory of Judy Balusik... a few of her works



Judy was a little sparkplug and we'll miss her greatly. From her boisterous laughter to her little butterfly hairclips, she was one of a kind. She will not be forgotten.

*-- Kerry Harried,
Saturday art teacher
(Judy's favorite class)*

(“unusual”, continued from p. 1)

She locked herself in a bathroom and cried, fearing her husband would leave her and she would be forced out of medicine. She had been treated for depression. But she hadn't recognized the manic phases and how they fit into the scheme of a condition that now had a name. She sought help, which resulted in changes in her medication to include mood stabilizers.

She had ups and downs. Finally, she said, recovery began in 1996 when she learned of another doctor who had committed suicide after the same illness got away from him.

“Most people with bipolar spend 10 years before getting a diagnosis,” she said. Often, they have companion disorders, such as anxiety or eating disorders, and those illnesses tend to come out first.

Scibilia has been hospitalized five times in the past 10 years. The last time was 4 ½ years ago. Recovery has come slowly.

“Recovery is understanding that you're different and there is still a quality of life for you and you can still do things,”

she said. “I think of my recovery as accepting how I am.”

In 18 years of psychiatry, she said, she hasn't seen a hopeless case. “What really made the difference for me is that I hung in with treatment,” she said.

Other things can complement treatment, such as getting proper rest and avoiding alcohol. Scibilia found comfort in her faith.

One reason bipolar is not well diagnosed is because it's hard to define. “People accept a lot of symptoms as normal,” she said.

The upside: New medications give hope for the future.

Scibilia lives fully. She and her husband, also a physician, have five children. She is active in her community and career. She is open about her illness. As with the best real-life stories, the human spirit once again prevails.

Diane Evans, Beacon Journal, PO Box 640, Akron OH 44309-0640, livingwell@thebeaconjournal.com or 330-996-3587.

www.ohio.com 🐉



(“hoodwink”, continued from p. 1)

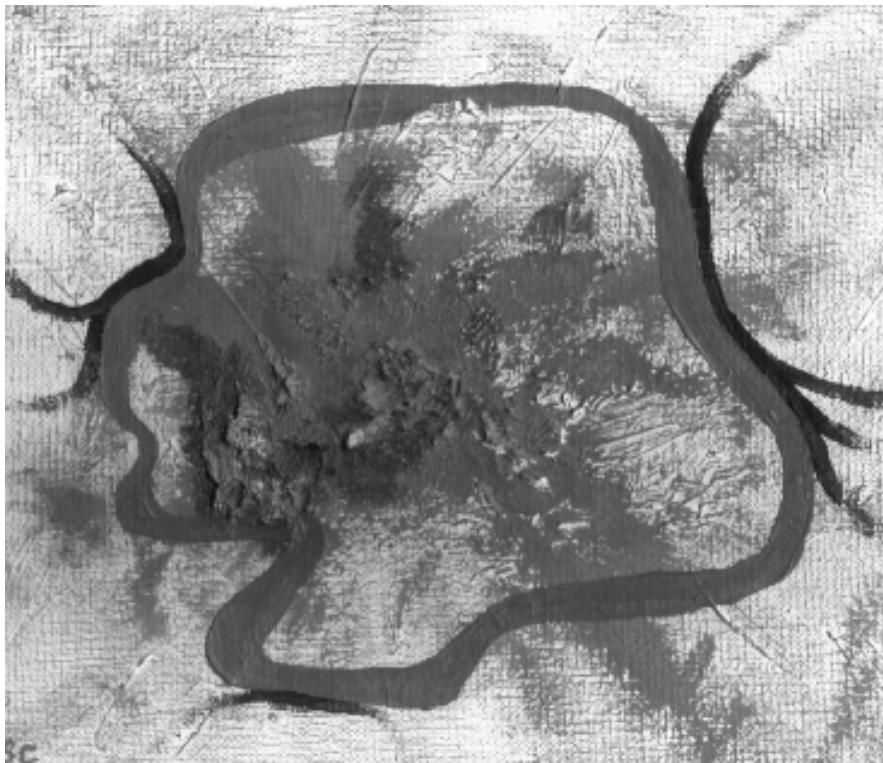
when a drug manufacturer's representative emailed him with an offer of help.

The email, seen by The Observer, said: ‘In order to reduce your workload to a minimum, we have had our ghostwriter produce a first draft based on your published work. I attach it here.’

The article was a 12-page review paper ready to be presented at a forthcoming conference. Healy's name appeared as the sole author, even though he had never seen a single word of it before. But he was unhappy with the glowing review of the drug in question, so he suggested some changes. The company replied, saying he had missed some ‘commercially important’ points. In the end, the ghostwritten paper appeared at the conference and in a psychiatric journal in its original form - under another doctor's name.

Healy says such deception is becoming more frequent. ‘I believe 50 per cent of articles on drugs in the major medical journals... may be written with help from medical writing agencies,’ he said. ‘They are no more than infomercials paid for by drug firms.’

In the United States a legal case brought against drug firm Pfizer turned up internal company documents showing that it employed a New York medical writing agency. One document analyses articles about the anti-depressant Zoloft. Some of the articles lacked only one thing: a doctor's name. In the margin the agency had put the initials TBD, which Healy assumes means ‘to be determined’.



by Heath Carpentier

(“student”, continued from p. 5)

Conterio, of the Self-Abuse Finally Ends, or SAFE, Alternatives program, at Linden Oaks Hospital in Naperville, Ill. SAFE Alternatives is an inpatient treatment program for people who harm themselves.

Elizabeth said she is trying to stop, but the longest she has been able to abstain is 103 days.

Students who are hurting themselves may deny their actions, but they really do want help and will eventually admit to their problems, said Ms. Alderman. “It may be days, months, or a year later,” she said. “Most of these kids feel isolated and alienated, and they want someone to talk to.”

That’s why Ms. Peterson at Wheaton North High counsels students who cut themselves to come to school instead of staying home alone.

“Their behavior is so isolating,” she said, and school provides a connection for them. “We would much

prefer kids to spend a half an hour in my office than miss a whole day of school.” If the students are having associated panic attacks—hyperventilating and sobbing—they can’t go to class, Ms. Peterson points out. “How do you walk in the door if you think everyone is watching you and judging you?”

Help at Wheaton North comes in the form of a “No-Harm Contract,” in which students promise in writing that they will not harm themselves. It also lists the names of three people the students can call for help, a hotline number, and a list of objects in the students’ home that they should avoid.

Often, teenagers who suspect a friend of self-mutilation will approach a teacher or a school official seeking help for that peer, Ms. Peterson said. Schools need to foster environments in which students feel comfortable enough to do that, she added.

Regardless of the techniques

educators decide to use, the students who are harming themselves need to be approached with care and respect. “We need to take it seriously and not judge kids,” Ms. Peterson emphasized. By looking for help, she said, “they are seeking something more positive in their lives.”



Betty Bracey

Diseases of the Mind

by Janet Ginsburg, Newsweek International

Scientists have long known that some diseases can cause behavioral problems. When penicillin was first used to treat syphilis, thousands of cured schizophrenics were released from mental asylums. Now, scientists have linked cases of obsessive-compulsive disorder, bipolar disorder and schizophrenia to a variety of infectious agents, and they’re investigating autism, Tourette’s and anorexia as well.

Psychiatrist E. Fuller Torrey, of the Stanley Institute in Maryland, has found from studying historical asylum records that hot spots—higher than normal incidences—of mental illness can shift, much like infectious disease outbreaks, which lends credence to the notion that infectious agents play a big role.

“Mental disorders are the major chronic recurrent disorders of youth in all developed countries,” says Harvard policy expert Ronald Kessler, who directs the WHO’s mental health surveys. Perhaps the most well known disease that’s been linked to mental disorders is Lyme disease, which is

caused by the *Borrelia burgdorferi* germ. First identified in the mid-1970s among children near Lyme, Connecticut, the disease has long been known to cause nervous-system problems and achy joints if left untreated.

Now scientists are finding that Lyme disease can also trigger psychiatric symptoms, including depression. When one New York man began having bouts of major depression back in 1992, he had forgotten all about the tick bite he had gotten four years earlier. He spent two years in a blur of antipsychotic drugs, mental institutions, jails and suicide attempts. On a hunch, a doctor at a psychiatric hospital in New Jersey had Joe tested for Lyme disease. After an intensive course of antibiotics, Joe’s improvement was dramatic and immediate. “I started to have this fog lift,” he recalls. Still, he will probably have to be on psychotropic drugs for the rest of his life.

Not only is Lyme disease tricky to diagnose—not everybody gets the circular rash, and lab tests still aren’t wholly reliable—it can take a decade or

more for mental disorders to set in. The U.S. Centers for Disease Control says that nine out of 10 cases of Lyme diseases remain unreported. There are 15 species of borellias, making them the most common tickborne disease-producing bacteria in the world.

The parasite *Toxoplasma gondii*, which can be found in undercooked meat and cat feces, can lead to full-blown psychotic episodes. Some studies suggest that the parasite stimulates the production of a chemical similar to LSD, producing hallucinations and psychosis. Even when the parasite lies dormant in muscle and brain tissue, it can affect attention span and reaction time in otherwise healthy people. Researchers at Charles University in Prague have discovered that people who test positive have slightly slower than average reaction times and, possibly as a result, are almost three times as likely to have car accidents. Billions of people are thought to be infected.

(continued on p. 10, see “disease”)



Dianna Dumas

Cross-National Comparisons of Seafood Consumption and Rates of Bipolar Disorders

Simona Noaghiul & Joseph R. Hibbeln
Am J Psychiatry, December
<http://ajp.psychiatryonline.org>

Lifetime prevalence rates in various countries for bipolar I disorder, bipolar II disorder, bipolar spectrum disorder, and schizophrenia were identified from population-based epidemiological studies.

Greater seafood consumption predicted lower lifetime prevalence rates of bipolar I disorder, bipolar II disorder, and bipolar spectrum disorder. Bipolar II disorder and bipolar spectrum disorder had an apparent vulnerability threshold below 50 lb of seafood/person/year. The absence of a correlation between lifetime prevalence rates of schizophrenia and seafood consumption suggests a specificity to affective disorders.

(“disease”, continued from p. 9)

Few children avoid coming down with a streptococcus infection, also known as strep. Scientists now think that one in 1,000 strep sufferers also develops abrupt-onset obsessive-compulsive disorder (OCD) in a matter of weeks. Strep bacteria trigger OCD by igniting the immune system, which attacks certain types of brain cells, causing inflammation.

Symptoms generally die down after a few months but can flare up again, especially if there’s another bout of strep, says Susan Swedo, a childhood-disease expert at the National Institutes

of Health. The most effective treatment, still experimental, is to filter out the misbehaving antibodies from the blood. Best is to treat strep early on. The specter of a depression germ or contagious obsessive-compulsive disorder opens up many more treatment options—antibiotics, vaccines, checking for ticks.

Geneticists believe that diseases may trigger the onset of inherited mental illnesses by activating key genes. Avoiding and treating infection may be just as important as the genes you inherit, and a whole lot easier to do something about.

Antidepressants Pose Threat to Frogs, Fish

Alternative Mental Health News, December AlternativeMentalHealth.com

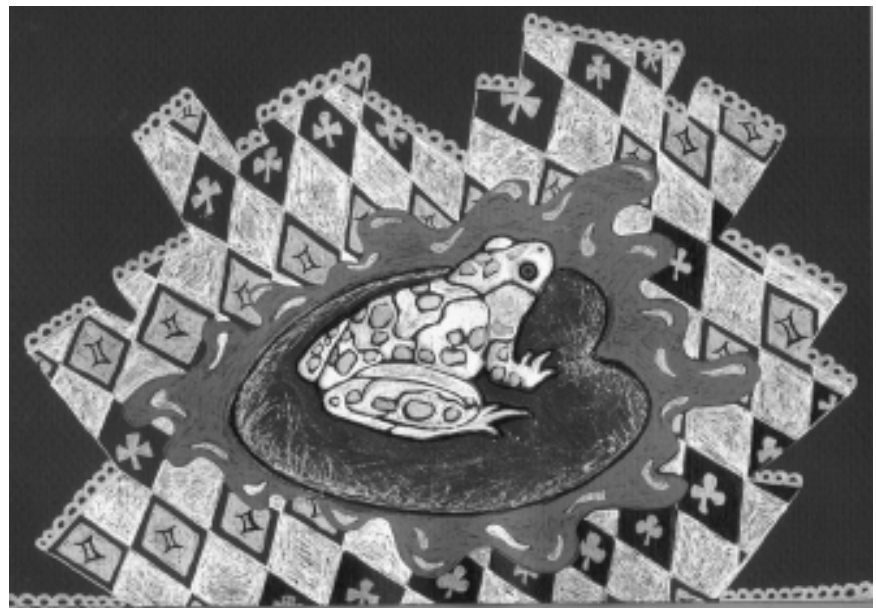
University of Georgia researchers have discovered developmental problems in frogs and fish exposed to minute quantities of common antidepressants that can pass from humans through sewage treatment systems into rivers and streams. Low concentrations of fluoxetine (Prozac), Zoloft, Paxil and Celexa have been found in surface water, particularly wastewater.

“While these compounds are not acutely toxic at concentrations detected in the environment, our longer-term studies indicate delayed development (in fish) and delayed

metamorphosis (in frogs),” said University of Georgia aquatic toxicologist Marsha Black, who led the study.

“We know that in water, timing is everything,” Black said. “Reproduction for some species is timed to coincide with algae blooms for example. And possibly if sexual development is delayed, timing of reproduction could be affected and you could see some population impact.”

For frogs, particularly the land-based frogs of North America, a delay could be a matter of life and death, because frog eggs are often laid in temporary pools that dry up, Black said.



Kerry Harried

January 2004

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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HOURS :	10-3:30	10-3	10-3	10-3	10-3:30	11-12:30
		Ali photos by Richard Cresswell Terri		1 T'ai Chi with Terri 3:00 Clay with Ali 4:00 CHAS Dinner 5:00	2 Dance-Movement with Anne-Michele Corbi 11:00 Music with Cindy 1:00	3 Art Workshop with Kerry 11:00-12:30
4	5 Arts & Crafts with Mary 1:30-3:00	6 CHAS Lunch 12: Games / Rich 12:30	7 CHAS Lunch 12: Yoga/Kellie 11:30	8 T'ai Chi with Terri 3:00 Clay with Ali 4:00 CHAS Dinner 5:00	9 Dance-Movement with Anne-Michele 11:00 Music with Cindy 1:00 Gallery Reception Bill Kuban 4-6 pm	10 Art Workshop with Kerry 11:00-12:30
11 	12 Arts & Crafts with Mary 1:30-3:00 Kerry	13 CHAS Lunch 12: Games / Rich 12:30	14 CHAS Lunch 12: Yoga/Kellie 11:30 Reiki / Thomas 3:30	15 T'ai Chi with Terri 3:00 Clay with Ali 4:00 CHAS Dinner 5:00	16 Dance-Movement with Anne-Michele 11:00 Music with Cindy 1:00	17 NO ART WORKSHOP
18	19 Arts & Crafts with Mary 1:30-3:00	20 CHAS Lunch 12: Games / Rich 12:30	21 CHAS Lunch 12: Yoga/Kellie 11:30	22 T'ai Chi with Terri 3:00 Clay with Ali 4:00 CHAS Dinner 5:00	23 Dance-Movement with Anne-Michele 11:00 Music with Cindy 1:00	24 Art Workshop with Kerry 11:00-12:30
25	26 Arts & Crafts with Mary 1:30-3:00 Board Meeting 5:30-7:00	27 CHAS Lunch 12: Games / Rich 12:30	28 CHAS Lunch 12: Yoga/Kellie 11:30 Reiki with Thomas 3:30	29 T'ai Chi with Terri 3:00 Clay with Ali 4:00	30 Dance-Movement with Anne-Michele 11:00 Music with Cindy 1:00	31 Art Workshop with Kerry 11:00-12:30

Cornucopia is located at 306 N Brooks Street in Madison.

Winter gallery season
at Cornucopia
306 N Brooks St Madison

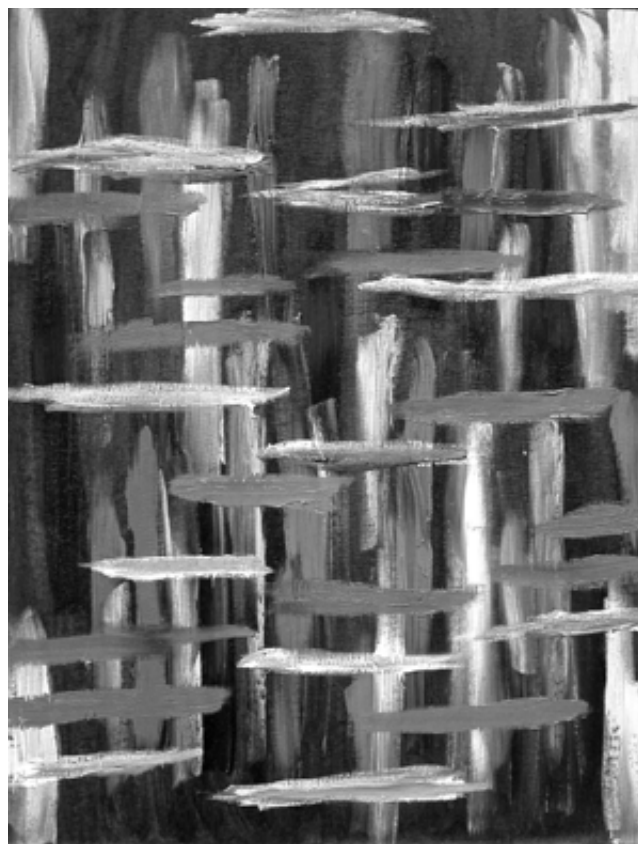
William Kuban

Paintings acrylic & oil

Newer & older works

Jan 2-30

Reception Fri Jan 9 4:00-6:00



Matrix 2002 water-oils

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