

Hi, my name is Phebe, and I'm bipolar

Phebe Wolframe explains suicide attempts and hospital psych ward visits during her bout with depression to Kaela Stradiotto

At 20, Phebe Ann Wolframe's life is going pretty well. She's active and healthy, back in school, living on her own, and taking her meds. But it hasn't always been that way.

She was 16 when the doctors finally told her. After years of misunderstandings and misdiagnosis, the feelings of euphoria and invincibility that slipped into attempts at suicide finally had a name: bipolar disorder.

Also known as manic depression, bipolar is one of three basic types of depression: major or unipolar depression, the most common, dysthymia, a chronic depression, and bipolar, characterized by extreme mood swings.

In the depressive phase, the symptoms are the same as with other types of depression: feelings of worthlessness, more/less sleep, more/less appetite, loss of interest in activities previously enjoyed, decreased sex drive, loss of energy, avoiding other people, difficulty with concentration, and thoughts of death/suicide.

In the manic phase, the symptoms include being in an excessively elated mood, unreasonable optimism or poor judgment, hyperactivity, rapid speech, incoherency, decreased sleep, irritability, rapid shifts to rage/sadness and a short attention span.

Everyone gets happy and sad, but with depression, including bipolar, the feelings don't go away. A person's thinking, behaviour and functioning are all affected. Depression affects 121 million people worldwide, women twice as much as men, and is among the leading causes of disability.

Phebe was hospitalized before her diagnosis because of the extremity of her situation.

"I was slashing my wrists at that time and attempting suicide," says Phebe. "I was very rude and sarcastic. All the time I was either very up or very down, so they put me in the hospital and kept me under surveillance.... It's not like they can give you a blood test and say, 'Oh, you have bipolar.' It's a pattern of behaviour, partly personality, partly chemicals in your brain."

Phebe pauses and laughs wearily. "Their idea of therapy was colouring little people that said, 'I feel sad, it's ok to feel sad,' and I was like, 'Way to go, insult my intelligence.'"

Although she was scared, Phebe refers to her transfer to the psychiatric hospital as a blessing. "I spent my 16th birthday in the hospital. I got to see a real psychiatrist, who diagnosed me and put me on medication. It did get better for a little while. Everything is taken care of for you there, you're not allowed off the floor. So I didn't go

outside for the two weeks I was there, it was very strange. People would ask me 'what are you in for?'; like it was jail or something."

"It kind of took me over. I'm a lot more stable now with a lot less medication, and it's hard to let that label go. What I've come to learn though, and what I think is important for anyone with a psychiatric disorder to learn is that the label shouldn't rule you, it shouldn't be an excuse or a definition. They only use the label to try to medicate you or give you the right therapy, but it's not really that important."

Karen McGrath, president for the national board of directors of the Canadian Mental Health Association, is also worried about the labeling and stigma that people such as Phebe have to deal with. She wrote a letter to Prime Minister Paul Martin on Jan. 20.

"Any person with depression, schizophrenia, severe anxiety, bipolar disorder or any other mental illness should be free to deal with their issues as openly as persons suffering from cardiovascular disease, diabetes or any other chronic illness or condition," wrote McGrath.

"Research demonstrates that stigma all too often results in people not seeking treatment and support in a timely fashion. People with mental health problems are often stigmatized and discriminated against due to lack of knowledge, misinformation and fear on the part of the public."

This is exactly why we need to inform ourselves.

Phebe knows this all too well. "People will say to you, so why are you depressed? Sometimes you don't know. I didn't know. I'd think, I have a great life, people who love me, enough food... My grandparents said, 'Oh you just have to buckle down and smile even though it hurts.' They came from a generation that understood things differently."

According to the National Network for Mental Health, depression is caused by an equal combination of biological, social, and psychological factors such as stressful life events, biochemical imbalances in the brain, or having a family history of depression. Treatment should address all these factors for success. It seems to be a common understanding, however, that there is no one cause, and that this is a very complex disorder with no quick or easy fix.

These factors ring true for Phebe. Her involvement in her mother's struggle with cancer (she died when Phebe was 17) took its toll.

She ended up dropping out of school, gaining weight, and losing contact with friends.

"I basically dropped out of life for two years," Phebe explained.

After trying just about everything (at one point she was on 15 different medications, and she's gone through 10 different antidepressants in the past six years alone), it was finding the right person to talk to that helped.

"Counseling has been my saving grace. It's difficult sometimes to find the right person that seems to

understand you and genuinely wants to help you through your problems. I had a really good counselor, but it took me four others before I got to her. It's a perseverance thing."

Counseling helped Phebe work through her thought patterns and deal with what she refers to as "baggage."

As humans, states the Canadian Psychiatric Association (CPA), we tend to see things as "all or nothing," over-generalizing and laying blame. Being aware of how often and why these thoughts occur throughout the day is the first step to leaving them behind.

Phebe still struggles with her depression, and is currently taking an antidepressant commonly referred to as Remeron, as well as receiving counseling. She makes sure to emphasize the importance of developing a better system for dealing with youth and mental disorders in the years to come.

"I think [mental disorders] are becoming a lot more common, and there isn't a good system in place to deal with it."

Her other wish for the future is simple, something we take for granted.

"More than anything, I wish for happiness. You don't realize, unless you've gone through depression, how much leading a normal, relatively happy life means."

"I don't care about becoming rich or successful in any normal societal sense, I just want to be happy."

The World Health Organization (WHO) wants to help that wish come true for a lot more people, and has recently launched an initiative on depression in public health.

The overall objective is to reduce the impact of depression by closing the substantial "treatment gap" (fewer than 25 per cent of those affected have access to effective treatment) between available cost-effective treatments and the large number of people not receiving them, worldwide.

The ongoing research of this subject has brought up a few new ideas.

In July of 2003, National Institute of Mental Health (NIMH) researchers Dr. Avshalom Caspi and Dr. Terri Moffitt found a gene that more than doubles the risk of depression following life stresses. One version of the gene is the "long" or protective version. The second is the "short" or stress-sensitive version. You receive one of these genes from each of your parents.

Another recent study is being conducted by the NIMH and will span four years. The study is setting out to determine the safety and effectiveness of St. John's Wort, a common herbal supplement used to fight depression, and the standard antidepressant citalopram (better known by the brand name Celexa).

"There is high public interest in herbal remedies for depression," according to Stephen E. Straus, M.D., NCCAM Director. "Our intent is to study St. John's Wort for the



Phebe's battle with depression landed her in the hospital for her 16th birthday.

spectrum of depressive conditions for which the public considers its use. This new study is of considerable public health significance," he said.

Therapy is often a necessary component of treatment.

As for medication, there are different types of anti-depressants: Selective serotonin re-uptake inhibitors (SSRIs) are the most common. You probably would recognize these better as Prozac, Paxil, Zoloft and Luvox. The concern with these medications is that the FDA approved them after study trials that lasted only eight to 12 weeks. There are few studies that prove safety or effectiveness for more than a few months at a time, and, according to the American Psychological Association, doctors are often bribed by drug companies to sell their products.

The Canadian Psychiatric Association has found that dropout rates are 10 per cent for psychological therapies, and 25 to 30 per cent in drug therapy. Drugs tend to help short-term, to give that kick-start, but the psychological aspect seems to be essential for any long-term success.

There are lots of things one can do to keep afloat. Get out of bed, turn on some lights, talk with someone, limit caffeine and sugar, maintain a high-fibre diet, change routines, get up and move, listen to music, and seek out humour.

Nancy Buzzell, PhD, a psychologist at University of New Brunswick Counseling Services gives similar advice.

Buzzell found patterns emerging in the concerns of the students she was counseling, and decided it was time to do something about it.

"Depression was a big concern. It's something that happens, but it's not all that you are, it's not a lifelong sentence. You are more than

depression, you are bigger than depression, and that's where the name for the workshop, Standing up to Depression, came from. It creates an image," said Buzzell emphatically.

Depression can affect anyone, but coming to university, being in residence for the first time, being away from home for the first time, and the general need to adapt can be triggers to situational depression.

Anger, Buzzell warned, can also be a mask for depression.

"Anger and depression for women is often linked. This is not to say it isn't for men, but typically, if you want to generalize, when men are having a hard time they may internalize [the anger], but they will often act out. With women, because society often discourages their being angry, they don't have that outlet, so they internalize and become depressed. So I do a piece on anger, which is a healthy, normal emotion, it's not violence. It all depends how you act on it."

The big thing is not to ignore the feelings.

"How the first [depressive episode] is handled is very important. We also have students coming in who have been depressed for quite some time. Some are on medication, some aren't," explained Buzzell. "I think it's completely individual [in terms of treatment]. Whatever works."

Self-help groups, as mentioned before, are one of the things that Buzzell advocates. You can address a larger number of people, and the students get a lot from each other that they wouldn't necessarily get from a counselor.

Each session is an hour and a half, for four weeks. There will be a check-in and homework assignments. Students talk about what they've discovered, what they've learned, what they did well, and then there's

an activity that focuses on one aspect of depression, for example, negative thinking. "Negative thinking is like having this blanket, covering you, and everything looks gray," explained Buzzell. "So we tackle that feeling of hopelessness, and what to do when you feel yourself sliding into it. We want to look at the solutions rather than the problem. When you're in a bad mood and nothing seems to be going well, you begin looking for evidence to support that conclusion. Just imagine you have, on your bedside, two pairs of glasses. One pair is the depression glasses, and through these, everything looks bad. The other you put on and you can see maybe even just a few things that are good in your day, the alternative story. You can start training your mind to pay attention to when things are better."

"People with depression know everything there is to know about how bad it is. We want to focus on the solution," Buzzell said.

Some solutions are better than others. Take self-medicating for example. Drinking more, doing drugs, and being promiscuous can all be used by people suffering from depression to try to improve mood, or at least to make themselves numb to the pain.

"It's funny because some of these people will resist going on medication, but they're taking all kinds of other drugs," laughed Buzzell.

She sees depression as the opposite of expression.

When people in the group are encouraged to express themselves, emotionally, physically, spiritually, they can redefine their connection with something, something that is bigger than them. For some people it's church, or synagogue, or nature, the point is to access those resources that they've maybe cut off."

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