

President's Outlook

At a recent meeting of clinicians and researchers I was once again discussing recovery and our need for conversation with health care providers (i.e. doctors, nurses, case managers) that focuses on a full life in the community – not simply symptom management.

It can be hard for well-meaning providers to think about recovery as a life-state beyond the absence of symptoms because much of their training uses symptom reduction as measurement for wellness. For most of us living with these illnesses, however, that is simply not good enough. Success cannot be determined by only having two symptoms for a period of two weeks. If those two symptoms keep me from engaging in meaningful work, having friends and/or a family and having a place I can call home, then that treatment cannot be called a success.

Meaningful work, friends and family and a home may not be your definition of recovery but many of us use these criteria as an easy way to talk about the complexity of recovery. A more thoughtful definition of recovery can be located at the SAMHSA web site: <http://www.samhsa.gov/>. This definition is based on meetings with consumers and providers throughout the country and represents a good place to begin when thinking about your own recovery.

During that recent meeting of clinicians and researchers, I was struck by how open many providers are to a definition of wellness that goes beyond symptom reduction. It takes time, however, to engage in enough conversation with providers to help the concept take root and to make sense within their frame of reference. This is one of the things we are facilitating with DBSA's new training service, "Making Recovery Real." Who better than people like you and me to teach our providers what we need?

For most of us, simply taking a medication or combination of medications will not be enough to reach recovery. Most of us will need to be engaged in a series of wellness activities like identifying our triggers, monitoring our moods, maintaining a routine sleep pattern, reaching out to develop friendships and having fun. One provider recently quoted this figure from his practice: before working with consumers on wellness strategies, only 20% got any symptom remission, but after encouraging consumers to add a series of wellness strategies to their treatment, those numbers shot sky high.

DBSA is spending a lot of time working on a variety of resources, tools, strategies and services that we think will help all of us Make Recovery Real. The training services outlined in this newsletter are one example of these new offerings. Our upcoming conferences in Chicago and San Mateo feature practical, recovery-oriented sessions led by some of the brightest lights in the consumer community. Chapter leaders have received an invitation to apply to become trainers for two new chapter based programs: Living Successfully with Depression and Bipolar Disorder and Pathways to Recovery. These programs along with our new website, our upcoming Sleepless in America events, our weekly blogs and upcoming podcasts all focus on the same thing: Making Recovery Real. Each of us deserves a full life where our illness does not get in the way of achieving our dreams and goals. We deserve recovery.



Sue Bergeson

DBSA AND ME

The Road to Recovery

I was recently working from home when I noticed my dog, Falcon, throwing up nearby. Ever the stoic dog, Falcon was smiling and laughing within seconds but the mess on the floor suggested that things were not good.



Jayson Blair
(former NYT reporter)

In the two years since I had returned to Virginia from New York City, Falcon had lost an eye because of cataracts, been diagnosed with diabetes and in recent months had lost the strength, if not the desire, to make it up the stairs on his own. Officially, Falcon was not my dog but since the life-changing crisis I had in 2003, he had become the rock I leaned on. He tended to me when I was ill, warned my relatives when I was manic or depressed and reminded me that unconditional love exists. This gave me a reason, however silly this might sound, to go on. He was my one-dog support group until the last days when my parents noted Falcon wasn't eating because of the pain of a tumor. We reluctantly came to the decision that Falcon was just suffering too much and should be put to sleep. After that painful experience, my parents told me that during the weeks leading up to his death Falcon would limp over to the couch where I was sleeping and lick me and stare at me, as if his only concern, up until his death, was to make sure I was all right.

The notion and value of support were not new to me with my relationship with Falcon or even with my diagnosis of bipolar disorder in a very public crisis in 2003. Before I left *The New York Times* because I fabricated and plagiarized articles during a long stretch of rapid cycling, I had been a part of support groups as a recovering drug addict and alcoholic. The people whom I had relied on as my unofficial support group – friends from AA and a few friends from work, college and my apartment building – were the ones who tirelessly supported me when my world was collapsing around the time of my resignation and subsequent diagnosis. Later, some of those who were hospitalized with me at Silver Hill Hospital in New Canaan, Conn., became a part of that network.

In 2004, it was time to leave New York. One of the very few reasons not to go, however, was that my support network there was strong. There was nothing back home. My friends had either left Centreville, Va., where I had gone to high school, or they were not going to be the beacons of hope and help when it came to mental health. I was, for all intents and purposes, alone. Then came Falcon (this is not to discount my parents, brother or sister-in-law, but,

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DBSA, The Rebecca Lynn Cutler Legacy of Life Foundation Aim to Prevent Suicide

For those who live with a mood disorder, the day-to-day reality of living with the illness is well-known. For friends and family members, however, many aspects of the illnesses are unknown, confusing or hard-to-understand.

No one understands this disconnect better than the family of Rebecca Lynn Cutler. Rebecca – a beautiful, gifted, talented, funny young woman, best friend to many and wonderful daughter who loved her family – lived with bipolar disorder. She talked about her illness to bring light and hope into the lives of those she cared about.

Rebecca's family, while always supportive of her dreams and goals, was uneasy about others' reaction to the disclosure that she lived with bipolar disorder. This changed when they lost Rebecca to suicide in June of 2004. Since then her family has increased its efforts to encourage people to talk about bipolar disorder and its effects on individuals, family, friends and co-workers by founding The Rebecca Lynn Cutler Legacy of Life Foundation, a part of DBSA.

Rebecca's Dream, the Foundation's inaugural gala will take place Saturday, November 11, 2006 at the Chicago Cultural Center. Tickets and sponsorship opportunities are available. The gala's honorary committee members include: actor/author Patty Duke,



actor Harrison Ford, newscaster Mike Wallace, Senator Dick Durbin, Senator Barack Obama, Representative Patrick Kennedy, Representative Jesse Jackson Jr., Representative Jan Schakowsky and Chicago Mayor Richard M. Daley.

The Rebecca Lynn Cutler Legacy of Life Foundation and DBSA are working to erase the stigma associated with mood disorders and to prevent suicide by speaking candidly about the illnesses. By fostering an open dialogue about the facts of living with a mood disorder, DBSA and the

Cutler Foundation aim to prevent the more than 30,000 suicides that occur each year.

By donating to the Foundation, you will help to fund support groups as well as provide information and hope for millions of people living with depression and bipolar disorder and their families. Help Rebecca's legacy live on by contributing today online, or by calling (800) 826-3632.

www.rebeccasdream.org



The Road to Recovery

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honestly, who else is going to stay up with you 48 hours straight or when you need coffee at 3 a.m.?). He became my constant companion and support, an advocate and defender. He was even my early warning system, he would bark for help when I was manic, depressed or appeared to be on the verge of hurting myself.

There is no way for him to know this – although I told him the words before he passed on – but there were three things that I would ask myself when lost in thoughts of wanting to harm myself: Who would take care of Falcon? What would Falcon feel? And how could I give into my pain when he lived so happily with his? He was my one-dog support group, my lifeline.

I did not help start the Bipolar Support Group for Northern Virginia, a DBSA chapter based here, for myself. A friend who lives with bipolar became manic in the summer of 2005 and I saw that she and her family had no one to turn to for the support that I enjoyed from my friends in New York and later from Falcon. In the fall, my family began making plans for two support groups – one for those with bipolar and another for their loved ones. Toward the end of the year, we connected with a newly-started health ministry at Centreville United Methodist Church which offered space for the group for those with bipolar. We planned small, but the results were much bigger than anyone in my family expected. Between the two groups, more than one hundred people have attended meetings in the past six months, reaching a countless number of people in total. My mother and father facilitate an active group of loved ones while I help smooth the way for those with bipolar.

I was recently surprised when, coming from the perspective of a person who saw himself as less a member of the group and more a facilitator, I realized that I have been given the gift of a new support group – one as good as the network I had in New York. And, as it turns out, it has proven to be fortuitous timing with the death of my beloved Falcon. I have a new reason to go on and new rocks to lean on.

The beauty of a support group like DBSA, made up of those who suffer from the same illness, is that we can all relate to each other on a level that goes far beyond the clinical. Just as my bipolar disorder helped me understand my dog's suffering with diabetes and reminded me of the reason we both needed to take our medications, so too the struggles of my compatriots in the support group remind me of the perils that are potentially around the corner. Just as my dog's good disposition through pain gave me hope and made me focus on what could be achieved through adversity in life, the members of the support group remind me that being diagnosed with bipolar does not rule out a healthy and happy life. Some members of my group see me as the leader but that is a bit of an illusion when it comes to a support group made up entirely of people who suffer with the same affliction. They have breathed as much life into me as I into them, and perhaps more, just in the nick of time.

So, Falcon, I am sure, is resting easy knowing that I am in good hands.