

CORNUCOPIA

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



October 2005, Vol. 10, No 10

Eyes Into the Soul

By Dennis Cook

East Bay Express Sept 7

Cal fine arts grad Arline Rodini obtained a master's degree in counseling based on the memory of how her mother once used art to comfort shell-shocked World War II veterans at Mare Island Naval Shipyard. "They were in these sort of locked-up wards," she said. "She would go in with these finger paints and work with psychiatrists to really help them get to the bottom of what had happened during the war, and what kind of trauma they were dealing with."

Rodini's interest in the therapeutic benefits of art is visible in the resonant new exhibit on display at UC Berkeley's ASUC Art Studio. Titled *From Isolation to Connection* and curated by Rodini, the show consists of artwork made by adults living with psychiatric disabilities. The show is presented by the city of Berkeley's Division of Mental Health and the Creative Living Center.

Through techniques such as scribbling — an artistic spontaneous writing session — they can probe deep memories in a way that eventually allows the artists to begin dealing with their problems.

"Art brings the spirit to life," Rodini said. "You come alive inside. Once you start working with the materials, something happens that connects what's going on inside you to the paper. That puts it outside them, through imagery, so they (continued on p. 5, see "art")

Who Can I Be? *by Karen Milstein*

I don't know when I forgot that there was a bigger world. I had studied anthropology, bound up in textbooks about other societies, fascinated by their cultures and languages. Then I drew into my own little world. Yes, it was soon after college, when my world imploded into itself. This happened twenty years ago this summer. Is that an eon ago? Or just yesterday? Was I a young child who suddenly lost the structure of college? Or was I an adult stricken with a biochemical bomb waiting to go off after twenty-one years of dormancy? Questions, questions... the point being that I lost my sense of the larger world with my unexpected dive into the phantasms of mental illness. I think it was less the eerie encounters I had with my altered mental states than the multiple hospitalizations, eerie enough in themselves. Confining. They narrowed my perspective of the world, of who I could be in this world. My only impression of what effect or connection I had on the world was either the idea that I was Gandhi, God, Jesus or had the capacity to cause shipwrecks or wars to break out. These were my powers. They were feelings, but not realistic connections with the world.

I was tight with myself, staying close within my world, living in a world of ideas, not current events. I read a lot. I tried school—basically ideas, often failing to succeed, mostly ending up in the hospital by the end of the term. I wrote, mostly my

"street philosophy" as I call it in retrospect. I was trying to survive, trying to keep my mind alive, despite taking mind-deadening medications daily and the absence of a solid career forming in my life. This was a fight that kept me focused only on my self.

Slowly, over the years I tried and tried to reach out. Volunteering, part-time jobs, anything to connect with others. There's no choice or you stay entrenched in your world of solitude. Then one day, perhaps ten years into the struggle, I walked into a café. This was nothing new. I always spent time reading and writing at cafes. But the feeling I had that day was something new. Suddenly I felt a spark. I felt part of the Madison community. A person. I had not had that feeling since being a college student in Ann Arbor.

The biggest revelation was yet to come and that is recently. I felt it the other night. I was biking home down a quiet street at dusk. Katrina is so big. We have lost two Supreme Court justices recently. The Iraq War (dare I put it in capitals?) rages. Everything came raining down upon me: this is the world I was biking through. This is a world of which I am a citizen. Forgive me if I seem innocent. I have had years I needed to be wound tight in a ball to be safe. Secure. To survive. The world is no longer like that for me. The process is slow, but I can be bigger now. Now I wonder, who can I be?

Cornucopia group exhibition

November 1 - December 30

Reception Friday November 11 5-7pm.

Downtown post office on Martin Luther King Jr Blvd, Madison

Deadline for submissions Oct 11!

Matt and frame your own pictures. Shine up your sculptures.

Let's have the best art show we possibly can.

We need everyone's help.

Major funding
provided by:



United Way
of Dane County



Grassroots
Empowerment
Project

Phone 608-257-7489

E-mail copia@sbcglobal.net



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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
 - Regular \$10.00
- Dues and subscriptions are not deductible as Charitable Contributions for Income Tax Purposes.*

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.

- Friend \$25
- Donor \$50
- Sponsor \$100

Name(s) _____

Address _____

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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.

Chief has two dogs trapped inside him and the dogs are fighting. Chief is asked which dog is winning the fight. Chief answers "the one I feed."

Native American Proverb

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Be a University of Wisconsin Guest Student

If you receive SSDI or SSI disability insurance you may be eligible for tuition waiver. Contact Jim Hanson or Martin Rouse at Special Student office @ 263-6960 or go on web @ www.dcs.wisc.edu/students/guests.htm. Not for participatory classes (language/art/etc.)



Editor's Note: The creation of this picture was attributed to the wrong artist in our September newsletter.

Donna Holzem is the correct artist and the name of the piece is Shaking The Trees. We're sorry for the mistake.

ACTIVITIES & NEWS BITS

Help put on the November/December art show in the Madison Municipal Building.

Call Dawn on Thursdays at Cornucopia; 257-7489.

Join Us for Wednesday night Wellness Group!

Here's the schedule:

This month we will be talking about the physical body and how to keep it healthy:

Oct 5 The Circulatory System (the heart and circulation)

Oct 12 Diabetes & Thyroid Problems

Oct 19 Diabetes Health

Oct 26 Neuromuscular Disorders (e.g. Fibromyalgia)

Wednesdays 6:00 to about 7:30 or 8

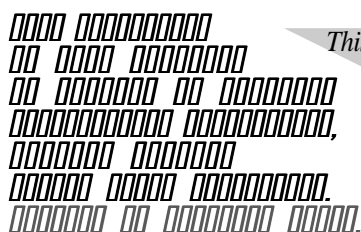
Barbierra Show

Barbara Grimm's art show

October 1-15 at the Red Stripe at Artist & Craftsman Supply

New Acrylics Class with Carlie

Carlie is a student from Edgewood working on a practicum. Her focus is acrylics and she will be doing a late Wednesday afternoon class, 3-5. How 'bout that? Come check out her class.



This newsletter is published with generous support from



Papermaking on Saturdays!

In the coming month or two the Saturday 11:00 class will be working on handmade paper--the end result being a handmade paper installation in the gallery. Come and help create a giant work of art.

-Kerry

Have You Ever Wanted To Try Oil Painting?

Do you think oil painting is intimidating and too difficult or involving? Well, now is your chance to cast those ideas aside and give oil painting a try because Scott makes it easy and enjoyable. He teaches oil painting from **Fridays from 11:00 to 1:00**. The class is open to any skill level and if you're a beginner, Scott will provide assistance through the entire process if needed. Scott will also give lessons on any topic the class chooses. Since Cornucopia has various art shows throughout the year, you can show your work to the public--maybe even sell something! Come on, create a masterpiece and get rich or just express yourself with the most expressive medium of all, oil paint.

Water-based oil paint is available for sensitive artists.

Relaxing-Therapeutic Massage

I'm Thomas YellowFeather. I will be here on the second and fourth Tuesday afternoons of every month from 1-3 pm.

The massage I do can help with anxieties, worries and depression. I really love helping to relax peoples' muscles. Hope to see you soon! Thomas

Computer Tutor Ryan Baird

Wednesdays 1:00-3:00

Before you get mad, get help!

Web mail, internet search, Microsoft word, images & artwork, etc etc.

Our clay program is sponsored by:



Events near & far

If you want to attend an event that 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

LifeRing 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
Tuesdays 7pm Wil-Mar Center, 256-6697

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.

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

Adult Children & Siblings Tues Oct 4 6:30
Significant Others Tue Oct 18 7:00-9:00
Parents Mon Oct 2 & 17 7:00-9:00
Parents of Young Adults Mon Oct 10 7:00-8:30
Meets at Amcore Bank, Mt Horeb

Schizophrenia Sat Oct 8 & 22 1:00
Depression/Bipolar 6:30-8:30 Oct 2, 9, 16, 23 & 30/Weds Oct 5 & 12

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.

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

Oct 6 Benefits of Work for Mental Health Consumers Community Corner Clubhouse Members

Oct 20 Prescription Drug Abuse Richard L. Brown, M.D., M.P.H.

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National Association for Rights Protection & Advocacy
23rd Annual Rights Conference
Reclaiming Freedom: A Call To Action
Thur-Sun Nov 17-20 East Hartford CT
860-528-9703 narpa@aol.com
NARPA, POB 40585, Tuscaloosa AL 35404

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.

(“art”, continued from p. 1)

don't have to hold it inside. It really releases something and calms them. ... It can become a kind of healing experience for them.”

Franna Lusson, one of the most striking talents in the exhibit, explained in the show catalogue how this has worked for her. “As I am forced into a stable box by a series of medications due to my mental illness, I have become conflicted about my own work,” she wrote. “Due to the mental and medical treatment, I at times do not feel that I have full access to my whole creative self. My work is dark, yet most of it contains a spirit of hope. It is a transformation of the broken past.”

The artists themselves have been involved in the show in every way, from creating the works to hanging the show and appearing at the opening. All of the proceeds from any sales will go directly to them.

Rodini dreams of starting an art center for artists with and without disabilities. “I have found artists who love to work side by side with the artists at Bonita House’s Creative Living Center because they are very inspiring,” she said.

The artist Elizabeth Guergah concurs: “I live an artist’s life now. Before, I felt I was just like an ant marching around from place to place. It has given me insight, an identity, and a role.”

There’s perhaps no better testament to the power art can have in someone’s life — especially challenged individuals like those in this show — than Stephen J. Ternullo’s catalogue statement. “I made a contract with God: ‘If you get me out of this psychotic mess, I will do art for the rest of my life,’” he wrote. “My art makes me feel at peace and my mind feels stable when I’m doing it. I feel filled up, like someone is smiling down on me.”



Heechang Suh

Off Their Meds By Stefanie Kalem

East Bay Express August 3

In 2002, Ashley McNamara [and] Sascha Altman DuBrul started the Icarus Project [in the Bay Area], named for the mythological figure who flew too close to the sun on wings of wax. He and she decided that what the bipolar community really needed was to actually *be* a community, one that cares for itself.

For almost three years since then, the project’s Web site has grown beyond its initial community of young liberals to provide a meeting place, information station, and writing and arts forum for all sorts of people with bipolar disorder. Last spring, the project put out a book, *Navigating the Space Between Brilliance and Madness: A Reader and Roadmap of Bipolar Worlds*, which is now in its fourth printing.

One of the most moving pieces on the site is another essay by McNamara detailing her experience quitting medications with the help of strict diet regulation, meditation, and other forms of purposeful self-care. It’s a tremendously powerful manifesto, a testament to the idea of using everyday means to beat the demons that had been beating her for so long. The essay also included a postscript. Shortly after writing it, McNamara went back on her meds.

MAYBE THERE’S SOMETHING IN THE WATER

McNamara, 25, felt devastated when she failed in her first steps toward self-sufficiency.

“Antipsychotic medications blunt you intensely.” But then again, “sometimes when you’re hearing voices telling you to kill yourself at four o’clock every day, being blunted is *not* such a bad thing.”

David Oaks is cofounder of MindFreedom: United Action for Human Rights in Mental Health, an independent mental health organization.

MindFreedom grew directly out of the psychiatric survivors’ movement of the 1970s, much of which began in the Bay Area with the Network Against Psychiatric Assault and the *Madness Network News*. Although MindFreedom is now based in Eugene, Oregon, it recently opened offices in San Francisco, and brought several seminars to the area during July, which is known as Mad Pride Month.

One such talk was by Dr. Daniel Dorman, an assistant clinical professor of psychiatry at the UCLA School of Medicine.

The Beverly Hills-based doctor, while not exactly hostile to medication, has taken a decidedly individualized, humanitarian approach in his career. “I’m sorry that psychiatry has abandoned so much of its former concern for the human soul and the insides of the human being in favor of a mechanistic, medical model approach,” he says.

“There’s always a group of people who feel that [medication is] not the way that they want to be treated, and they have a right in this country to choose their treatment,” says San Francisco psychiatrist Dr. Larry Lurie. “It doesn’t matter whether it’s cancer treatment or psychiatric treatment, they can say yes or no, this is what I want to do for myself. And I think it’s a wonderful thing that they have that right to make choices.”

That said, Lurie thinks the treatments used in psychiatry are effective and scientifically proven, citing the effectiveness of mood stabilizers to level out dispositions, antipsychotic medicines to counter hallucinations, and shock treatment to help older people in particular out of severe depression.

BUILDING COMMUNITY

What Crystal Haviland has found most helpful are the various communities providing her with support. The slender, generously tattooed activist lives in a collectively owned house in Berkeley with five housemates, one of whom is her partner. She is part of the Nabolom Bakery collective. She is in therapy. And she is a member of the Bay Area Radical Mental Health Collective.

Like the Icarus Project and MindFreedom, the Bay Area Radical Mental Health Collective is largely made up of people who have been diagnosed with psychiatric disorders. Unlike the other two, though, the collective is new — three months old or so. Its membership includes about a dozen people; diagnoses represented include depression, anxiety, schizophrenia, bipolar disorder, and post-

(continued on p. 10, see “icarus”)

TeenScreen - Another Gross Distortion

Evelyn Pringle

Sierra Times 30 July

TMAP, the Texas Medication Algorithm Project (aka, algorithm) is a list of drugs that doctors are required to use in treating persons with specific illnesses who receive medication funded by the government with tax dollars.

This list is not limited to mentally ill adults in Texas. In fact, Texas has a children's version used for kids in hospitals, foster care institutions, prisons, juvenile programs and every other public program that is funded with tax dollars in Texas.

TMAP was developed by a group of "experts" chosen by drug company sponsors, Janssen Pharmaceutica, Johnson & Johnson, Eli Lilly, Astrazeneca, Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol-Myers-Squibb, Wyeth-Ayerst and Forrest Laboratories.

In 1997-98, with pharma funding, a panel was assembled to determine which drugs would be used in treating children and decided that the same drugs used on adults could be used on kids. There were no studies conducted to test the safety of giving the TMAP drugs to kids and most had never been FDA approved for use by children.

Experts are speaking out against these lists. According Dr Grace Jackson, author of the new book, *Rethinking Psychiatric Drugs : A Guide for Informed Consent*, "Outside of emergency & trauma medicine, where algorithms can and do save lives, the use of medical flowcharts and guidelines must be evaluated carefully and critically. This is because the algorithms have arisen from "Evidence Based Medicine" — a statistically based approach to studying treatment effects in populations, rather than a reality based approach to discerning treatment effectiveness in each unique individual."

A TMAP model, under whatever name it goes by in each state, is the list of the drugs that the new customers will be given. In fact to push the overall scheme along, the Bush appointed New Freedom Commission (NFC) has recommended that TMAP be used in all 50 states.

And it is spreading to other states. In Ohio, the list is called "OMAP" and includes all the high-priced psychotropics such as Paxil, Zyprexa, Adderall, Zoloft, Risperdal, Seroqual, Depakote, Prozac, Wellbutron, Zyban, Remeron, Serzone, and Effexor.

The NFC recommendations include, "Early detection of mental health problems in children and adults - through routine and comprehensive testing and screening - will be an expected and typical occurrence." "Both children and adults will be screened for mental illnesses during their routine physical exams."

Citing recommendations by the NFC, TeenScreen's Executive Director, Laurie Flynn, reports the Bush plan, "to launch a nationwide mental illness screening program in government institutions, including the public school system, for all students from kindergarten up to the 12th grade."

According to a report in the April 25, 2005, Columbus Dispatch, as of July, 2004, nearly 40,000 Ohio children on Medicaid were already on psychiatric drugs. A reporter for the Dispatch investigated prescriptions records paid for by the Ohio Medicaid program and discovered that 31% of children ages 6 to 18 in foster and group homes, were on mental-health drugs. And 22% of kids in detention were on psychiatric drugs as of January, 2005, with many on five or more.

These drugs have never been approved for kids and they have been found to cause suicide and violence. Nearly all the children involved in violent rampages in recent years have been on the antidepressants known as SSRIs.

One of the country's leading experts on SSRIs, Dr Ann Tracey, explains that people on these drugs will appear as if they are wide awake, when in fact they are half asleep walking around in a dream-like state.

Dr Grace Jackson is against giving kids drugs. "It would be difficult to engage in a form of medical experimentation more potentially hazardous than child psychopharmacology. With increasing frequency, researchers have demonstrated how and why the psychiatric drugs are powerful neuroendocrine disruptors which exert negative effects upon cognition, growth, metabolism, and reproductive functioning," she explained.

According to Jackson, "The question should not be whether or not American children are being "overdrugged" — rather, the question should be: what evidence justifies the drugging of even one child?"

State Officials Compromised By TMAP

Allan Jones was an Investigator in the Pennsylvania Office of Inspector General, when the PennMap scheme was set up in Pennsylvania. According to Jones, "The recommended drugs were exclusively new, patented and expensive and were selected by persons with financial ties to Pharma; and the claims of increased efficacy and safety made by the drug companies and State employees, were contradicted by the available science," Jones discovered.

"The pharmaceutical industry purchased the "opinions" of a few key doctors and the endorsement of a few key state administrators, and in exchange they illicitly opened the market for billions of tax dollars spent on dubious and dangerous drugs," Jones said.

At this point, the NFC, TMAP, and TeenScreen, working together, have managed to weave together a web of key government officials who control funding for the nation's mental health services in states all across the country.

Thirty-nine members of NAMI got to cast votes in determining which drugs could be on this list. The only group with more votes than NAMI was academic experts with 42 votes.

In March 2004, TeenScreen's Executive Director, Laurie Flynn, testified at a congressional hearing that in the screening process, "youth complete a 10-minute self-administered questionnaire that screens for social phobia, panic disorder, generalized anxiety disorder, major depression, alcohol and substance abuse.

"It is impossible, on cursory examination, or on the basis of the Program's brief written screening test, to detect suicidality or "mental illness," however we define it. Indeed, the fears evoked by the process of seeking out mental illness can create psychiatric symptoms," according to Dr Nathaniel Lehrman, MD, former Clinical Director, Kingsboro Psychiatric Center; former Professor [at] Einstein and SUNY.

"Searching out those "illnesses," rather than relying on the troubled to seek help for themselves, violates the privacy of those in whom these "illnesses" are sought," Lehrman warns, "for those youngsters

(*"screen", continued on p. 7*)

‘Schizophrenia’ may not exist September 6 www.medilexicon.com

Schizophrenia has been attributed to everything from genetic predisposition, brain chemistry, sufferers’ home environment and even cat-borne viruses, but no consistent causal pattern has ever been identified. As a result, treatment outcomes for today’s patients are not very different from those of patients treated 100 years ago.

According to Richard Bentall, Professor in Experimental Clinical Psychology at The University of Manchester, the problem is that the psychiatric category ‘schizophrenia’ falsely groups people with a wide range of problems together.

“Psychiatric diagnoses are based on a set of false assumptions stemming from the 19th century,” says Professor Bentall, writer of the highly successful book ‘Madness Explained’. “Although deep-seated, these assumptions have very little scientific value, and could actually be detrimental to patients and their treatment options.

“The idea that there is a clear division between ‘mad’ and ‘sane’ people, and that distinct psychiatric categories like ‘schizophrenic’ actually exist, is resulting in the mass-application of treatments which, will benefiting some, are very harmful to others. And because psychiatric patients are seen as having a biological brain illness which affects their rationality, they

are not usually allowed a say in the matter.”

“Rather than diagnosing and treating people on the basis of psychiatric categories, which actually contain many people with no symptoms in common, we need to look at each sufferer’s symptoms individually from a psychological perspective,” says Professor Bentall. “It then becomes relatively easy to understand why they might be happening and how the sufferer can address and cope with them.”

Together with colleagues at Manchester, Glasgow, Cambridge and Birmingham, Professor Bentall has recently received a £1.5m grant from the Medical Research Council to research this approach, in which the UK is acknowledged as a world leader. Although sufferers’ responses have been very positive however, the availability of psychological treatments for psychiatric difficulties nowhere near matches the incidence of such problems.

“Identifying and addressing the problems the sufferer, rather than the psychiatrist, perceives creates an understanding of each person’s condition which is far more scientific, humane and effective than a blanket diagnosis,” Professor Bentall asserts. “It also allows us to identify people at risk of psychological breakdown earlier, and keep them out of the traditional cycle of diagnosis and treatment.”

whose screenings supposedly reveal such “mental illness,” the major treatment will then be drugs.”

How much are local tax payers going to end up paying for school employees to set up a TeenScreen program in every school? Tax payers are paying to set it up, paying school employees to administer the survey, paying for “clinicians” and “case managers,” and in 2006, the use of the survey itself will cost money.

Pharma has infiltrated the staff responsible for prescribing drugs in the country’s health care facilities, to boost profits by overmedicating patients, with most of the funding coming from tax

dollars, causing state Medicaid programs to go broke left and right.

It took hold of the nation’s regulatory agencies by making sure to get the majority of government researchers and scientists on their payrolls so that they will readily approve new drugs and then allow companies to make a killing off selling new drugs by hiding their adverse effects until people start dropping over dead.

But most importantly, Pharma has gained a stronghold on every branch of government by funneling a steady stream of campaign cash to politicians to make sure that favorable legislation is passed and investigations of industry crimes are shut down.

Britons happier in 1930s than now

September 2 Globe and Mail

London — Britons were more content overall during the dark days of the Great Depression of the 1930s than they are in these affluent days, according to a study into illness and the causes of social exclusion published yesterday by the University of Cardiff in Wales.

“The things that relate to happiness across countries and cultures, but are particularly relevant to the UK, are family relationships, social networks, support networks and a sense of belonging,” according to the study, headed by Mansel Aylward a professor in the university’s psychology department.

“If you look at when these principles were most relevant, they certainly were throughout the Second World War and in the 1930s when people didn’t have a lot of money.”

Several thousand people took part in the five-year study, which also relied on press reports from the 1930s.



Vicky Eby My Doll

Evelyn Pringle epringle05@yahoo.com (Evelyn Pringle is a columnist for Independent Media TV and an investigative journalist focused on exposing government corruption)

(Records researchers, Sue Weibert and Ken Kramer contributed to this report)



Renee Austin Desert Scene



San Francisco, CA — Did you ever know someone under so much stress they aged right before your eyes?

Now, for the first time, a medical study has proven what we've all suspected: Stress speeds up aging.

Dr. Elissa Epel headed the stress study, at the University of California, San Francisco.

"I chose the mothers," Epel told Pelley, "because they tend to be a group that's under chronic stress at a very young age. But they're young and healthy, so it gives us an opportunity to examine what chronic stress looks like in healthy people."

Epel designed a test that pushes their anxiety buttons. It measured their heart rates, blood pressure and perspiration rates.

Epel explained its premise, namely that, "The unpredictability and ambiguity, not knowing what you're gonna have to do, is stressful."

The test showed how stress affected the moms physically. But Epel also needed to know how it tortured them mentally. How well did each mom cope while caring for a sick child?

To see how they felt about anxiety, Epel had each mother answer a series of questions.

She says a psychologist took "everything we know about stress, and what's stressful, and put it into one questionnaire."

Dr. Elizabeth Blackburn, a world-renowned cellular biologist at the University of California, San Francisco, was Epel's

partner in the study.

"To find something that goes to the heart of how cells age and find it so consistently related to stress, chronic stress and bad stress, that's the thing that's so new and intriguing here," she says.

She looked at the part of the DNA that controls cell aging. It's called a telomere. Blackburn discovered telomeres 20 years ago, and told Pelley how they work: If you think of a strand of DNA as a shoelace, the telomere is the plastic tip on the end. It protects the DNA from damage. Telomeres naturally get thinner as we age, and the thinner they get, the thinner the protection.

It turns out you have to have enough of the telomeres at the end," Blackburn says. "And if it gets disrupted in some way it gets frayed away."

When it frays away, the cell dies. That's why, Pelley notes, we lose eyesight, hearing and muscle strength as we get older.

Blackburn and Epel have shown, for the first time, that stress has a similar effect, thinning the telomeres of the stressed-out moms.

"We were astounded," Blackburn says, "that they were absolutely, consistently showing that the shorter the telomeres were, the worse stress people had had. That said, that these cells aged much faster than they should have been aging if they had not had that stress."

"It was as though there had been in excess of 10 years of extra aging in these individuals' blood cells. And that's actually an underestimate. That's a very conservative estimate."


The mothers who cope well under stress, who don't let it get under their skin, don't suffer the same damage to their telomeres.

It may be hard to image a more stressful life than the one Eileen Attridge shares with her autistic daughter, Pelley says. Still, Eileen's telomeres are just fine, which came as no surprise to her.

"I have a great attitude," she says, "because that's what I give myself to do. That's my goal, to have a good attitude. Because if I didn't have a good attitude, who'd want to talk to me?"

"That's what's so interesting in psychology," Epel points out, "is to try to understand resilience. How is it that some people are resilient in the face of chronic stress?"

It appears, Pelley says, that resilience can ward off sickness and let us live longer, while those who feel overwhelmed by life may have a shorter one to live.

"I think that this is yet another call to people to be alarmed about their stress levels," Epel says, "and to take them seriously. The cell is not a closed system. What happens in the mind, in particular, perceptions of stress, can indeed affect the most fundamental unit of our physical beings." 

Singing Some Scat (self caring affirming talk)

I chose the word "scat" as an acronym for self caring affirming talk because when jazz singers use their voices as instruments in scat singing they seem to be empowering and affirming themselves without diminishing the power of others.

My scat is that which I say to myself to guide my thoughts, feelings, & behaviors. I choose what I need to enhance my life.

The quality of my life is improved by memorizing positive & constructive scat statements.

I scat in a gentle & caring & nurturing tone of voice.

I invite you to try it. Choose a few statements at a time and put a copy on the mirror as a frequent reminder. Repeat them to yourself until thoroughly memorized.

— lynne morris

An answer to the song, "Gentle on my mind"

by Kathleen Camilla King

If I'm so gentle on your mind, how come you're not here with me, holding me to your breast instead of fantasizing about me with a tin can?

I've been waiting for you too long. You'll always be a rolling stone, a drifter. I'm lonely. It's time for me to move on.

My door won't be open anymore. You are no longer free to cross all over my path, in and out and gone again.

You can pick up your sleeping bag. It's behind the couch.

Interpersonal and social rhythm therapy proven to be an effective treatment for bipolar disorder

University of Pittsburgh Medical Center
September 6

A treatment program that stresses maintaining a regular schedule of daily activities and stability in personal relationships is an effective therapy for bipolar disorder, report University of Pittsburgh researchers in September's Archives of General Psychiatry.

Interpersonal and Social Rhythm Therapy (IPSRT) is based on the idea that disruptions in daily routines and problems in interpersonal relationships can cause recurrence of the manic and depressive episodes that characterize bipolar disorder. During the treatment, therapists help patients understand how changes in daily routines and the quality of their social relationships and their social roles, such as a parent, spouse or caregiver, for example, can affect their moods. After identifying situations that can trigger mania or depression, therapists teach the individuals how to better manage stressful events and better maintain positive relationships.

More than 4 percent of adults in the United States suffer from a bipolar disorder or "sub-threshold" bipolar disorder. Bipolar disorder, commonly referred to as manic-depressive illness, is characterized by cycles of mania, depression or mixed states that often disrupt work, school, family and social life.

Conventional treatment approaches for the disorder include lithium and other mood stabilizers, which work well in the short-term but often have limited long-term success. Historically, psychotherapy has not been given much credence as a treatment option for the condition because of the disorder's strong biological basis. Only recently have researchers begun to investigate the effectiveness of psychotherapy for people with bipolar disorder, and studies like this one have shown that psychotherapy can have promising long-term benefits.

The University of Pittsburgh study involved 175 acutely ill individuals with bipolar I disorder, the more serious form of the illness involving full-blown episodes of mania and major depression.

The researchers found that patients who received IPSRT during the acute treatment were more likely to remain well during the two-year maintenance phase. Furthermore, the strength of the effect was directly related to the extent to which patients increased the regularity of their social routines. Those who responded well to IPSRT were more likely to be those in somewhat better physical health.

Patients who had multiple medical problems in addition to bipolar disorder and those with anxiety responded better to Intensive Clinical Management therapy (ICM), a form of psychotherapy that addresses the general causes, symptoms and treatments of bipolar disorder; possibly because of that therapy's focus on physical symptoms. Study authors hypothesized that these patients had a greater need to manage and cope with their medical symptoms and were less able to focus on controlling their social rhythms and relationships. Individuals with bipolar disorder are at an increased risk for a number of serious medical illnesses, including cardiovascular disease, diabetes and pulmonary problems.

Guided self-help reduces symptoms of bulimia

PsychiatryMatters September 7

People with bulimia nervosa could benefit from guided self-help sessions, say researchers who found such sessions compared favorably with specialist-delivered psychological treatments.

The need for accessible, affordable, and efficacious treatments for bulimia nervosa has led to "examination of modified and less intensive forms of cognitive behavioral therapy that utilize self-help manuals and may be delivered in community or primary care settings," note Susan Banasiak (University of Melbourne, Australia) and colleagues.

The researchers investigated the efficacy of such a guided self-help approach for the treatment of 109 women with full syndrome or sub-threshold bulimia nervosa. The intervention consisted of direction and support from a general practitioner over a 17-week period, while the patient worked

through the manual *Bulimia Nervosa and Binge-eating: A Guide to Recovery*.

In all, 54 women were randomly assigned to receive guided self-help, while the remaining 55 patients received the normal practice of delayed treatment.

After the 17-week period, significant improvements in bulimic symptoms were seen for patients receiving guided self-help, with a 60% reduction in the average frequency of binge-eating episodes, compared with just a 6% reduction among women waiting for treatment.


In addition, 28% of self-help patients achieved remission from all binge-eating and compensatory behaviors, compared with 11% of those waiting for treatment.

The team notes in the journal *Psychological Medicine* that self-help was also associated with superior improvements in depression, anxiety, satisfaction with life, and social adjustment.

Moreover, the improvements seen with self-help therapy were maintained at 3 and 6 months.

Both the general practitioners and patients reported high levels of satisfaction with the self-help intervention. However, the 33% attrition rate suggested it was not acceptable and beneficial to all, and highlights the need for appropriate strategies to deal with this problem.

Nevertheless, the researchers conclude: "Compared with specialist treatments, guided self-help for bulimia nervosa delivered in primary care by a general practitioner is a relatively low-cost, geographically accessible, and non-stigmatizing treatment for bulimia nervosa."

They add: "Results from the present study indicate that this is a valuable treatment option and efforts should be made to facilitate its implementation." 

Shame, not guilt, related to substance-abuse problems

Medical News Today 27 Aug 2005

Findings from a collaboration between scientists at the University at Buffalo's Research Institute on Addictions (RIA) and George Mason University in Fairfax, Va., have established the importance of distinguishing between feelings of shame and guilt when providing treatment for substance abuse and in developing substance-abuse prevention programs.

According to Ronda Dearing, Ph.D., RIA research scientist and lead author on the study published in the August 2005 issue of *Addictive Behaviors*, shame and guilt — or a personal tendency toward either emotion — have important implications regarding misuse of alcohol and drugs.

The study included three groups of participants with different levels of alcohol and drug problems, primarily female college students [and] male inmates from a metropolitan area jail.

Shame is the tendency to feel bad about yourself following a specific event. It appears that individuals who are prone to shame when dealing with a variety of life problems may also have a tendency to turn toward alcohol and other drugs to cope with this feeling.

Guilt, or the tendency to feel bad about a specific behavior or action, was largely unrelated to substance-use problems. This is one of the first studies to scientifically validate the importance of shame versus guilt and their relation to alcohol and drugs.

Clinically, this study suggests a point of intervention for the treatment of substance-use problems. Specifically, counselors and other medical providers might effectively work with clients toward decreasing shame-proneness and enhancing guilt-proneness.

"Whether or not shame is a cause of problematic substance use," Dearing explained, "other problems that go hand-in-hand with shame such as anger or interpersonal difficulties are sufficient justification for implementing shame-reduction interventions into treatment. Successfully reducing shame is likely to result in better treatment outcomes."

(*"Icarus"*, continued from p. 5)

traumatic stress disorder. Some are studying or have studied psychology; others are from the antipsychiatry movement. Some are on meds; some are not.

For her part, Haviland brings to the new collective not just her experience as a patient, but her experience as the creator of the radical mental health zine *Distress* and as a harm-reduction worker with the Needle Exchange Emergency Distribution program in Berkeley. She is studying psychology at Vista College, and she shares a desire with other members of the collective to build a support network and peer-counseling center, hopefully with money from Proposition 63, the 2004 mental health services act that levied a new tax on high-income individuals and funneled it into California's county mental health systems. Thus far, their main activity is cosponsoring a weekly class in "radical mental health."

Dealing with mental illness is one thing; becoming an activist is quite another, and it's not for everyone. With limited support networks, most people keep their psychiatric struggles to themselves. "And once people get through such a crisis, or at least learn to cope, they usually don't want to do anything that opens up the old wounds," says a member of the collective who calls herself Dr. Ruthless. "Very few people I met in 'recovery' are activists today."

CALLING DOWN THE SUN

"It seems to me, from a lot of the folks I know, that it really requires a lot of patience, a lot of tenacity," says Ashley McNamara, talking about her latest attempts to live medication-free. "It requires crashing and burning for a lot of people. And it requires experimenting with a whole bunch of different methods." She's currently on 100 mg of Lamictal a day, a very small amount of medication for someone diagnosed as bipolar I. And she's been off lithium completely since April, when she started working with a homeopath to treat a debilitating rash that covered three-quarters of her body.

She wasn't planning to try and go off her meds, not for another few years. But when a Western medical doctor told her that she had an incurable skin disease with no known cause and no known cure, and there was nothing they could do but inject her with steroids and cross their fingers, she sought help elsewhere. And what both she and her

homeopath discovered in their individual research was that exposure to lithium can trigger psoriasis. And so, after a week of lithium-free living and homeopathy, her rash went into complete remission. But she was having huge mood swings, she remembers.

"It was like having all the most volatile, thin-skinned parts of myself return at the same time," she says. "And I almost didn't stay with it. But I just had this intuitive feeling that my body wanted to get rid of this toxic crap." McNamara called her homeopath twice a day, who talked her through a lot of it. Finally, with a different homeopathic compound, her moods started to stabilize.

Icarus now has its own nonprofit status, and is ready to reorganize itself under its own umbrella. While McNamara was there, the decision was made to transition into being a workers' collective. They spent time figuring out policies and procedures, figuring out how to make decisions horizontally rather than from the top down.

The next step for the project is to start regional groups, specifically college support groups.

"It's really, in some ways, a self-determination thing," McNamara says, "taking the power out of the hands of the authorities and putting it into the hands of the person who is trying to learn to take care of themselves, and encouraging all of us to be aware of our patterns and really think about what we can do to keep ourselves healthy, instead of waiting for things to go wrong and then doing damage control." Everyone who joins an Icarus Project group will be required to fill out some form of advance directive, because, McNamara says, "one of the things we're really working on is figuring out how to build an organization that is really healthy for people who have extreme mental health struggles to work in."





Barbara Fahrenheit

October 2005

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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HOURS :	10-3:30	10-3	10-8	10-3	10-3	11-12:30
						1 Art Workshop with Kerry 11:00-12:30
2	3 Games Rich 12:30 Arts & Crafts with Mary 1:30-3:00  new moon	4 Clay with Ali 10:00-12:00	5 Computer Lab w/ Ryan 1:00-3:00 Pastel/Acrylics w/ Carlie 3:00-5:00 Wellness/ Open Night Karen H. 6:00	6 Art Committee 11:00 Songs with Jon 1:00 - 2:30	7 Oil Painting with Scott 11:00-1:00	8 Art Workshop with Kerry 11:00-12:30
9	10 Games Rich 12:30 Arts & Crafts with Mary 1:30-3:00 (cards for fundraising)	11 Deadline for Art Show submissions Clay with Ali 10:00-12:00 Massage with Thomas 1:00-3:00	12 Computer Lab w/ Ryan 1-3 Pastel/Acrylics w/ Carlie 3:00-5:00 Wellness/ Open Night Karen H. 6:00	13 Art Committee 11:00 Songs with Jon 1:00 - 2:30	14 Oil Painting with Scott 11:00-1:00	15 Art Workshop with Kerry 11:00-12:30
16	17 Games Rich 12:30 Arts & Crafts with Mary 1:30-3:00 (cards for fundraising)	18 Clay with Ali 10:00-12:00  full moon	19 Computer Lab w/ Ryan 1-3 Pastel/Acrylics w/ Carlie 3:00-5:00 Wellness/ Open Night Karen H. 6:00	20 Art Committee 11:00 Songs with Jon 1:00 - 2:30	21 Oil Painting with Scott 11:00-1:00	22 Art Workshop with Kerry 11:00-12:30
23 30	24 31 Games 12:30 Arts & Crafts 1:30 (cards) Board of Directors Oct 31 5:30-7:00	25 Clay with Ali 10:00-12:00 Massage with Thomas 1:00-3:00	26 Computer Lab w/ Ryan 1-3 Pastel/Acrylics w/ Carlie 3:00-5:00 Wellness/ Open Night Karen H. 6:00	27 Art Committee 11:00 Songs with Jon 1:00 - 2:30	28 Oil Painting with Scott 11:00-1:00 KARAOKE 1:00-3:00	29 Art Workshop with Kerry 11:00-12:30

Cornucopia is located at 306 N Brooks Street in Madison.

Events on this calendar may change. If you haven't attended a particular group recently, call to confirm day & time.

Big News for Artists At Cornucopia

We are showing our best work at the downtown post office on Martin Luther King Jr Blvd, November 1st through December 30th. **The deadline for submissions is October 11th!** You are encouraged to matt and frame your own pictures this year. Clean your frames and glass. Make sure the frame and matt match the colors in the picture. Put a hangar on the back of it. Potters, shine up your creations.

Work with your teachers and the art committee if you get stuck. We're here to help you. If you have a physical problem and cannot do it yourself, the art committee and your teacher can help. I'm in the office on Thursdays at 11:00. If you need my assistance I am here for you all day.

Let's give it our all, work together and have the best art show we possibly can. I know we can do it, but we need everyone's cooperation. The reception is November 11, Friday, 5-7 pm in the front hallway. Thank you, Dawn Gifford, Chair of the Art Committee

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Julie Clark: Pink with blue and Pale Green Flowers



Barbara Fahrenbach

