



The Outlook

Phone: (204) 786-0987
Website: www.depression.mb.ca

Fax: (204) 786-1906
E-mail: sdmdm@depression.mb.ca

BEV'S BIT

I had the opportunity to attend an emergency room with a member a few months ago. It was not a pleasant experience at all. We were treated with much disrespect from the staff on duty.

My question is: If an overweight person presented at emergency with chest pain and he was treated as if this was his own fault and therefore, does not receive respect and treatment, what would happen?

Isn't it about time people with mental illness are given the care and dignity they deserve?

Bev Trachuk
Executive Director

Annual General Meeting

Friday, September 16th at 7:30 p.m.

Boardroom "downstairs"
#2 – 1000 Notre Dame Avenue
Winnipeg, MB

Everyone is welcome but *only* members in good standing are allowed to vote.

Come on out and show your support!

50 / 50 DRAW

Tickets are 1 - \$2.00 and 3 - \$5.00
2,000 tickets to be sold.

GRAND PRIZE is 50% of sales.

Tickets are available at any
MDAM office or by calling 786-0987
or 1-800-263-1460.

**Draw to be made at the AGM,
September 16th, 7:30 p.m.**

"My Mother, My Childhood, and Me"

The Mood Disorders Association is pleased to offer "My Mother, My Childhood, and Me", a group for women who feel their needs were not met in childhood by their mothers.

This group will offer women a chance to share their stories, identify their hurts, and learn how to mother themselves.

Beginning on October 11th, 2005, this group will run for 8 Tuesday evenings from 6:30 to 9:00 p.m.

No charge for MDAM members. Intake required. Please call the office at 786-0987 for further information.

Support Groups

Winnipeg Region

Monday afternoon (weekly)

1:00 - 3:00 pm
4-1000 Notre Dame Ave.
Mixed Group

Thursday afternoon (weekly)

1:00 - 3:00 pm
4-1000 Notre Dame Ave.
Mixed Group

Sunday afternoon (weekly)

1:00 - 3:00 pm
4-1000 Notre Dame Ave.
Mixed Group

Wednesday evening (weekly)

7:00 - 9:00 pm
Education Building, 431 Tache Ave.

Diagnosis Specific Groups:

Depression
Bipolar Disorder
Family/Friends/Caregivers

1st & 3rd Thursday afternoons

1:00 - 3:00 pm
1st Thursday of the month - Rm. PZ-406
3rd Thursday of the month - Rm. PX-235
PsychHealth Centre, 771 Bannatyne Ave.
Mixed Group

Tuesday afternoon (weekly)

1:00 - 3:00 pm
Bethesda Church, 1350 Grant Ave.
Family & Friends Group

Interlake Region

Stonewall

Stonewall District Health Centre
1st Tuesday of the month, 7:00 pm

Lundar

L. Merritt Support Centre
3rd Monday of the month, 2:00 pm

Teulon

Teulon Hunter Memorial Hospital
2nd Thursday of the Month, 7:00 pm

Gimli

George Johnson Memorial Hospital
1st Wednesday of the month, 1:30 pm

Selkirk

Selkirk District General Hospital
EMS Boardroom
1st Monday of the Month, 7:00 pm

Westman Region

Brandon

"Caring and Sharing Group"
M-435 Rosser Ave. (east entrance - upstairs)
Wednesday afternoons, 2:00-4:00 pm

M-435 Rosser Ave. (east entrance - upstairs)
2nd Tuesday of each month, 7:00-9:00 pm

"Family Group"

Westman Mental Health Services,
M-435 Rosser Ave. (east entrance - upstairs)
3rd Tuesday of each month, 7:00-9:00 pm

Minnedosa

Minnedosa Regional Library, 54 - 1st Ave. SE
3rd Thursday of each month, 7:00-9:00 pm

Virden

Virden Health Centre
1st Wednesday of each month, 7:00-9:00 pm

Central Region

Winkler

Depression/Anxiety Group
Last Thursday of the month, 7:00 pm

Eight Stages of Healing
9-week Cognitive Behavioural Therapy Group
Call Tami at (204) 325-8206 for details.

Portage La Prairie

Depression/Anxiety Group
1st Tuesday of each month, 4:00 – 5:30 pm
Portage District General Hospital, 524 5th St. SE

Support Groups ... continued

Burntwood Region

Thompson

Salvation Army

Mixed Group

Every Monday, 7:00 pm

Family & Friends Group

Every Wednesday, 7:00 pm

Eastman Region

Lac Du Bonnet

Cancelled for the summer.

May resume in the fall.

St. Pierre-Jolys

Desalbury Hospital, "Health Corner"

3rd Thursday of each month, 7:00 pm

Steinbach

Jake Epp Library

Last Tuesday of each month, 7:00 pm

Bethesda Place

2nd Monday of each month, 1:00 pm

(This group will not be meeting during

July and August.)

Beausejour

East Gate Lodge

2nd Thursday of each month, 7:00 pm

Whitemouth

Cancelled for the summer.

Will resume in the fall.

Pinefalls/Powerview/Fort Alexander

Wings of Power in Pinefalls

3rd Monday of each month, 7:00 pm

Norman Region

The Pas / Flin Flon

“The Artist’s Way”

A 12-week creativity group for people with

depression.

“Hidden Victim/Hidden Healer”

A 10-week workshop for family and friends of those

affected by mental health issues.

Wellness Recovery Action Planning (WRAP)

A 4-week workshop.

Call (204) 623-7346 in The Pas or (204) 687-6006 in

Flin Flon for more information or to register.

Parkland Region

Call (204) 622-4104 or (204) 638-4496

for more information on groups.

Dauphin

Dauphin Regional Health Centre, 4th floor

625 3rd St. S.W.,

Every Tuesday, 1:30 pm

“Friends and Family Group”

Trinity Lutheran Church basement,

2 Kirby Ave. E.

2nd and 4th Thursday of each month, 7:00 pm

“Men’s Group”

Dauphin Regional Health Centre chapel

Every Wednesday, 7:00 pm

Swan River

CMHA Office, Swan River

“Hope for Depression” Group

Every Friday, 10:30 am

Ste. Rose

Ste. Rose Hospital

1st & 3rd Wednesday of each month, 1:30 pm

MDAM 2004 – 2005

Board of Directors

EXECUTIVE COMMITTEE

Chair - Connie Finlay, Minnedosa, Manitoba

Vice Chair - Trevor Jones, Winnipeg, Manitoba

Secretary - Sergei Sherman, Winnipeg, Manitoba

Treasurer - Mark Wayborn, Winnipeg, Manitoba

DIRECTORS

Lisa Dreger, Winnipeg, Manitoba

Ed Driedger, Miami, Manitoba

Marjolaine Pelletier, Winnipeg, Manitoba

EXECUTIVE DIRECTOR

Bev Trachuk, Fisher Branch, Manitoba

Call for Application for MDAM BOARD MEMBERSHIP

The Nominating Committee of the Board of Directors is calling paid members who are interested in becoming a Director to submit an application form to the Committee. Application forms are available from the Executive Director at the MDAM office.

The procedure for dealing with applicants will be as follows:

Upon receiving an application form from a paid-up member, the Nominating Committee will contact the persons who are listed as references. When the letters of reference are received, the Board members of the Nominating Committee will conduct a personal interview with the applicant. Having gleaned all pertinent information, the Nominating Committee will provide the Board of Directors with a slate of names for their endorsement. A brief biography of each candidate will be provided to the membership prior to the Annual General Meeting. The general membership shall elect their Board members for a three-year term of office. **The deadline for the Nominating Committee to submit their slate of names for election is 30 days prior to the AGM. It is very important that the applications be received at least 60 days prior to the AGM. For the year 2005, the deadline for receiving applications will be July 14th, 2005.**

Board of Director's Role within Mood Disorders Association of Manitoba

The MDAM Board of Directors has the responsibility to ensure that the powers, duties, and objectives of the Association are carried out. It must manage the resources and finances of the Association. It must develop and evaluate policies and programs of the Association. It must be responsible to the membership for the overall management of MDAM by presenting an annual report at the annual general meeting.

The Board meets seven times a year at approximately two-month intervals. Standing Committee meetings are scheduled between these regular Board meetings. Several Board meetings are held outside of Winnipeg. The remainder are held at the MDAM office on Notre Dame Avenue. Some meetings are held on Saturdays and some on week day evenings.

The Standing Committees of the Board for the 2004-2005 year are as follows.

The **Personnel and Executive Committee**, which consists of the Chairperson, the Vice-Chair, the Treasurer and the Secretary. The Executive Committee members are signatory officers to the finances of the Association. This committee also deals with personnel matters.

The **Finance Committee**. The **Nominating Committee**. The **Program Review Committee**. Ad hoc committees may be struck to deal with emerging issues and projects at the Board's discretion. Fundraising is being directed by committees of members at large under the supervision of the Executive Director.

Qualities of a Board Member of Mood Disorders Association of Manitoba

A candidate will:

1. Demonstrate a commitment to fulfill the Association's mission statement and to serve the people for whom the Association was created.
2. Possess a sense of integrity, an openness in expressing one's opinions, and the skills necessary for effectively working in a group.
3. Possess an orientation toward self-growth, as well as holding a positive future vision for the Association.
4. Show a willingness to make a commitment of time to attend meetings, travel to these meetings, and do the work of various standing and ad-hoc committees of the Board of Directors to which one will be appointed.
5. Show an understanding of the provincial scope of the work of the Association while bringing one's own regional perspective to the discussions before the Board.
6. Utilize one's special skills, talents, or sphere of influence to the realization of the Association's mission statement goals and to the achievement of the success of Association projects.
7. Show a willingness to support Special Projects and Fundraising activities of the Association.

Future Board Meeting Dates:

July 27th, 2005 – Winnipeg
September 17th, 2005 – **AGM** -- Winnipeg

Inspiration

Watch This!

It's my sons' favourite words, both the two and five-year old.

They will often holler out just before they perform some stunt: put a block in place, ride the tricycle in a circle, drive a race car on the video screen, form a letter, read a word, touch their toes, tie their shoes, eat a piece of broccoli, turn a light on, turn a light off, put a plastic liner in the trash can, put trash in the trash can, and a thousand other things.

I had a *Mountain Wings Moment* during a "Watch This" episode. I realized that we never stop saying, "Watch This."

Children use "Watch This" to get attention or to gratify themselves that someone notices, admires, appreciates, and cares about them. As we age, our methods change but the "Watch This" continues.

Far too many teenagers get in trouble not because they really seek the trouble, nor because they are afraid their parents will find out. They are counting on their parents finding out.

People have married to spite their parents. It's a Watch This. Much of our debt is because we were trying to say, Watch This.

See what I've: got – done – built.
See what I: drive – earn – wear.
See whom I: date – am friends with – am.
Watch This.

Many of our problems stem from self-esteem, either too much or too little. It causes us to focus too much on the "Watch This" phenomenon.

When I saw it in my sons, I tried to recognize it in me.

It was there.

No one can completely get rid of "Watch This," but when you recognize it, you can handle it better. Now whenever I do something, I ask, 'Is this a 'Watch This' or do I have a pure motive?'

Children and adults use "Watch This" to get attention or to gratify themselves that someone notices, admires, appreciates, and cares about them.

Remember the phrase, "Dance like nobody's watching"? Maybe we should live like nobody's watching.

Adapted from: *A MountainWings Original*
www.mountainwings.com

What About The Children?

20 Things Children Need

1. Unconditional love.
2. The freedom to be creative.
3. Time to interact with their peers and friends.
4. Hugs, kisses, shoulder rubs, snuggles, and other nonverbal expressions of love from people who have their permission.
5. Consistent, appropriate discipline.
6. To be listened to and heard.
7. To laugh.
8. To feel important and valued.
9. Responsibilities appropriate to their age and development levels.
10. Balance in their lives.
11. To be talked to, not talked down to.
12. Physical and mental relaxation.
13. To make mistakes; to be taught how to learn from their mistakes.
14. To be treated with courtesy and respect.
15. To be safe.
16. Consistent, predictable limits.
17. Honesty and truth.
18. To be taught what they don't know.
19. Flexibility.
20. Intellectual stimulation and challenges.

Adapted from:
A Leader's Guide to Just Because I Am,
by Lauren Murphy Payne & Claudia Rohling

Resource Report

Centre de Renouveau Aulneau Renewal Centre Inc.

The Aulneau Renewal Centre is a bilingual not-for-profit organization founded in 1979. The work of the Centre is inspired by the concern for the social justice and the empowerment of those affected by poverty.

Services:

- Counselling for the body, mind, and soul that promote healing, personal growth, and self-reliance for adults, couples, children, and families.
- Group counselling sessions and workshops designed to improve relationships, social skills, and parenting abilities.
- Supervision of counselling students at the post-baccalaureate and master's level.

Treatment options / Counselling approaches:

- Play therapy for children
- Drama therapy for all ages
- Focusing – tapping into the body's wisdom
- Bioenergetic analysis – body, mind, and energy oriented psychotherapy
- EMDR (Eye Movement Desensitization Resolution) – specialized treatment for trauma and emotional distress
- Supportive / change oriented psychotherapy
- Marital therapy / Couple counselling
- Family therapy

Fee structure: A fee structure based on net monthly income and the number of persons living on this income is proposed to potential clients for counselling. A fee is suggested for groups and workshops. In some cases, fees can be reduced or waived completely.

Information:

601 Aulneau Street, Winnipeg

Phone: (204) 987-7090

Fax: (204) 987-8880

Website: www.aulnearenewal.com

Volunteer Corner

First of all, a big THANK-YOU to our loyal and dedicated volunteers who offer a listening ear each day in the hopes of supporting those who call our office.

To become a Peer Support volunteer in the office, a person must be willing to undergo training provided by the Association.

Open Monday to Friday, from 9:00am to 4:00pm, the Peer Support line also gives callers the opportunity to leave a message after hours. All calls are returned or a message is left unless the caller specifies otherwise.

WE LISTEN – Support and help individuals express their thoughts and feelings in an empathic, non-judgmental, and respectful manner.

WE OFFER INFORMATION – Obtain information on mood disorders including Depression, Bipolar Disorder, and Seasonal Affective Disorder (SAD). We answer questions and send out free information packs by mail.

WE MAKE SUGGESTIONS -- Although we cannot professionally refer people, we act as a “link” to other organizations within Manitoba that may be of help to people.

Volunteer-In-Focus – Edward P.

It has only been six months since Edward came to volunteer for the Mood Disorders Association. He has been here everyday, five days a week. His dedication, loyalty, and commitment to the Association have been amazing. He has come a long way from where he was the day he walked into our office and we are all very proud of him.

Thank you for all your hard work, Edward!

Erin Gierek,
Co-ordinator of Volunteers

Family And Friends

Talking With Your School-Age Child About Depression

If you think that your child might have depression, it can be very difficult to talk with him about it. If you've had depression yourself – and many, many parents have – then the challenge may be doubly hard. Here are some suggestions:

➤ To get started, let your child know that you care about how he feels. You might say, for example, “I love you, and I want you to feel okay.” Let him know why you are concerned: “I’m worried because it seems as if you’re feeling angry or unhappy a lot these days,” or “It seems as if you don’t have much energy to do things.”

➤ Don’t expect your child to know why he feels the way he does. A common mistake a parent makes is to ask the child, “Why are you sad all the time?” or “Why don’t you go out and play more?” Children almost never can answer these kinds of questions, and then they feel bad for not being able to answer.

➤ Instead, ask your child about the feelings he has. Often it’s helpful to start with a positive: “Are there some things that really make you happy these days?” Then you can move to the negatives: “And sometimes you feel really bad, too? Tell me about that.” Try to ask questions that are open-ended, that lets your child talk about the things he wants to talk about.

➤ It’s often very hard for children to talk about their depressed feelings with their parents. They may feel that if they just keep quiet, the feelings will go away. If they think their parents are sad or stressed, they may worry that their own feelings will make things even worse. Many children ‘protect’ their parents in this way. You might tell your child, “I’m really strong, so whatever you tell me, it’s okay.”

➤ You may want to start talking about some of your own feelings: “You know, sometimes I feel so sad, I just have to cry.” This

is especially helpful if there has been a sad event that both you and your child have shared – for example, the death of a grandparent. Parents are often tempted to pretend that they’re never sad or down, but children almost always know how their parents are feeling. Saying that you feel sad most likely will not come as a surprise. But your child may be relieved to find out that it is possible to talk about sad, angry, or lonely feelings, and that nothing awful happens as a result.

➤ Children who are depressed often feel hopeless and alone. You can help by telling your child that you know that he is feeling bad, but he doesn’t have to feel that way forever and he doesn’t have to handle the problem alone. You are going to help. You might say, for example, “We’re going to work on this together, so you can feel better.”

➤ When discussing the professional help a child might need, a straightforward explanation is best: “When children feel very bad, it’s important to see a doctor in order to find out what’s causing the bad feelings. Doctors know how to help bad feelings. Doctors know how to help bad feelings go away, so you can feel happier.”

➤ Some children are afraid of doctors, or think that doctors are only there to give shots. You can help prepare your child so there won’t be surprises: “Mostly, the doctor is going to talk with you and me. She’ll probably also listen to your heart and feel your belly, and that kind of thing.” If a child asks about needles, it’s honest and fair to say that the doctor will decide if there has to be a blood test. There is no specific blood test for depression, but sometimes one is needed to rule out other illnesses.

Source: *Robert Needleman, MD, FAAP,*
from the *HealthyPlace* website

“What lies behind us and what lies before us are tiny matters compared to what lies within us.”

~ *Ralph Waldo Emerson*

Getting Better All The Time

Are You One Person Or Two?

Have you ever been angry with yourself? Maybe upset over a mistake you made at work or something you forgot to do at home. Perhaps, you just looked into the mirror and didn't like what you saw. You were too fat, too thin, or your hair was a mess. Thoughts went flashing through your mind. Thoughts like: 'I don't like myself.' Or 'I can't stand myself.' Or maybe even, 'I hate myself.'

While such thoughts are all too common, they are actually quite strange to have because they seem to imply that more than one person is involved. There is "You" and there is the "You" that you can't stand. There is the "Judging You" and the "You Being Judged." The dilemma in this situation is figuring out which "You" is the real "You."

***“Learn to live from
your True Self and see
if your life goes better.”***

Spiritual teacher, Eckhart Tolle in his book, *The Power of Now*, which is all about how to live in the present moment, says that it was just such a perplexing thought that woke him up out of a deep and dangerous depression and started him on his spiritual journey. His despairing thought was, 'I can't live with myself any longer,' and this thought thrust him into wrestling with the issue of "who" was this person that he couldn't live with. The underlying question that such self-critical thoughts raise for all of us is, 'Am I one person or two?' And if I am only one person, why don't I accept myself as I am?

Where does non-acceptance come? Usually our inner, self-critical thoughts have to do with some aspect of the ego, our capital letter "I," that is

trying to live up to a standard. In our normal ego state, we are often concerned with how others see us. We want to make a good impression, so we compare ourselves to the cultural ideal. Are we thin enough? Do we have the right clothes? Are we successful? If we fall short, then the ego's critical voice is raised, and we hear something like, 'I can't stand myself.'

The fundamental problem is that the "Self" that I – the ego – can't stand may well be just fine as it is, if only the criticism would stop. But how do you stop it? Who is in charge? It must be some aspect of ourselves that is greater than the ego. It would have to come from the Deeper Self with which we were born, from our True Self that lies at the heart of our being.

The reality of life is that we are only "one" person but have many voices, and some of these voices can lead us astray, especially, if we respond to them too seriously.

We all talk to ourselves about life and take what we say to be the truth. Often, it is not. What we say is frequently only a judgement that is based upon uncritically accepted standards of thinness, of beauty, or of success. If we can learn to look past these judgements – to not take them so seriously – then perhaps we can find our way back to our True Self.

From our True Self we can realistically assess what we need to change and what we do not, so that when something needs changing, we just change it without the inner voice complaining, 'I'm just a failure. I can't stand myself.' From our True Self, we are able to say, 'I love and value who I am.' And because we do, we make the changes we need. We choose to grow and develop. Life goes on and we get better but without all the inner criticism.

Learn to live from your True Self and see if your life goes better.

Source: Lessons4Living website
Awakenings newsletter,
*Lessons for Living – Simple Solutions
For Life's Problems*

What Do The Experts Think?

Those Who Recognize Depression's First Signs May Avoid Trouble

The initial stage of a major depression, which recurs in 50 percent to 85 percent of all patients who experience a first episode, is like a stealth bomber. It seems to fly under a patient's radar in the guise of vaguely negative, uncomfortable emotions that patients don't at first identify as warning signs of depression.

Instead – even though they have experienced major depression before – patients deny what they glimpse on their psychic screens, attribute their fatigue and stress to external demands, and put on a front to conceal their distress, according to a study from the University of Michigan School of Nursing.

“It is important for patients and their families to learn how to recognize the early warning signs of an oncoming depression because early intervention can prevent or minimize relapse or recurrence,” said Bonnie M. Hagerty. “There is some evidence that the ‘prodromes’ of early symptoms of depression, while they vary from patient to patient, are fairly consistent within each patient.

“Also, research suggests that patients generally experience at least one psychiatric symptom prior to the onset of a depressed mood – generalized anxiety, perhaps, or sadness, irritability, impaired work, decreased initiative, loss of interest, fatigue or insomnia.”

Hagerty and her colleagues conducted a series of focus group sessions over the course of a year with 16 people who had experienced more than one episode of depression. The U-M researchers identified four consistent themes in the onset stages of depression:

- ***Something's Not Right:*** The duration of this stage varied from days to months, both within and between study participants, but

generally the participants said they denied the symptoms, blamed their negative feelings on stress, the weather, or other external difficulties, and expended considerable energy putting up a front even though they felt unwell.

“The ‘something's not right’ feelings the participants described tended to be different – much vaguer and more diffuse than those used as standard criteria for diagnosing depression,” Hagerty said. “Also the symptoms sometimes disappeared for a while, then recurred.

“Patients should try to monitor themselves when they feel that something is not right, and acknowledge the possibility that depression may be setting in so they can catch it in time before they spiral down.”

- ***Something's Really Wrong:*** At this point, the participants' symptoms became more standard and focused. Their sleeping and eating patterns changed and their energy and the ability to concentrate evaporated. Participants also said they withdrew from others, became anxious, and had thoughts of suicide.

“The participants described feeling desynchronized, out of harmony, or out of tune with their surroundings. They had different daily schedules, different sleep-wake cycles, reduced ability to think clearly and efficiently.

“Participants who took action at this point – who sought therapy or were able to provide some sort of self-help – felt more control over their emerging depressions and were often able to relieve and shorten the episodes.”

- ***The Crash:*** One to three specific or pivotal symptoms develop, signalling the beginning of an acute episode of depression to all participants. “Each participant experienced these pivotal symptoms, which usually encompassed difficulties with sleep, cognition, personal relationships, and physical safety,” Hagerty said.

Recognize Depression ... continued

Recognize Depression ... continued

- **Getting Connected:** Getting connected meant seeking help from a family member, friend, or therapist. “This is a critical stage. All the participants felt an intense need to find a person who would listen to them and provide feedback and beneficial assistance. Uncertainty about forthcoming care or disappointment about the quality of care could contribute to the severity and duration of the depressive episode. We can’t emphasize enough how important it is for mental health professionals to listen to symptoms, show concern, and provide encouragement.”

Sources:

*Bonnie M. Hagerty, assistant professor of nursing,
Reg A. Williams, associate professor nursing,
Michelle Liken, U-M doctoral candidate in nursing,
University of Michigan News Release*

Possibilities

*When your dreams start to seem
so impossible,
When roadblocks are all you can see,
Look beyond all the problems
that face you
And focus on possibilities.*

*Don’t limit your thoughts to the present
Or solutions you have learned
from the past.
Remember to keep looking forward –
You may find the answer at last.*

*It is you who determines your future;
How your journey
through tomorrow will be.
To fill all your days with adventure,
Dare to see what no one else dares to see.*

*So never let obstacles stop you
Or keep you from doing your part.
Have faith that your dreams are
all possible,
If you truly believe in your heart.*

~ Tom Krause

The Later Years

Alone – But Not Lonely

For many of us, the idea of living alone one day – probably when we’re over 80 – may conjure up images of a lonely and depressed senior rocking in a chair with a cat curled up nearby while the seasons change outside the window.

This stereotype is anything but reality for many older single Canadians.

And according to StatsCan, the number of those 85 and older who are on their own has increased substantially over the years, from 25 percent in 1985 to 38 percent in 2001 for women, and from 16 percent to 23 percent for men. Single seniors living in their own homes today and really enjoying it are those who have the right attitude to make being on their own an experience that is anything but lonely.

When it comes to living single, there are differences in the experiences of the younger 50-plus and those in their 70s and 80s.

“The younger senior is often a little more independent than the older senior and may even still be connected to the workforce. The younger senior is probably still driving and engaged with young grandchildren,” explains Heather MacLean-Meeks, a social worker with *Third Age Outreach Program*, which offers health promotion programs, workshops, and individual counselling for seniors in London, Ontario.

“The older senior’s life tends to become smaller as they age, due to the fact that they may no longer drive, their physical ability may be limited, and over the years, their social circle may have dwindled, with friends and family passing away. As a result, they may feel more isolated and their ability to get out is less.”

Alone ... continued

Alone ... continued

It's All About Attitude

But for older seniors like Alice, 81, of Uxbridge, Ontario, none of this means life has to become boring or lonely. Married for 50 years to Harold, Alice became a widow 11 years ago.

“The living has to go on and the more active you are, the more go-getting you are, the better it will be living alone,” she says.

Her date book reads like that of someone decades younger. At ten in the morning, when this interview takes place, she's already been up for hours and has prepared heaping plates of sandwiches to take to the hungry masses at a shuffleboard tournament at her church. It's this active life that Alice feels is the key to her happiness.

“The best thing you can is get out and volunteer. There is lots to do. Don't stay home and feel sorry for yourself,” she says.

For people – especially women – who have been married and then find themselves single either through death or divorce, the issue of self-esteem may need to be overcome.

“Self-esteem is a huge issue because there is so much connected to that relationship and the role you played in that relationship,” explains MacLean-Meeks. “Very often, seniors were in traditional marriages where the wife had a very specific role, one of caring, helping, and supporting her spouse. When that role no longer exists, it brings into question, ‘Who am I? What's my purpose?’”

When Alice found herself alone, the answer was to jump into helping others.

“I have a cousin in town who is 93 years old, and I make sure to take her two meals every week,” she says.

Add to that her volunteer work with the hospital and community care, her weekly bingo game and her involvement with the church, and it's become a regular occurrence for her kids to call

and ask, “Mother, have you got a date for me this week?” If she has a day to herself, Alice counts herself lucky, and she wouldn't have it any other way.

“I have wonderful neighbours and great friends. If you don't make yourself part of your community and be with it, then you are out of it, you know? You have to make the effort,” Grace advises.

If It Doesn't Come Easily, Push Yourself

While Alice dove head first into single living, that's not always the norm for those who find themselves suddenly alone. For Dave, 74, of London, Ontario, being widowed plunged him into a life of being a self-described couch potato. After 46 years of marriage, three children, and nursing his wife through a lengthy illness, he wasn't prepared to be alone when she passed away in 1999.

“The biggest adjustment for me was just the loss of companionship,” explains Dave. “The TV and babysitting for my grandkids kept me going for three years, but I didn't even want to go out.”

Women may be more apt to reach out to friends and family and work through the loneliness they are feeling, whereas men have a harder time talking it out and instead will look to activity-oriented ways of coping.

“Men don't chum around the way women do,” says Dave. “They've got friends but they don't go to one another's houses for coffee and talk. Men will get together and play snooker.” Neither coping strategy is a bad thing. “There is no right or wrong way in how people approach being single and try to integrate into a new way of life,” says MacLean-Meeks.

When Dave finally decided to get out of the house, it was a result of his daughter's prodding to volunteer.

“I eventually went to volunteer at University Hospital in the emergency department,” says

Alone ... continued

Alone ... continued

Dave. “And I started going to the Kiwanis Club again. One of the ladies there kept encouraging me to come out to the Friday afternoon dance (something my wife and I enjoyed together before she became ill), and finally I went.”

At the dance, Dave met a lady who became his dance partner. Soon, they were regularly dancing at Kiwanis, the Legion, and the Cherry Hill Mall seniors’ dance. According to MacLean-Meeks, it’s encouragement seniors may need.

“It’s very hard, but you have to push yourself,” she says. “When you are already feeling vulnerable and maybe have low self-esteem because you haven’t been doing these things for a while or you’ve been hurt through loss or divorce, you can be fearful of connecting or getting close to people again.”

One of the best things you can do, suggests MacLean-Meeks, is surround yourself with family and friends who will encourage you. Even if it’s your choice to live alone or you’ve lost a loved one due to death or divorce, being a single senior needs to be seen as an opportunity. It’s a chance to think about yourself exclusively. MacLean-Meeks advises reframing your life.

“Explore what you want your future to look like, and that can have all sorts of possibilities for people,” she says. “What are your dreams just for yourself?”

She suggest making a list of all the activities you’ve always wanted to try or that you’ve given up but would like to get back to. Then make a list of your friends and family who may like to try them with you or who could be a good cheerleader to support you in sticking with it.

“My daughter thought I should get a hobby to fill my time,” says Dave. “She suggested the hobby I had back when we lived in Ireland, which was electric trains. So now I’ve got quite the collection – and my grandkids love it.”

The other activity Dave does regularly is to attend his grandsons’ hockey and basketball games. Coupled with his weekly babysitting, he has developed a strong and important bond with his grandchildren and his daughter.

The Fear Factor

One of the biggest hurdles to overcome is fear of being alone, according to MacLean-Meeks. A fear of the future can be practically immobilizing.

“It’s very easy when you are alone to move into the ‘what-ifs’ of the future, and it’s very hard to keep focused on the present and not get too far ahead of yourself,” she explains.

When you’ve had someone else to be a sounding board or a partner for life decisions, the fear of making a mistake can be strong, but once you’ve done it a few times and learned that it’s okay to make mistakes (and the world won’t come crashing down), it will get easier.

People who have always been on their own have usually developed a good sense of self but for someone who was part of a couple, the dreams of the future and aspirations were usually shared, and now you’re facing them on your own.

“Being alone can be viewed as an opportunity to improve your self-esteem, especially if that’s always been an issue for you, by discovering your own strengths and interests and exploring them,” says MacLean-Meeks.

Perhaps the most important task is recognizing that change takes work on your part.

“It’s not going to happen automatically. You are going to have to push yourself into the uncomfortable zone,” says MacLean-Meeks.

The tendency when we feel vulnerable, afraid, and alone is to find comfort and security in the confines of our home, and we don’t venture out.

“I often hear from people that they have come to the realization that it’s up to them. If things are going to change, they have to make the first step forward.”

Our Complements

Focusing

Focusing is a powerful and gentle skill of self-awareness that lets you transform your life. It can also be combined with therapy of all types to increase effectiveness. It is a simple process of change and personal growth that can be accessed alone, as well as with another person guiding the process. It helps individuals make connections between what their body knows and what their mind knows, giving them an inner strength, direction, and growth. This freeing process allows life energy to flow forward into positive ways of being and moving through patterns that may have previously seemed stuck or unchangeable. Simply put, Focusing is about listening within.

Focusing was developed by Dr. Eugene Gendlin while working with Dr. Carl Rogers. He discovered that people who changed and healed in therapy spoke from a different place. They didn't speak "about" their lives from their heads: they spoke "from" a place inside he called "the bodily felt sense". He developed the Focusing method to teach everyone how to get in touch with that place of wisdom, healing, and growing deep within.

“Simply put, Focusing is about listening within.”

The essence of Focusing is a compassionate relationship with your inner self. While Focusing, you become aware of something inside you that is wanting to be heard. You begin to build trust in this inner relationship, and to receive the gifts that come from listening within.

The Process of Focusing

The Focusing Process consists basically of three movements: becoming aware, taking care of, and closing.

1.) *Becoming aware:*

a. **Noticing** how you feel in various parts of your body, especially the throat, chest, stomach, and abdomen areas. Being aware of tightness, heaviness, expansion, or anything else.

b. **Checking** what wants more attention by asking the question, “How am I feeling about this tightness or heaviness, etc.?” or “What would you like me to know?”

c. **Staying** with sensations, emotions, or mood in an attitude of curiosity to get to know it better.

d. **Allowing** time for a little meaning to come from whatever is there, perhaps a word for an emotional quality, then checking to make sure this feels right, that it “fits”.

2.) *Taking care of:*

a. **Creating** an inner atmosphere of no pressure, of just being with what's there. Asking gentle questions as a way of inviting meaning to come from what is there.

b. **Acknowledging** whatever message comes: something connected to a memory, a belief, or attitude, or an unmet need or unexpressed part of self, without needing to fix or solve anything.

3.) *Closing:*

a. **Ending** the Focusing session slowly and respectfully by thanking your body for letting you discover its truth.

In Focusing, change comes in steps, often small realizations, each one of which feels right and makes some difference in the body. Acknowledging what comes, really being present to it, is all that is needed to bring deep relief. There is no need to “fix” or to “solve” the problem. In Focusing, bodily felt shifts happen inside a person, which permanently changes the way they carry or relate to an issue. These are referred to by some as “moments of Grace”.

The Benefits of Focusing

Focusing is a skill that can be learned and used whenever one needs it. It combines well with other processes and can improve therapy, meditation, bodywork, or any other healing work.

Focusing ... continued

Focusing ... continued

Some benefits of Focusing are:

- 1.) **Leads to better self-understanding**, how one really feels, and what the real wants are.
- 2.) **Helps find a comfortable relationship** with overwhelming feelings, so that you don't have to feel you are at the mercy of your emotions.
- 3.) **Can help release blocks or addictions** through compassionate listening to the part of self responsible for the block or addiction, and to gain its control.
- 4.) **Frees one from self-criticism**, and leads to greater love and acceptance of all parts of self.
- 5.) **Helps to discover** and express creative and positive aspects of self and to move forward.
- 6.) **It is a great tool for decision-making.**
- 7.) **Can make therapy more effective**, e.g. helping to heal past pain.

Source: *Aulneau News*, Aulneau Centre newsletter

Adapted from Ann Weiser Cornell, *The Focusing Student's Manual*, 3rd edition, and compiled from web articles.

For more information on Focusing, contact the Manitoba Association for Focusing and Bio-Spirituality at (204) 987-7099.

Who?

Who is in charge here?
"I am. Can I help you?
Who brought me here?
"You came on your own."
How long have I been here?
"As long as you remember."
What is my purpose here?
"To question."
What is your purpose here?
"To answer."
So who is in charge here?!
"You are. Can I help you?"

~ David H.

Thoughts of Self-Esteem

I think well of myself. This is good.

I accept myself because I realize that I am more than my foibles, mistakes, or any other externals.

Criticism is an external. I examine it for ways to improve, without concluding that the criticism makes me less worthwhile as a person.

I can criticize my own behaviour without questioning my worth as a human being.

I notice and enjoy each sign of achievement or progress, no matter how insignificant it may seem to myself or others.

I enjoy the achievements and progress that others make, without concluding they are more valuable than I am as a person.

I am generally capable of living well, and of applying the time, effort, patience, training, and assistance needed to do so.

I expect others to like and respect me. If they don't, that's okay.

I can usually earn people's trust and affection through sincere and respectful treatment. If not, that's okay.

I generally show sound judgment in relationships and work.

I can influence others by my well-reasoned viewpoints, which I can present and defend effectively.

I like to help others enjoy themselves.

I enjoy new challenges and don't get upset when things don't go well right off the bat.

I like being a one-of-a-kind portrait. I'm glad to be unique.

Source: *The Self-Esteem Workbook*,
Create the Habit of Core-Affirming Thoughts
 by Glenn R. Schiraldi

Notes From The Editor

Attention, Members!

Many thanks to those who have renewed their memberships. If you find errors on your mailing label, please contact the office at 1-800-263-1460.

Tributes and Acknowledgements

We are grateful for donations received in memory of:

Sean Mancer
Mary Mazurkiewich
Ron Arnason
Lynne Hood
Daphne Streilein

We are also grateful for the donation received in honour of:

Jean Skromeda's Retirement

New faces!

MDAM would like to welcome:

Anne, Monique, Lawrence, Keith, Kim, Colette, Natalie, and Riviraj to the Volunteer Team.

**Support Group for
Parents of Children with Bipolar Disorder**

Third Wednesday of each month at 7:30 pm.

Everyone is welcome!

South Winnipeg Family Information Centre
For more information, call 284-9311.

**Have you got TIME on your hands?
Want to MEET people? LEARN new skills?
CONTRIBUTE to your community?**

Then the

Independent Living Resource Centre (ILRC) is encouraging you to consider the following volunteer opportunities available at the Centre: receptionist, internet researcher, computer trainer, proof reader, display booth person.

If any of these opportunities are of interest to you, please call ILRC at 947-0194.

Available for sale!

Notes From The Nut House
A book by Garry Stewart

"If you have ever wondered what goes on in a Mental Institution or wonder what it would be like to be committed to an Asylum, "Notes from the Nut House," Garry Stewart's tenth book, will take you there.

\$20.00 each with the proceeds being shared between Garry and the Mood Disorders Association of Manitoba

Available at the MDAM office.

Original material wanted.

Do you have a story to tell or a poem to share? We welcome submissions to the newsletter. If you have something you think we could use, please send it to:

Editor, c/o MDAM
#4 – 1000 Notre Dame Avenue
Winnipeg, MB R3E 0N3
or fax us at (204) 786-1906.

Provincial Office
 4-1000 Notre Dame Ave.
 Winnipeg MB
 R3E 0N3
 Phone: (204) 786-0987
 Fax: (204) 786-1906
 Toll-Free: 1-800-263-1460

Westman Outreach Office
 M-435 Rosser Ave.
 Brandon MB
 R7A 6S2
 Phone/Fax:
 (204) 725-8555

Central Outreach Office
 Eden Mental Health Centre
 Box 296, 309 Main St.
 Winkler MB
 R6W 4A8
 Phone: (204) 325-8206

Eastman Outreach Office
 #3 – 227 Main St.
 Steinbach MB
 R5G 1Y7
 Phone: (204) 326-3623
 Fax: (204) 346-0423

Selkirk Mental Health Centre
 Box 9600
 825 Manitoba Ave.
 Selkirk MB
 R1A 2B5
 Phone: (204) 482-3810



PsycHealth Outreach Office
 PZ-395 PsycHealth Centre
 771 Bannatyne Ave.
 Winnipeg MB
 R3E 3N4
 Phone: (204) 787-3220

Norman Outreach Office
 Box 3754
 The Pas MB
 R9A 1S4
 Phone: (204) 623-7346
 Fax: (204) 623-5528

Burntwood Outreach Office
 Box 764
 Thompson MB
 R8N 1N6
 Phone: (204) 778-7421

Interlake Outreach Office
 Box 1004
 Gimli MB
 ROC 1B0
 Phone: (204) 642-7886
 Fax: (204) 642-7877

Parkland Outreach Office
 Room 343, Dauphin Regional Health Centre
 625 3rd St. S.W.
 Dauphin MB
 R7N 1R7
 Phone: (204) 622-4104

Membership Renewal / Application

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

New: _____ Renewal: _____

(Circle One) Adult / Family / Student / Senior

I agree to abide by the bylaws of the association and to maintain confidentiality in respect to all personal information of any member of the association.

Signature: _____ Date: _____

Please return to:
 4-1000 Notre Dame Ave. Winnipeg MB R3E 0N3

Membership Fees:

- Student \$15.00/year
- Senior \$20.00/year
- Adult \$25.00/year
- Family \$35.00/year

Why become a member of the Mood Disorders Association of Manitoba?

If you want to be part of an organization that is consumer driven and believes that everyone can help themselves in their own recovery, you should belong!

If you believe in the work MDAM is doing, show your support through membership.