

CORNUCOPIA

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



May 2006, Vol. 10, No. 5

Doctor examines Mozart's mind

By Janelle Gelfand

The Enquirer March 30

Wolfgang Amadeus Mozart is one of the greatest composers who ever lived, but his creative mind is one of music's great mysteries.

On Saturday at Cincinnati Art Museum, Dr. Richard Kogan, a Harvard-trained psychiatrist and Juilliard-trained concert pianist, will explore the mind and musical genius of Mozart, for the 250th anniversary of Mozart's birth.

As director of the human sexuality program at New York Presbyterian Weill Cornell Mental Center, Dr. Kogan is uniquely positioned to mix music and medicine. A piano virtuoso, he began performing at age 6, and has appeared with the Boston Pops, cellist Yo-Yo Ma and other major artists.

Besides Mozart, Dr. Kogan has studied the links between genius and mental illness in Tchaikovsky, Schumann, Beethoven and Gershwin.

Question: How did you become interested in analyzing the psyches of famous composers?

Answer: I was asked to do a symposium for the American Psychiatric Association's annual meeting on creativity and mental illness. As I began reading biographies of composers, I discovered patterns of behavior that are very familiar to me from patients that I've treated.

Some of them ... have patterns that I would refer to as bipolar disorder or

Notes from Bi-Polar Extremes by William Cooke

I think many people self-medicate their diagnoses or woes away. For years I hovered on the boundary of clinical depression: sleeping 18 hours a day and binge eating when awake. The most productive thing I did each day was read for two hours; the most exciting thing each week was seeing a movie with my one friend in Madison, Wisconsin (Richard). The only activity that gave me pleasure for years was eating twelve slices of pizza and a salad at the Pizza Hut Buffet downtown for six dollars. Overeating ballooned me out over the course of ten years from 200 to 265 lbs. The excess weight caused sleep apnea eventually. My few pleasures were making me sick. Then I went off my medication in a furious attempt at dropping pounds—that is another story. Regardless of what I should have done, like talk to a doctor, I'm 200 lbs. again and the apnea is gone.

The other extreme of Bi-Polar illness is mania. In short, mania got me

evicted from my apartment and kicked out of four coffee shops. Soon I was in a hospital where not even sleeping and eating could yield pleasure. I found out when released that I could find pleasure in life without stuffing myself so much. My mood was stabilized on Depakote and I finally was able to see the benefits of medication. This was my third time in a hospital and it scared me so much I think it scarred me deep in my deepest emotions and perhaps changed my identity subtly. Memory is pain as Nietzsche saw most clearly.

I just hope the memory lasts when the pain fades. Maybe if the scar lasts, that will be enough. Insight is not enough—but the sting of pain of the right source may provide the desire and the motive for a life change. Indeed pain of its own may change one for better or worse. I hope I myself have changed in a positive way, enough to never have to suffer any more pain: the agony of mental illness in most of its ramifications.

manic-depressive illness. ... It became exciting for me to bring my perspective as a psychiatrist to my music making.

Q: Is there much medical research about the musical mind?

A: No, there are some researchers who are trying to come to grips with something we already know: That music makes us feel better. Scientists are starting to document in the laboratory what music does. There's going to be an explosion in medicine in terms of how much we can use music to heal.

Q: What did you discover about Mozart?

A: To contrast him with another genius, Beethoven would fill up wastebaskets with discarded rough drafts before finally arriving at an artistic masterpiece. Mozart composed so effortlessly, it was almost supernatural. He could work up complex pieces while he was engaged with other activities, such as billiards.

Q: How did being a child prodigy, who

began composing and touring Europe at age 5, affect Mozart's life?

A: It was the absence of a childhood and the absolute tyrannical hold his father took on his life that determined the entire course of his existence.

(continued on p. 5, see "mozart")

NOW OPEN SATURDAYS!

Peter will be here from 1-2:30 Saturdays. He will teach a CLASS IN water-MIXABLE oil PAINTs, IN which you can take part. Or you can use computers, read, or do your own thing. Be there...

Major funding provided by:



United Way of Dane County



Grassroots Empowerment Project



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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 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 \$20.00
- Enclosed please find my membership fee of \$10.00 to be paid over two months for a total of \$20.00

OR: I want to subscribe to your newsletter.

- Low income \$6.00 *Dues and subscriptions are not deductible as Charitable Contributions for Income Tax Purposes.*
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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.

Donations are tax-deductible.

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- Donor \$50
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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.

"Keep your faith in all things
....in the sun when it is hidden
... in the Spring when it is gone."
-Roy R. Gilson (thanks Wendy)

Free ADVOCACY TRAINING

Wed., May 10 from 6-8 pm

at Cornucopia as part of Karen's wellness group.
Presented by Dianne Greenley,
Disability Rights Wisconsin (formerly WCA)
and Lori A. Kinnard,
New Partnerships for Women, Inc.

Come learn the process of how to advocate for yourself or another on issues like rental problems, payee problems, etc.

Free workbooks will be given to all attendees.

11:00-1:00

11:00-1:00



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Events near & far

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

Celebrate Recovery (Christian) small groups
Tues 7:30pm, Mt Horeb Risen Savior Cafe 608-575-2681
Depression & Bipolar Support Alliance support.

Laura 241-5788 / Mindy 233-0303 / dbsa@email.com

Eating disorders support group

Mon 7:15-8:30 Covenant Presb. 274-5115

Eating Disorder Recovery Group Support group for those in active recovery, facilitated by a registered nurse in recovery, 6:30-8 pm Thursdays, St. Marys Hospital (see sign near elevator for room) 831-7592.

Eating Disorders Friends & Family Support Group

For those who have a loved one with an eating disorder
6:30pm Thursdays, Rm. 1101, St. Marys Hosp. 276-7765

Interfaith Depression & Bipolar Support

Thursdays 7-9:00 pm

Christ Lutheran Church, Stoughton Gary 873-1938

Mad Town Secular Recovery

from alcohol or drugs Thur 8pm / Sun 9am

Wil-Mar Neighborhood Ctr 608-220-7045

Madison Hearing Voices Group Thursdays 2:00

Mental Health Center Rm. 14. SOAR 608-446-0104 or
progressiverecovery@hotmail.com.

Mental Health Support Group

Mondays 6pm MH Center Rm. 238, 249-5230

Mild Brain Injury network

Every 3rd Thurs 6:30-8pm at Meriter-Park, Madison

Community Health Education Ctr Atrium 238-3571

New Directions peer support for separation

or loss of relationship. Thur 7-9 St Dennis 245-0829

Rainbow Connection Social group for LGBTQ people who

have experienced some form of mental illness, 1-3 pm 1st &
3rd Fridays of the month. 255-8582.

Recovery Inc.

Tuesdays 7pm Wil-Mar Neighborhood Ctr 294-1106

Self-Management & Recovery Training

Abstain from addictive behavior

Wed 7-9:00pm Wil-Mar Center 608-238-5176 ext.365

Survivors of Suicide of Dane County Support Group

2nd and 4th Tuesday 7-9 pm 280-2700.

NAMI Dane County Support Groups

Peer led, open to all. 249-7188 www.namidanecounty.org

United Way building, 2059 Atwood, Madison

Significant Others Tue May 16 7:00-9:00

Parents Mon May 1 & 15 7:00-8:30

Schizophrenia Sat May 6 & 20 1:00

Depression/Bipolar 6:30-8:30 Sun May 7, 14, 21, 28.

Tell them you saw the notice here. Let us know if you attend anything listed here.

This helps us know the efficacy of our events page and encourages groups to list events here.

Four Agency Cooperative Effort (FACE) offers support groups for Dane County residents:

Depression, fear, anger, aggression, ADD, women, men, loss, abuse, survivors, trans-parenting, body image & more. En Ingles y Espanol. 256-2358.

Resources relating to self-harm

Some websites that you may find helpful:

www.healingselfinjury.org

www.sidran.org

www.annafoundation.org

www.mentalhealth.samhsa.gov/cmhs/

womenandtrauma/wcdvs.asp

National Suicide Prevention Lifeline

1-800-273-TALK www.SuicidePreventionLifeline.org

Callers receive suicide prevention counseling from trained staff at the closest certified crisis center in the network.

Wisc Pub Psych Net Mental Health Teleconference Thursdays 11:00 to noon Call 608-316-0022, code 1099

May 4 Recovery Principles in Action **Wendy Kilbey Warren and Florene Birch, RN, Bureau of Mental Health and Substance Abuse Services**

May 18 Attention Deficit Hyperactivity Disorder **Dr. Amy Schley**

National Association for Rights Protection & Advocacy (NARPA) 2006 Annual Rights Conference **Nov 15-18** Tremont Plaza Hotel, Baltimore, MD, www.narpa.org.

Fiesta Job Fair

Wed May 10, 10:00-3:00

Dane County Job Center

1819 Aberg Av Madison 53704

Talk with representatives from a variety of businesses to find the job you're looking for! Clerical, Sales, Customer Service, Telemarketers, Construction, Data Entry, Carpenters, Assembly, Workers & more. Bring a resume if you have one, and dress for success!

Info: www.danejobs.com, 608-242-4900

UW Job Center Listings

www.jobcenter.wisc.edu

Database updated daily

608-262-5627 / 262-6313

432 N Murray St

Madison 53706-1496

Job Seekers' Network

Free job search info & support

9:00-11:00 Mondays

Dane County Job Center

1819 Aberg Av, Rm 6, Madison

608-242-4886

Computer Training

Free basic sessions

10:00-noon Thursdays

Hawthorne Library, Madison

RSVP 608-246-4548

(“mozart”, continued from p. 1)

Many people labeled him an immature adult. Part of this was a result of not being allowed unstructured play. He was the breadwinner of his family, writing operas on esoteric subjects, studying complex textbooks of counterpoint. He never quite recovered from the absence of a childhood. As an adult, he was rejected for every job he applied to.

Q: What are some psychiatric observations of Mozart?

A: He cursed an enormous amount, which was a feature of the (1984) movie “Amadeus.” He did have a lot of vulgar language in letters that survive. Some colleagues have taken that as a starting point to suggest that he suffered from Tourette’s syndrome (a neurological disorder) ... but there’s no solid evidence that Mozart had that.

Another psychiatric debate is whether or not he had bipolar disorder, or manic-depressive illness.


Q: What impressed you most about the man, versus the musician?

A: Mozart had very poor social skills. He didn’t read people well, and he trusted the wrong people. What I find so extraordinary is, as poorly as he comprehended people, he wrote the most memorable characters in his operas, such as “Don Giovanni” and “The Marriage of Figaro.”

Q: Were you a child prodigy?

A: I resisted. I was conscious that my experience was different from that of my classmates. I was playing concerts when I was 7 and 8 years old, and traveling around the country. I wanted to play ball with the other kids. So yes, I had a small taste of what Mozart experienced, but I wanted a life that was broader than just the life of a concert pianist.

Q: What do you hope people will learn from your performance and discussion?

A: My hope is for them to experience not just Mozart’s glorious music, but also the creative process - how much he suffered in order to produce the great music. 

Children of Rage and Sorrow:

Battling Mental Illness *San Antonio Express-News* March 23

A Harvard Medical School researcher last year found that half of all cases of mental illness start by age 14, often with mild symptoms that go untreated and turn into serious disorders.

According to the Surgeon General’s Report on Mental Illness, one in 10 American children has a mental disorder severe enough to cause impairment.

The report lays out a public crisis in mental health care, including an acute shortage of child and adolescent psychiatrists and fragmented, limited treatment services, in which only one in five of these children gets the specialized care he or she needs.

In some tragic cases, parents without the money or health insurance to cover needed psychiatric residential treatment are relinquishing custody of their children to state child protective services or the juvenile justice system to get them treated.

Perhaps most astonishing and controversial for many, researchers studying the early onset of depressive disorders and bipolar disorder are finding them in preschoolers—3- to 6-year-olds.

Clinicians tell of 5-year-olds with depression who talk about killing themselves.

The National Institute of Mental Health reports that, overall, disorders such as bipolar appear to be more severe in children and adolescents than adults.

The recognition of childhood disorders took some time.

“Twenty or 30 years ago, psychiatrists and other physicians believed that childhood was a happy time,” says Thomas Anders, president of the American Academy of Child & Adolescent Psychiatry and a professor at the University of California at Davis. “We had a belief that psychiatric disorders didn’t begin until a child reached puberty or after. That wasn’t based on science. It was based on the philosophical sense that children are always happy.”

When troubled children acted out or were unmanageable, they were simply labeled “bad kids.” Or the blame fell on bad parenting.

That misperception was changed by science, controlled clinical trials and epidemiological studies with children. “We began to see that these disorders — anxiety disorders, depression, bipolar disorder, obsessive compulsive disorder — were present in younger and younger children,” Anders says.

It has been discussed but not proven that childhood disorders might be getting worse because of a genetic effect called “anticipation,” in which certain genes are magnified down the generations. Each cohort of children born is more susceptible to earlier onset of mood disorders and to a more severe form of it.

Some psychiatrists believe these pediatric cases have always been there and better diagnostic tools and more awareness — despite the stigma of mental illness — are bringing more of them forward.

But others also cite greater pressures on kids.

“I believe life has become more stressful for young, growing children. Kids are growing up in a much more stressed environment,” Anders says. “These are multiple gene disorders and, like diabetes, not everyone with the gene gets diabetes. But if they have the genetic vulnerability to become depressed or anxious or obsessive compulsive, it will express itself in the kind of social pressure cooker we are putting our children in.”

These children desperately need treatment, and without it, they can wind up in the juvenile justice system, later adult prisons, or face a lifetime of failure in their personal and work lives. But treatment is fraught with unanswered questions.

Fears about an increased risk of suicide led the Food and Drug Administration to issue black box warnings on all antidepressants, which in the absence of large-scale clinical trials in youngsters, are not approved for children.

The exception is Prozac, which is FDA approved for children older than 8. Antidepressants are used “off label” by physicians, who look at clinical pediatric experience, extrapolate from adult data and adjust dosages.



Study challenges the rush to medicate schizophrenia

The finding could pave the way for researchers to identify the large number of schizophrenia patients who do not need drugs, says USC professor

University of Southern California
22 March

A USC review of published research has found no evidence that early episodes of schizophrenia without medication result in long-term harm for patients, casting doubt on the practice to immediately medicate for a year.

“The question is whether we should rush to treat early episodes with anti-psychotics, often before a clear diagnosis has become evident,” wrote John Bola in his study slated for publication in the April edition of *Schizophrenia Bulletin*.

Bola analyzed six published studies from the 1950s to the present with a majority of first or second-episode schizophrenia subjects.

The drugs available do help most patients, but not all, Bola said.

The American Psychiatric Association recommends anti-psychotic medication for at least a year after diagnosis.

That guideline of immediate drug treatment for the first occurrence of schizophrenia prevents important research on the selective use of medications and psychosocial treatments from happening, Bola said.

Thomas H. McGlashan, director of the Yale Psychiatric Institute provided a commentary. He has been studying schizophrenia since the 1970s and was the author of some of the studies Bola cited.

“I maintain that our ignorance remains as profound as it was 29 years ago and that unraveling the mysteries of schizophrenia still requires observing it under natural conditions, i.e., without antipsychotic medications,” McGlashan stated. “On the other hand, medication has revolutionized the treatment of psychosis, and it is absolutely required under certain circumstances.”

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Personification of Medicine Compromises Therapy

When a patient transfers feelings onto a drug, side effects can be exacerbated and distress amplified.

Carl Sherman *Clinical Psychiatry News* March 06

People often experience medication as if it were a person, transferring to a drug feelings aroused by the prescriber or important people in the patient's life.

Medication is a potent symbol because it is taken in orally and incorporated into the body. Dr. Adele Tutter of Columbia University, New York, said in an interview. “Medication has activity and intention; it influences you the way another person can,” she said. A psychotropic drug, she pointed out, can—is generally intended to—affect the way one thinks, feels, and behaves.

Most often, the medication is identified with the prescriber, but this in turn usually represents feelings for a parent or someone else from the patient's “real” life.

Patients not infrequently express concern about becoming dependent on medication, about being “a slave to it.” This often reflects a fear of dependence on the psychiatrist (or a parent whom the psychiatrist represents), or a fear of being like an acquaintance or relative who was

addicted, or for whom medication was necessary.

Personification may exacerbate, if not actually cause side effects—the “nocebo” effect—and amplify the distress they cause. “The drug can do to a person what other people have done,” Dr. Tutter said.

She described one patient who was nauseated by medication, which she identified with a mother “who literally made her sick; [the patient] was revolted by her.” Similarly, an individual exhausted by the endless demands of a parent might be vulnerable to side effects of fatigue, and a patient who is often stressed out by others might be particularly likely to become jittery or agitated.

Late-onset side effects or apparent loss of efficacy may reflect shifts in the meaning taken on by the medication.

“Part of the problem is that (many) physicians just get angry when patients don't take medication and act in a parental, dominating way. There must be a reason, and it's worth trying to find out,” Dr. Tutter said.






Mary Beth Forsythe doing water oils

May 2006

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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HOURS :	10-3:30	10-3	10-8	10-3	10-3	CLOSED
	1 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	2 Clay with Ali 10:00-12:00	3 Wellness/ Open Night Karen H. 6:00 <u>Getting Basic Needs Met w/ Lori Kinnard</u>	4 Matting & Framing w/Dawn 11-1 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	5 Computer Lab w/Phil V 1:00-3:00 (call ahead)	6 Water Oils 1:00-2:30 w/Peter S.
7	8 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	NO 9 Clay with Ali 10:00-12:00 Informal Experimental w/Dawn, Ida & Laura 1:00-2:30 Massage with Thomas 1:00-3:00	10 Wellness/ Open Night Karen H. 6:00 <u>Advocacy Training</u> with Lori and Dianne	11 Matting & Framing w/Dawn 11-1 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	12 Computer Lab w/Phil V 1:00-3:00 (call ahead)	13 Water Oils 1:00-2:30 w/Peter S.  <i>full moon</i>
14	15 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	NO 16 Clay with Ali 10:00-12:00 Informal Experimental w/Dawn, Ida & Laura 1:00-2:30	17 Wellness/ Open Night Karen H. 6:00 <u>Co-occurring Diagnoses co-facilitated w/ Jim Maddox</u>	18 Matting & Framing w/Dawn 11-1 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	19 Computer Lab w/Phil V 1:00-3:00 (call ahead)	20 Water Oils 1:00-2:30 w/Peter S.
21	22 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	NO 23 Clay with Ali 10:00-12:00 Informal Experimental w/Dawn, Ida & Laura 1:00-2:30 Massage with Thomas 1:00-3:00	24 Wellness/ Open Night Karen H. 6:00 <u>Self-harm</u>	25 Matting & Framing w/Dawn 11-1 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	26 Computer Lab w/Phil V 1:00-3:00 (call ahead)	27 Water Oils 1:00-2:30 w/Peter S.  <i>new moon</i>
28	29 Games 12:30 Arts & Crafts 1:30 -3:00  BOD meeting 5:30-7:00	30 Clay with Ali 10:00-12:00 Informal Experimental w/Dawn, Ida & Laura 1:00-2:30	31 Wellness/ Open Night Karen H. 6:00 <u>Chronic Pain</u>			

Every week at Cornucopia

*Mondays 12:30 Games
1:30 Arts & Crafts*

*Tuesdays 10:00 Clay
1:00 Informal Experimental Group
2nd/4th Tues 1:30 Massage*

Wednesdays 6:00 Wellness Talk

*Thursdays 11:00-1:00 Matting and Framing
1:00-2:15 Songs
2:30-4:00 Art Workshop*

*Fridays 1:00 Computer Help (by appointment)
Saturdays 1:00-2:30 1:00 Oil Painting
(water base)*

*Art Show Sign-up
Do you need more time to sign up?
Please do so by May 5th.
Thank you, Dawn.*

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