What is mindfulness? It has been around for ages. Quoting from Psychology Today’s website definition, “Mindfulness is a state of active, open attention on the present. When you’re mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience.

“Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience.”

Mathew Tull, Ph.D. an associate professor at the Department of Psychiatry and Human Behavior University of Mississippi Medical Center states; “Many mental health professionals are beginning to recognize that mindfulness can have many benefits for people suffering from difficulties such as anxiety and depression”. Mindfulness is one way of skillfully disengaging from or letting go of negative thinking. Letting go, is a phrase that has been used quite a bit by many individuals in the last 20 years, it is part of the new age mantra to help people cope. So often in our lives we are caught in the anxiety and worries of daily life, bombarded also by noise, information and activity and in this kind of environment it’s difficult to listen deeply to our innermost selves.

“Mindfulness is one way of skillfully disengaging from or letting go of negative thinking.”

Quoting also from a recent article in Psychology Today.com online authored by Melanie Greenberg; Most people these days are stressed out by the fast pace of life, economy, and worries about the future. In a recent survey, conducted in the UK, a whopping 86 percent agreed that “people would be much happier and healthier if they knew how to slow down and live in the moment” (Mental Health Foundation, 2010). It is no wonder that mindfulness has rapidly gained attention in the popular press and is one of the few complementary medicine techniques to be offered in hospitals and clinics worldwide.

But what exactly is mindfulness? Mindfulness is a mind-body medicine practice, based on ancient Zen Buddhist meditation techniques, that was popularized by Jon Kabat-Zinn, a researcher at the University of Massachusetts Medical School. According to Kabat-Zinn, mindfulness is an internal resource that all of us already have within us. The idea is to channel or direct this resource to transform our relationships with stress, emotions, pain, and illness. Indeed, controlled research studies suggest that mindfulness-based interventions can effectively reduce symptoms in people with chronic pain, recurrent depression, anxiety disorders, substance abuse, binge-eating, and many other health conditions. Mindfulness interventions have also been shown to change the brain’s grey matter and reactivity to emotional stimuli in ways that promote greater conscious control over emotion.

“People would be much happier and healthier if they knew how to slow down and live in the moment”

IN THE ISSUE
From the Desk of our President….P.2
Movie Therapy.............................. P.2
Agitation and Mixed Features....... P.3
Stress and Neurotransmitters....... P.4
Famous Persons.......................... P.5
New Support Groups................. P.6

¹Nine Essential Qualities of Mindfulness by Melanie Greenberg Ph.D. Feb 22, 2012 Psycholgytoday.com
From the Desk of Our President

The DBSA Tampa Bay has a new vitality for 2016! Our Chapter has some dedicated new volunteers working with us now and several new support meetings opened for 2016 in Hillsborough and Pinellas Counties. Also our Blanchard workshop/lectures series is back!

We are continuing our support of our military veterans in the community with the Thursday night veterans meeting in St. Petersburg. Also through collaboration and support of the VA inpatient and outpatient programs we are trying help those Vets suffering with mental health issues and particularly those who have been deployed in the Middle East during the last decade and are suffering from PTSD and other affective disorders triggered from their service.

We are proud to be involved with and participating on the Tampa Bay Health Advisory Board to try and increase education in the community and reduce the stigma of mental illness. We need awareness now more than ever for those who are suffering with depression and related affective disorders and to promote them to seek help and stay involved in a treatment plan. Suicide prevention is something that we will continue to advocate, as well as healthy behavior and healthy lifestyle choices so that those who are diagnosed can improve and recover.

We would like to encourage more active members of the organization and are starting our 2016 membership drive in March to sign up individuals to contribute $20 for a year’s membership. We are also in need of more monetary donations to keep our support groups supplied with literature and pay for other expenses.

Hoping to see old and new friends, Chapter members and visitors at our weekly meetings and thank all of you who volunteer your time to keep the organization running and helping others in need.

Sincerely,

John W. Balcomb
President
DBSA Tampa Bay, Inc.

---

Movie Therapy:
Using Movies for Mental Health  By Denise Mann

Can watching a film like The Departed help you cope with your own betrayals? Does The Queen make you think about your place in class and society? And can a movie like Letters from Iwo Jima teach you anything about war and conflict?

Proponents of cinema therapy say that, in addition to getting award nods, these and other movies can and will change the way we think, feel, and ultimately deal with life’s ups and downs.

An increasing number of therapists prescribe movies to help their patients explore their psyches. And while few therapists have actually gone so far as to package their practices around cinema therapy, movies -- like art, books, and music -- are becoming one more tool to help those in therapy achieve their goals and overcome their hurdles. And books with such titles as Rent Two Films and Let’s Talk in the Morning and Cinema therapy for Lovers: The Girl’s Guide to Finding True Love One Movie at a Time are finding their own niche in the self-help sections of many bookstores.

“Cinema therapy is the process of using movies made for the big screen or television for therapeutic purposes,” says Gary Solomon, PhD, MPH, MSW, author of The Motion Picture Prescription and Reel Therapy.

“It can have a positive effect on most people except those suffering from psychotic disorders,” says Solomon, a professor of psychology at the Community College of Southern Nevada.

In fact, Solomon often lectures at prisons to help inmates learn to use movies as therapy to see what they have done to get them into their current predicament and, hopefully, to learn from it.

Cue up your DVD player because “cinema therapy is something that is self-administered,” he says. “That’s not to say therapy on a one-to-one basis is bad, but this is an opportunity to do interventional work by yourself.”

The idea, says Solomon, is to choose movies with themes that mirror your current problem or situation. For example, if you or a loved has a substance abuse problem, he suggests Clean and Sober or When a Man Loves a Woman, or if you are coping with the loss -- or serious illness -- of a loved one, he may suggest Steel Magnolias or Beaches.

When watching such movies as a form of therapy, he says to look for the therapeutic context such as addiction, death/dying, abandonment or abuse, the ability to reach out and touch the viewer, and the overall content or subject matter.

Many Faces and Forms of Cinema Therapy


There’s “popcorn cinema therapy,” which can include watching a movie for a needed emotional release. According to
Wolz, popcorn cinema therapy is rather heavy on cinema and rather light on therapy.

In what she dubs as “evocative cinema therapy,” Wolz prefers to use movies as therapy to help others learn about themselves in more profound ways based on how they respond to different characters and scenes.

It works like this, she says: “First, I ask about their personal situation and get a sense of where they are at in their lives, and then I will recommend movies that may speak to them on certain levels.”

There’s also cathartic cinema therapy involving laughing or crying, Wolz says. “This is also effective if it’s done right as a precursor or a first stage of psychotherapy,” she says. “Say a person is in the midst of a depression; a movie that helps them to cry can open up different levels of their psyche”, she explains to WebMD.

When watching movies, Wolz recommends sitting comfortably and among other things, noticing what you liked and didn’t like about the movie and which characters or actions seemed especially attractive or unattractive.

She also suggests asking yourself whether there were any characters in the movie who modeled behavior that you would like to emulate.

It helps to write down your answers, she says.


Agitation and Mixed Features in Bipolar Disorder
Dr. Franco Benazzi, M.D.

Mixed features refers to the presence of high and low symptoms occurring at the same time, or as part of a single episode, in people experiencing an episode of mania or depression. In most forms of bipolar disorder, moods alternate between elevated and depressed over time. A person with mixed features experiences symptoms of both mood “poles” -- mania and depression -- simultaneously or in rapid sequence.

Who Gets Mixed Bipolar Episodes?

Virtually anyone can develop bipolar disorder. About 2.5% of the U.S. population has some form of bipolar disorder – nearly 6 million people.

Mixed episodes are common in people with bipolar disorder -- half or more of people with bipolar disorder have at least some mania symptoms during a full episode of depression. Those who develop bipolar disorder at a younger age, particularly in adolescence, may be more likely to have mixed episodes. People who develop episodes with mixed features may also develop “pure” depressed or “pure” manic or hypomanic phases of bipolar illness. People who have episodes of major depression but not full episodes of mania or hypomania also can sometimes have low-grade mania symptoms. These are symptoms that are not severe or extensive enough to be classified as bipolar disorder. This is referred to as an episode of “mixed depression” or a unipolar (major) depressive episode with mixed features.

Most people are in their teens or early 20s when symptoms from bipolar disorder first start. It is rare for bipolar disorder to develop for the first time after age 50. People who have an immediate family member with bipolar are at higher risk.

What Are the Symptoms of a Mixed Features Episode?

Mixed episodes are defined by symptoms of mania and depression that occur at the same time or in rapid sequence without recovery in between.

• Mania with mixed features usually involves irritability, high energy, racing thoughts and speech, and over-activity or agitation.

• Depression during episodes with mixed features involves the same symptoms as in “regular” depression, with feelings of sadness, loss of interest in activities, low energy, feelings of guilt and worthlessness, and thoughts of suicide.

This may seem impossible. How can someone be manic and depressed at the same time? The high energy of mania with the despair of depression are not mutually exclusive symptoms, and their co-occurrence may be much more common than people realize.

For example, a person in an episode with mixed features could be crying uncontrollably while announcing they have never
felt better in their life. Or they could be exuberantly happy, only to suddenly collapse in misery. A short while later they might suddenly return to an ecstatic state.

Mood episodes with mixed features can last from days to weeks or sometimes months if untreated. They may recur, and recovery can be slower than during episodes of “pure” bipolar depression or “pure” mania or hypomania.

The specific area in the endocrine system which stress invades is known as the HPA (Hypothalamus, Pituitary, Adrenal) Axis. When stress strikes and the tryptophan/serotonin is undersupplied to the Hypothalamus, this gland sends messages that begin to disrupt stress hormone levels in the Pituitary and Adrenal glands, and the process of mental and emotional disturbance is underway. For someone trying to fight mood disorder, it seems obvious the disease needs to be fought on two fronts. Keep the level of tryptophan/serotonin up, using the proper foods, food supplements, and pharmaceuticals; and, restrict the levels of psychological and physical stress wherever possible as well.

Pharmacology is important, very important, but the treatment must be pluralistic. Nutrition, definitely, but any therapy that will reduce stress is valuable: talk, exercise, meditation, therapeutic baths, etc. To beat Major Depression, Bipolar Disorder, and other mental and emotional disease, then, the consumer must do many things and do them consistently.

We need to demystify the science by showing that our neurotransmitters are molecules, actually proteins (amino acids) found in our foods and food supplements. So that the amino acid tryptophan found in cottage cheese, turkey, chicken, salmon, tuna, etc is almost identical molecularly to the neurotransmitter, serotonin, the very chemical compound people subject to major depression and mania tend to lack. In fact, once we ingest the tryptophan into our system from our foods and supplements, the other chemicals in our bodies metabolize the tryptophan into the serotonin. For some individuals subject biochemically to emotional disorders, merely eating mega amounts of foods with tryptophan will help them overcome their serotonin deficit; for others, it requires adding specific nutrients like vitamin B-6 known to help absorb and metabolize the increased levels of tryptophan.

In addition to what we say above about the role of vitamin B-6 in the metabolism of tryptophan/serotonin, strong studies also show that the B vitamins generally when used in mega amounts are often helpful to those with mental and emotional disorder. This is also true of mega amounts of Vitamin C. Mega connotes an excessive amount, much more than the usual dose, so we need to consult with a physician or nutritionist before taking these higher doses. According to Adele Davis, internationally known nutritionist, Vitamin C is also known, when taken in mega doses, to reduce the side effects from drugs. As always, we need to remember that the effect of pharmaceutical and vitamin consumption varies with each individual and must be taken with professional help and with great care and study.

We tend to become ill with severe depression and mania when an insufficient amount of the tryptophan/serotonin molecule is swimming freely between the gap or synapse of the nerve endings and the impulses and messages are not passing successfully from nerve to nerve. What the pharmaceutical drugs do is inhibit a tendency of the tryptophan/serotonin molecule to become absorbed back into the nerve cell’s body. So 80 to 85% of our most effective drugs today are “selective serotonin reuptake inhibitors” (SSRIs), meaning their primary objective is to “inhibit” or prevent the “reuptake” of these precious molecules back into the body of the cell.

The author, John T. Young, had his worst attacks with Bipolar Disorder at ages fourteen and eighteen. A retired teacher of thirty years with six grandchildren, he is the author of “Sad Love Stories: A Study In Manic-Depressive Illness,” available on Amazon.com.

The late Doctor Franco Benazzi, M.D., Ph.D. was formerly the Staff Psychiatrist at the University of California at San Diego and the Department of Psychiatry, as well as the National Health Service in Forli, Italy. His research in the field of psychiatry is highly regarded by many professionals. Edited from a paper published in Psychiatry and Neurosciences (2005), entitled: Unipolar depression with racing thoughts: A bipolar spectrum disorder? Used by permission.
Some famous individuals who have suffered with Bipolar Disorder

Buzz Aldrin / astronaut
Ludwig Van Beethoven / composer
Napoleon Bonaparte / military strategist
Art Buckwald / journalist
Tim Burton / writer, producer
Russell Brand / actor
Britney Spears / singer
Lord Byron / writer, poet
Drew Carey / actor, comedian
Jim Carey / actor
Dick Cavett / television journalist
Agatha Christie / author
Winston Churchill / British Prime Minister
Kurt Cobain / musician
Rosemary Clooney / singer, actress
Robert Downey, Jr. / actor
Richard Dreyfuss / actor
Patty Duke / actress
Ralph Waldo Emerson / writer
Carrie Fisher / actress
Larry Flynt / publisher
Connie Francis / singer
Sigmund Freud / psychiatrist
Mel Gibson / actor, director
Graham Greene / English novelist
Linda Hamilton / actress
Ernest Hemingway / author, novelist
Jimi Hendrix / musician
Abbie Hoffman / political activist
Jesse Jackson, Jr. / American politician
John F. Kennedy / US President
Patrick J. Kennedy / Congressman
Debra LaFave / schoolteacher
Vivien Leigh / actress
Abraham Lincoln / US President
Kristy McNichol / actress
Burgess Meredith / actor
Michelangelo / sculptor, painter, inventor
Marilyn Monroe / actress
Wolfgang Amadeus Mozart / composer
Isaac Newton / mathematician
Friedrich Nietzsche / philosopher
Florence Nightingale / nurse, activist
Kim Novak / actress
Phil Ochs / musician
JacoPastorius / jazz musician
Jane Pauley / TV personality and journalist
Plato / Greek philosopher
Edgar Allan Poe / poet, writer
Jackson Pollock / artist, painter
Charley Pride / country music artist
Lou Reed / musician
Axl Rose / rock vocalist
Frank Sinatra / recording artist, actor
Sidney Sheldon / producer, writer
Dusty Springfield / English pop singer
Ben Stiller / comedic actor
Gordon Sumner (Sting) / musician
Theodore (Teddy) Roosevelt / US President
Margaret Trudeau / Canadian celebrity
Ted Turner / founder of CNN
Mark Twain / author
Jean-Claude Van Damme / actor
Vincent van Gogh / artist, painter
Townes Van Zandt / singer-songwriter
Kurt Vonnegut / author
Scott Weiland / musician
Brian Wilson / musician, composer
Robin Williams / actor, comedian
Tennessee Williams / novelist
Virginia Woolf / author, intellectual
Catherine Zeta-Jones / Welsh actress
DBSA Tampa Bay has two brand new support groups established in addition to the re-opening of our Monday Brandon support meeting. “With the recent 2015 closure of our North Tampa library bi-weekly support meeting we needed a new meeting for Tampa and we have been wanting to establish one closer to the core of the City to serve the busy area between International Plaza and Westshore Mall area” states chapter President John Balcomb. In early January DBSA Tampa Bay is reopening the Brandon area Monday night meeting that closed last April. Due to many requests and several new volunteer facilitators available from the Brandon area we will now have that meeting back on the roster.

Later in January we are opening our New Wednesday Tampa Metro meeting to full fill that need for a meeting located more in the core of the city. With a great location close to I-275 and Dale Mabry this new Wednesday support group will be more centrally located and convenient for individuals to attend.

Also opening in February 2016 is a new Tuesday meeting in the center of St. Petersburg. This new meeting will be in the Edward White Medical building just east of the former Ed White Hospital on 9th Ave. N and called the St. Petersburg Metro meeting. All of the above meetings are held 7:00 pm – 8:30 pm and like all of our support groups are free to attend. Please see the back page of the newsletter for addresses.

Robert Cardone is a member of the DBSA Tampa Bay Executive Board, a Peer Support Specialist, Electronics Engineer and an accomplished musician. He is also a US Military Veteran and a volunteer at the VA Hospital.

**Educational Resources**

- **Mental Health Advocacy**
  - Mental Health America
  - http://www.mentalhealthamerica.net

- **DBSA**
  - Child & Adolescent Parent Network
  - www.bpkids.org

- **DBSA Tampa Bay, Inc.**
  - (Local Chapter)
  - 813-878-2906
  - www.dbsatampabay.org

- **DBSA (National Organization)**
  - www.dbsalliance.org
  - 1- 800 826-3632

- **DBSA Interactive Clubhouse**
  - Great online feature of DBSA. Check it out!
  - www.facingus.org

- **Suicide Hotline**
  - Military Veterans Press 1
  - 1-800 273-8255

- **National Alliance for the Mentally Ill**
  - www.nami.org
  - 1-800 950-6264

- **Caregivers Action Network**
  - www.caregiveraction.org
  - 1 202 772-5050

- **National Institute of Mental Health**
  - www.nimh.nih.gov
  - 1-866-615-6464

- **Teens Crisis Text Line**
  - Teens & young adults age 13-25
  - 741-741 text the word Listen

- **Men & Depression**
  - www.mengetdepression.com

- **Local 24 Hour Suicide Line**
  - Crisis Line
  - Referrals to Local Mental Health Providers
  - Pinellas - Dial 211
  - Hillsborough - 211
“I’m a success today because I had a friend who believed in me and I didn’t have the heart to let him down.”

—Abraham Lincoln

**OUR MISSION**

The Depression and Bipolar Support Alliance Tampa Bay’s mission is to provide education, self-help, fellowship and other direct services to people with Affective Disorders and to their relatives and friends. This organization is a non-profit, 501(c)(3) organization operated by it’s members. DBSA Tampa Bay is affiliated with the national organization DBSA. Contributions are tax deductible as provided by law.

---

**Membership Application**

Name ____________________________

Family Members ____________________________

Address ____________________________

City/State/Zip ____________________________

Phone ____________________________ Email ____________________________

How did you hear about our organization? ____________________________

Confidentiality is very important to us. Our membership list stays within DBSA Tampa Bay only and will not be sent to any other organizations.

Please print clearly and mail to DBSA Tampa Bay, PO Box 16735, St Petersburg, FL 33733
Depression and Bipolar Support Alliance Tampa Bay

SUPPORT GROUPS

Please be on time in consideration of others. Times and locations may change due to circumstances beyond our control.

Support Group Guidelines

* We are here to support mental health and your prescribed treatment. Family and friends are welcome.
* We maintain confidentiality: What is said in group stays there.
* As volunteer facilitators, we help guide your discussions. We share experiences, wisdom, successes, and common problems.
* We limit the discussions to depressive, bipolar, and other affective disorders.
* We are not mental health professionals and do not diagnose, advise or recommend specific treatments or doctors.
* Our participants respond with compassion, not judgment. Sharing is encouraged, how ever you are not required to. You may remain silent if you wish.
* We are support groups and not therapy groups. We are here to give and receive support.

National Suicide Hotline: 1-800-SUICIDE

Multiple Copies?

DBSA Tampa Bay members, affiliates and supporters may order multiple copies of our newsletter via Priority Mail for $24/year (3 issues). A packet holds about 25 newsletters.

Visit Our Website @ www.dbsatampabay.org

Would You Like to Reach Us? Email us at: Info@dbsatampabay.org

Would you like to become a member of the DBSA Tampa Bay?

Would you like to receive our newsletter? Please refer to the application on page 7. We also appreciate any donations which help to defray the cost of our services. Thank You.

DBSA Tampa Bay

PO Box 16735
St. Petersburg, FL 33733

DBSA Tampa Bay

Executive Board 2016:

Professional Advisor:
Michael F. Sheehan, M.D.

Founder:
John C. Massolio, Jr.

Executive Board:
President: ......................John Balcomb
Vice Pres: ..............Dr. Stephen Young, Jr.
Secretary: ..............Robert A. Cardone
Treasurer: ..............Janne R. Ketrow
Editor: ......................John Balcomb

Serving the Community since 1985