

On Target

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When Anxiety and Depression Come Home for the Holidays

by Lana E. Bailey M.S.,
Freedom From Fear

For some the holiday season brings two unwelcome visitors, anxiety and depression. These uninvited guests not only dampen the holiday season but can leave individuals feeling overwhelmed with the pressures of preparation and social expectations. Each of us experience this time of year differently, for some it conjures up visions of sugar plums dancing in our heads but for many it's a reminder of time gone by and losses in our lives. For those who have the latter experience you may be wondering "if this is the season to be jolly...why am I so depressed?" It's not surprising considering the emphasis Madison Avenue places on the holidays, which paints a Norman Rockwell setting. Anything short of this idealistic scene can cause us to question "How come my holidays are not filled with Kodak moments?"



Often this time of year serves as an unofficial bench mark of our accomplishments and disappointments for the last twelve months. This practice of measurement is a way in which we evaluate ourselves, "How many New Years resolutions have I kept?" and, how much of that notorious "to do" list did we accomplish? If individuals are not satisfied with their end of year outcomes, disillusionment and worthlessness can rear its ugly

head further contributing to the holiday blues cycle.

The entire season is stretched over a six week period and often our expectations of all we can get done during this time can be an unrealistic prospect. Setting attainable goals and incorporating time for relaxation during the holiday season can lessen anxieties. During these weeks our everyday commitments are still in play.

We must continue to make our deadlines, get the kids off to school and tend to our relationships in addition to our holiday tasks. If old Chris Kringle posed the question "what would you like this holiday season", many of us might be tempted to ask for the gift of more time in order to satisfy our everyday obligations in addition to our holiday commitments. Unfortunately, Santa does not have time wrapped in a box and last I checked Tiffany was out of stock.

Holidays are a nostalgic time, we tend to reminisce and reflect on celebrations gone by and loved ones who are no longer with us. Maybe we are unable to get home for the holidays due to financial constraints or our work commitments. How do we combat these feelings? What are we to do when anxiety and depression come home for the holidays?

I've reached out to my colleagues in

the mental health community who were very generous and provided us with a list of coping strategies for the holiday blues, which we have included in the pages to come. So please read on and most of all I hope you find their suggestions as enlightening as I have. In addition please feel free to share your thoughts and comments on this and all articles in our newsletter. We look forward to hearing from you. Have a safe and happy holiday.

Lana E. Bailey M.S. is a retired New York City Police Officer. She has a Bachelors of Arts in Forensic Psychology, a Masters of Science in Mental Health Counseling and is currently a therapist at Freedom From Fear.

In This Issue

**Tackling the Holiday Season
Hosting the Holidays.....pg.2**

**Response Prevention Therapy
Stories of Hope & Courage.....pg.3**

**Heaven Sent
Lasker Awardpg.4**

**Dinner with Aaron Beck
How to Combat Giving.....pg.5**

**Who's Watching... Anxious Kids?
Child... Problems.....pg.6**

**Area 25
Warning Signs for... Problems.....pg.7**

**Free Winter Lecture Series
Holiday Lecture.....Back Cover**

Tackling the Holiday Season

by Carol Sonnenblick, Ed.D.

Dean, Division of Continuing Education

New York City College of Technology

Chubby Santa's, twinkling lights, parties, the aroma of pies and cookies baking in the kitchen, champagne bubbles, family feasts and gifts piled high greet each year's holiday season. Holidays are happy times, right? Not necessarily. The advent of the holiday season is not always a time of joy. It is a time when we mourn those whose presence is missed. It is a time when frenzied activity adds to the burden of life's already hectic schedules. It is a time of excess—spending too much, eating too much and drinking too much. How can we put in the obligatory time with family which may prove toxic as old habits and unresolved issues resurface? How can we enjoy the holiday season when coping with our usual stressors requires us to use all of our inner resources? Here are some survival hints for making it through the holiday season with emotions in check.

- Develop a shopping list and spending plan. Resist impulse buying and extravagance. January bills that tax your wallet engender stress.
- Pace your activities. Accept invitations to those events that will not overburden your life and cause next day exhaustion. Feeling tired and frantic is not good for your physical and mental health.
- If food and drink are an issue—try moderation (more easily said than done—think January when you will want to undo the results of binge indulging).
- Choose parties and events you really care about, avoid day after day of obligatory activities.
- Set aside some time just for yourself—do something that you enjoy, makes you smile and reduces your sense of being on a treadmill.

- Choose someone you really care about and spend some quality time, even if it's only a quick lunch somewhere.
- Make plans for January and February to do something special—give yourself something to look forward to during the coldest, darkest winter months.
- Buy yourself a gift, something that you really want that no one else is going to get for you.
- Remember that there is no reason to expect that difficult relationships will have improved since last year—so why get aggravated.

Put the holiday into perspective—the excitement, the scenery, the parties, friends and family. Recognize that changes in routine can be stressful but that's just part of the season—enjoy and happy holidays.

“Remember that our expectations will create our reactions, and expectations are often too idealistic if guided by the hallmark holiday image”.

*Mark Sisti, Ph.D.
Board of Directors
Freedom From Fear*

“Have the Freedom to Change Traditions, Based on What Works and What no Longer Works”.

*Constance Salhany, Ph.D.
Director of Cognitive Behavioral Therapy
Freedom From Fear*

Hosting the Holiday's

Justine Pawlukewicz, Ph.D.

CASAC

Chairperson of the Human Services
Department

CUNY, NYC College of Technology.

My family needed more than just the presents and the meal to enjoy a holiday. We would get together and have an auction, where everyone brought low-priced items that are useful....a flashlight, bath soap, duct tape, an envelope with a dollar inside or lottery ticket and raffle off all the items. Each year folks knew to look for and stock up on items to donate for the game. The dollar store we found is also great for prizes.

Another game we played was having guests bring a \$5.00 wrapped gift. We all gathered at the table, with the gifts in the center. The youngest person started the game where they choose one of the wrapped gifts. And so on up until the oldest gets the last gift left. BUT, no one opens their gift until all the gifts have been chosen. (Sometimes we allowed a trade....just in case the little ones got shaving cream). In this game you have to have enough wrapped gifts as players. It's fun to all open up a gift at the same time and talk about what you got....or want to trade with someone.

Dancing...we put the tunes on and danced in the living room. Those who watched were the audience.

Cocktails....later in the day one of us would make non-alcoholic drinks in the blender as a special treat. Now it's a tradition and everyone asks what the drink special is for this year.

Movies...one year we all went to the movies after our early Christmas dinner. It wasn't crowded on Christmas Day. We then came home to finish off in keeping with the tradition of our non-alcoholic drink special.

Stories of Hope and Courage

Christopher Guardino, M.A.

Freedom From Fear

Would you work at a job where you were never paid? Where you never had a day off? Where there were no benefits, sick days or holidays? This is the question that I often pose to my clients who suffer from OCD. Their symptoms are often so time-consuming and repetitive that they do not allow for sufferers to enjoy other aspects of their lives.

James was a client who was referred to me through his job. He had mentioned how tiresome his rituals had become and his employers felt that perhaps he was depressed or very anxious. After I met with James and he met with a psychiatrist at Freedom From Fear, we determined that he was indeed depressed but that he also suffered from OCD. As part of his treatment protocol James began medication and started to meet weekly for cognitive therapy sessions.

After spending some time building a relationship with James, I thought it was important to emphasize to him just how time consuming and impairing his ritualizing had become. To establish a baseline of the time spent and the frequency of James' obsessions and compulsions I implemented the following plan. I asked him to do several homework assignments over the course of a few weeks.

The first was for James to record his obsessive thoughts and the subsequent compulsive behavior. To these behaviors he was to assign intensity and frequency ratings. He also began to compile a log of his feelings when forced to ritualize and repeat behaviors. Then James was to list some of the costs and the benefits of spending time ritualizing.

Although James had an extensive list of obsessions and compulsions, I knew this was an area where we could do a lot of work behaviorally using methods such as exposure and response prevention. At the same time I wanted to help James understand the inherent costs associated with OCD. He wrote, "I feel this behavior is trapping me and preventing me from enjoying things in my life such as vacations, shopping or even simple day trips. At times I feel afraid to even leave my house for fear of what may happen if I have not completed one of my rituals correctly."

The insight that James experienced during therapy allowed him to realize that the extensive costs associated with the ritualistic behaviors of OCD had become too overwhelming. They were depriving him of his enjoyment of life and ability to function at home or at work. This was a major breakthrough because previously James had rationalized that these thoughts and rituals were an acceptable part of his life. Through continued work with cognitive behavioral therapy and medication James was able to return to his job after a few months. More importantly James has more time to enjoy his family, friends and his passion for fishing.

Blog! Blog! Blog!

Blogging is a great way to relieve stress and to connect with others who have the same or similar issues. Come blog with us on our website at:

www.freedomfromfear.org.
Registration is Free!

What Is Exposure and Response Prevention Therapy For OCD?

Exposure and Response Prevention (ERP) therapy is an effective way to treat Obsessive-Compulsive Disorder (OCD). With ERP, the patient is repeatedly exposed to an obsession, such as a fear of contamination; the individual is then denied the ritual compulsive act, which in this case would be washing their hands.

ERP helps break the link between a person's obsessive thoughts and compulsive rituals. This process is repeated every day for several weeks or even months until the anxiety is reduced and the individual does not feel the need to perform the compulsive behavior in response to the obsessive thought.

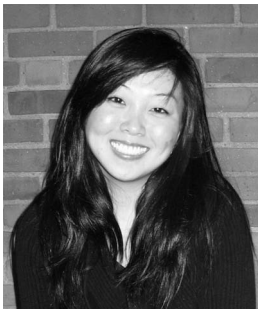
The mission of Freedom From Fear is to impact in a positive way, the lives of all those affected by anxiety, depression, and related disorders through education, research, and community support.

Heaven Sent?...

Jin Park, Graduate Intern
Freedom From Fear

Can God use the natural with the supernatural to help us treat and cope with mental illnesses?

My name is Jin and I'm currently a clinical intern here at Freedom From Fear finishing up a Masters degree in Counseling. The graduate program I'm a part of has an emphasis on



integrating faith and psychotherapy. As a person of faith, this has naturally created internal curiosity of how much God may use the different areas of psychology in bringing healing to our lives. Can He work through modern medicine? Can He work through secular therapists who may not necessarily be of the same faith or not believers at all? Can he and would he use other sources in addition to the spiritual? Allow me to share a story that may bring another perspective:

There was once a man who was stranded at sea. In his incredible faith he prayed and prayed to God to send him help. As he was waiting on God, a man on a boat came by and asked him if he needed help. The man said "Oh no, no, God is going to send some help." The man on the boat went away. A little while later, a rescue boat came by asking if the man needed assistance. The man replied again "No, no, my God is going to send me help." The rescue boat went away. Again, a little while later a helicopter was flying over and asked the man if he needed assistance. The man once again replied "No, it's okay. My God is going to send me help." The helicopter went on its way. The man continued to wait for some time but eventually couldn't hold on and drowned at sea. After he died and went to heaven he asked God, "God, how come you didn't help me when I was stranded at sea? I thought you were going to send me help to get out of my situation?" God replied "But I did send you help. First I sent the man on the boat. Then I sent the rescue boat. Then finally I sent the helicopter to you but you denied all of their help."...

So what's the moral of this story? It is my opinion that God does use things outside of the spiritual realm to help us. Not everything drops from the sky. Some of the more

conservative Christians in the past have been against psychology and medicine believing that God only works supernaturally. Some of the extremists might not even believe in mental illnesses and feel any mental offset has to be demonic. Others have gone as far as taking the position that psychology is oppositional to God. But personally I never saw it that way. Why can't God use psychology? Why can't God use modern medicine? All of it is to help us understand humanity better and to help suffering individuals. What better way to do this than to relieve their pain and to help them find productive lives for themselves and their families?

Don't get me wrong. I believe in supernatural healing but why make *everything* supernatural when it may not always be? I know popping a Tylenol when I have a headache does me wonders and I thank God for whoever calculated the chemistry of putting together a Tylenol pill. How about a heart transplant? What if there was a boy who was in immediate need of a new heart within a few days or else his life would end? Would you want to wait on God for him to supernaturally fix that damaged heart or take the opportunity of being on top of that heart transplant list and go through with the surgery? Maybe God sent that heart specifically for him THAT day? This may be an extreme example but in essence it's the same thing if we trap the power of God into a box. These are questions one should pose and reflect on. Why not give an anti-depressant a chance if it will aid someone in healing from their physical and emotional pain? There are plenty of people who can attest to the "miracle" of psychiatric medicine.

We do not know what God is secretly and mysteriously doing. Perhaps the things some of us question such as modern medicine are really *heaven sent*. Will we ever know for sure? Most likely not but I'd like to think God is not behind on our time and is up to date with how the world is moving. I'm going to take the chance and graciously accept the luxury of our modern medical systems that can help the mentally ill. Is this something you're willing to open yourself to if you haven't already done so? There's no coercion but something you might want to ponder...

This article was written as a subjective piece from my personal perspective without formal empirical data. We at Freedom From Fear always welcome thoughts, opinions, and or questions. Please feel free to contact us with any of the above. Thank you~

Lasker Award

By Lawrence K. Altman

The psychiatrist who upset Freudian dogma in the 1960's by developing cognitive therapy is one of five winners of this year's Lasker Awards, widely considered the nation's most prestigious medical prizes.

The awards, announced yesterday by the Albert and Mary Lasker Foundation, are also going to four scientists who made important discoveries about aging and cancer. Mary Lasker created the awards in 1946 as a birthday gift to her husband, Albert, in hopes of curing cancer in 10 years. Each award carries a \$100,000 prize.

The psychiatrist, Dr. Aaron T. Beck, 85, of the University of Pennsylvania, won the Lasker clinical research award. Dr. Beck's technique, cognitive therapy, transformed the treatment of depression and many other mental health conditions.

Cognitive therapy "is one of the most important advances — if not the most important advance — in the treatment of mental diseases in the last 50 years," said Dr. Joseph L. Goldstein, the chairman of the Lasker jury.

The therapy is a counseling technique in which patients learn to head off or defuse self-defeating thoughts before acting on them. Dr. Beck and his students showed that cognitive therapy can reverse serious mental illnesses in weekly sessions over two or three months.

In making those advances, Dr. Beck set a new standard for determining the effectiveness of any type of psychotherapy, the Lasker jury said, by testing his radical new methods in clinical studies with a degree of rigor not previously applied to any form of talk therapy, including Freudian psychoanalysis. Dr. Beck published much of his work in his own journal, *Cognitive Therapy and Research*, in part because other psychiatrists resisted, if not rejected, his findings.

Dr. Beck understood the reluctance. In a letter in *The New York Times* on March 6, 1983, he wrote that he empathized with his critics. He said that in the late 1950's his research had "set out to prove that anger turned against the self played a central role in depression," but to his surprise it "ultimately refuted this hypothesis."

This is a reprint from an article by Mary Guardino in 2003. In view of Dr. Beck's recent prestigious awards, On Target felt readers may enjoy an article about the man, behind the genius.

Dinner with Aaron Beck

Eating dinner for most of us is a routine act that occurs with daily frequency. The dinner experience can often be boring and tiresome, particularly if you hate cooking... and you're the cook. However, sometimes the dining experience can be an exciting event we look forward to with great anticipation. Usually this will be the case when we will dine with an interesting partner or at a special celebration.

On October 9th, I had the great experience and privilege of dining with Aaron Beck M.D., "Father of Cognitive Therapy", icon of the mental health world and gentleman extraordinaire. I must be honest, it was not a quiet intimate dinner where I had the opportunity to captivate this genius and learn from his 60 plus years of tackling the challenges of physical pain and his achievements in understanding human emotions. I had to share him with 182 guests at Freedom From Fear's Caring Connections Awards dinner where Dr. Beck received FFF'S Scientific Achievement Award. However, I had the honor of sitting next to him.

Although there were so many things I wanted to ask Dr. Beck, to reduce my anxiety I decided to use a "cognitive" approach and concentrate on learning two main things. First, why did Dr. Beck become so interested in dedicating a life time to studying diseases of the mind, and why does he always wear a bow tie? These two items made sense to me. What motivates men who have the genius of Dr. Beck, and why do they choose a particular style of dress? I guess the last one comes from my remembering Albert Einstein and his sneakers.

Dr. Beck was charming, amusing and continuously patient and engaging with the multitude of dinner guest who wanted autographs, books signed, pictures taken

or just a minute to say thank you to the man who changed for the positive the lives of millions who suffer from mental illnesses. Naturally, there was so much continuous activity around Dr. Beck that I realized I had to move quickly to get my questions answered. After the appetizer and before another person moved in, I got my first question in. Why did you get involved, Dr. Beck with mental illness? The answer astonished me and it was not one I expected.

"When I was a child I was in the hospital for eight weeks. After that I was sensitized to hospitals and the smell of ether. I felt faint when I was in anyway faced with the thoughts of hospitals. It took me 15 years to over come this fear. My own experience with an anxiety disorder led me to want to help others and to take on the challenges of the mind and the experience of what can result from a person's thinking patterns. I became fascinated with this phenomenon."

After this revelation, I was dumbfounded. My God he is just like millions of others; he suffered from an anxiety disorder. What was even more impressive to me was that this winner of a multitude of awards for his ground breaking research, this prolific author, professor of psychiatry, humanitarian and an individual of remarkable achievement, was not embarrassed to share his own experience with his anxiety disorder with me. That is destigmatization at its finest. I was so impressed and so fascinated with Dr. Beck's important revelation that I completely forgot about the bow tie. Oh well, bow ties are not as important as destigmatizing mental illnesses. This is what my life is all about.



How to Combat Gift Giving Anxiety

Marty Garfinkle, Ph.D.

*Member of the Board of Directors of
Freedom From Fear*

"What if My Boss Doesn't Like Her Grab Bag Gift?"

"What if My Kid's Think I Skimped on Their Presents?"

"What if My Wife Isn't Happy with Her Gift?"

Sounds Like Gift Giving Anxiety!

- Keep Sentimentality in Mind When Making Your Gift Choices, Create Something that is Meaningful and will warm the Recipient's Heart for Years to Come.
- Make Gift Choices that are Useful and Have Mileage (Avoid Giving Gifts that will be Discarded and Forgotten within a Few Weeks).
- Give the Greatest Gift, One Self. Keep in Mind there is no Gift More Precious than the Gift of Ones Time.
- Lastly, do Not over Spend which Can Lead to the Blues in January when the Credit Card Payments are due from the Holiday Spending.

Can you please place us on your holiday gift giving list? We need your support to continue our work.

All donations over \$50 will receive a free gift. Donations are all tax deductible and can be mailed to Freedom From Fear or you can donate through www.freedomfromfear.org by clicking on Help the Cause – Donate.

Who's Watching Out For The Depressed and Anxious Kids?

Mary Guardino

Founder/Executive Director of Freedom From Fear

Anne Marie Albano, Ph.D. is the Director and Associate Professor of Clinical Psychology in Psychiatry, at Columbia University Clinic for Anxiety and Related Disorders. She is also a researcher, a clinician, an author, a teacher and an advocate for those of all ages who suffer from mental illnesses. She is a woman who works passionately and tirelessly for her beliefs. She is also a dear friend of mine. What I like so much about Anne Marie is not her prestigious résumé, which is awesome, but her bubbly Italian personality. Also, the pride she feels about living her early life in Staten Island, a place where I lived for 30 years and the home of Freedom From Fear.

Anne Marie's research focuses on anxious and depressed children. She understands how serious these behaviors can be and how they interfere with a young person's ability to reach their full potential. She has learned from her research that early intervention is extremely important. Last year when Anne Marie called and asked, "How are you doing Mary? How's Staten Island?" I knew she had a plan for something. Indeed she did and I was pleased to help her. In fact, I was thrilled because I knew her efforts always result in helping children.

Both of us know the seriousness of mental health issues in young people. The National Institute of Mental Health has documented that 1 in 10 young people have such severe emotional problems that treatment

is necessary. Unfortunately, most of those who are in need of help do not get treatment. This can be a primary reason for school problems, early onset of alcohol or drug use and school drop outs. There has also been research to indicate that untreated emotional problems can lead to childhood and teen pregnancy, as well as suicide.

This fall Dr. Albano, with the support of Freedom From Fear, will start a program she calls Emotion Management Training for middle school youth. The goal of the program is to identify those children who have symptoms of anxiety or depression. These children will then be placed (with parental consent) in a 12 session program which focus's on alleviating these symptoms. One group of students will receive training in specific skills for managing emotions in a healthy proactive way. The second group of students will be placed in a psychoeducational supportive program. Both groups of students will be randomly assigned. There will be a three month follow up and reevaluation of each student in the program to learn if the intervention has reduced or eliminated their symptoms of anxiety or depression.

Included in the different types of skills that the participants will learn are relaxation techniques, which can be used when they feel anxious. In addition the students will receive education about the nature of feelings and the different ways anxiety and depression can affect behavior as well as physical states. Students will also learn problem solving skills to address their concerns about developing and initiating action plans to deal with their anxiety and depression.

Dr. Albano is hoping that this pilot project will lead to additional research projects that she is developing for

anxious and depressed children and adolescents. Her long term goal is to identify the techniques that are most effective in helping these individuals and eventually training teachers and other school personnel in how they can appropriately use these tools in a school setting. Freedom From Fear will keep you posted on this very interesting and innovative project.

Childhood and Adolescent Mental Health Problems: The Importance of Early Intervention

Anne Marie Albano, Ph.D.

Director and Associate Professor of Clinical Psychology in Psychiatry, Columbia University Clinic for Anxiety and Related Disorders

Research indicates that more than 20% of children will suffer an episode of depression by the end of puberty and over 20% of youths will meet criteria for an anxiety disorder at any given time. In addition, youths with depression will also meet criteria for a co-occurring anxiety disorder. Adolescent girls appear to be more vulnerable than boys to both anxiety and depression. Given that early anxiety predicts later depression, and that early or initial onset of either disorder portends continuation of mental illness into adulthood, intervening early in the course of internalizing disorders, particularly when symptoms are at subsyndromal levels, may provide the best chance for protecting a child from long term mental health problems.

For More Information on Child and Adolescent Mental Health

- American Academy of Child and Adolescent Psychiatry (www.aacap.org)
- American Psychiatric Foundation (www.psychfoundation.org)
- National Institute of Mental Health (www.nimh.nih.gov)

Area 25: Can It Turn Off Depression?

Mary Guardino

Founder/Executive Director of Freedom From Fear

Depression is a serious medical illness that affects more than 19 million Americans each year. Depression is painful physically and emotionally and greatly debilitates those who suffer with this illness. For those who get depression, at least half will have a relapse within two years and the rates of relapse is even higher after the second bout. Statistics also confirm that as many as 20 percent of depressed individuals will not respond to standard treatments such as drugs, psychotherapy or even shock treatment. For these people life can be a living hell. Many live in catatonic states because their depression is so severe.

Deanna Cole-Benjamin was one such person that available treatments offered little relief from her depression. In fact she was so severely ill that she spent 85 percent of her life over a three year period in a psychiatric hospital. Even about 100 sessions of electroconvulsive therapy were unable to lift her depression.

Finally in the spring of 2004, Deanna was offered the opportunity to participate in an experimental research procedure for people with treatment resistant depression. The operation would use a procedure called deep brain stimulation, or D.B.S. which involves implanting pacemaker style electrodes near the brain's center in an area called Area 25. Interest in the brain's Area 25 has been the work of Helen Mayberg, MD, professor of psychiatry and neurology at Emory University School of Medicine for many years.

Using Pet scans Mayberg found that in depressed patient's Area 25 was very busy or very overactive. She scanned non depressed people as well and did not observe this type of brain activity.

Warning Signs for Mental Health Problems in Teens

- Marked Change in School Performance, Sleeping and/or Eating Habits
- Inability to Cope With Problems and Daily Activities
- Many Physical Complaints
- Sexual Acting Out
- Depression Shown by Sustained, Prolonged Negative Mood and Attitude, Often Accompanied by Poor Appetite, Difficulty Sleeping or Thoughts of Death
- Abuse of Alcohol and/or Drugs
- Intense Fear of Becoming Obese With no Relationship to Actual Body Weight, Purging Food or Restricting Eating
- Persistent Nightmares
- Threats of Self-Harm or Harm to Others
- Self-Injury or Self-Destructive Behavior
- Frequent Outbursts of Anger or Aggression
- Threats to Run Away
- Aggressive or Non-Aggressive Consistent Violation of Rights of Others, Opposition to Authority, Truancy, Thefts or Vandalism
- Strange Thoughts, Beliefs, Feelings, or Unusual Behaviors

However, when she asked them to think sad thoughts and they began to cry, hyperactivity began in Area 25 with depressed frontal activity in their brains. When their sadness passed, Area 25 calmed down and the frontal area revived. This long term research conducted by Mayberg convinced her that Area 25 played a key role in depression.

Deanna was one of 12 patients who submitted to the experimental operation which involved implanting electrodes near Area 25 and sending a steady stream of low voltage from a pacemaker in the chest. The procedure had been done already in thousands of people with Parkinson's. However, Deanna was told that it had risks as well as no guarantee for any success and that it was brain surgery. Knowing the risk, she was willing to take the chance.

Deanna was one of 8 patients out of 12 who had a positive result from the operation with very little side effects. What was extremely significant was that

their depression was completely lifted. Their lives returned to normal. They regained the pleasures of life again.

Although this small study seems promising for future studies focusing on Area 25, much more research is necessary to confirm any definitive evidence about this type of brain surgery for the treatment of resistant depression. It is false to think that a cure for depression is close. However, what is noteworthy is that Mayberg's work, which speculates that Area 25 is a conductor of depressive thoughts and feelings, opens new areas of scientific research. Indeed the mind is a mysterious organ that controls our emotional systems in a way that has yet to be completely defined. Hopefully, Area 25 may offer some answers.

*Visit our website for mental health friendly gifts –
www.freedomfromfear.org.*

FREE WINTER LECTURE SERIES

Ask the Doctor:

Thursday, January 4, 2007
Speaker: Eric Peselow, MD

Thursday, January 18, 2007
Speaker: Cabilia Williams, MD

Thursday, February 1, 2007
Speaker: Joel Tricarico, MD

Thursday, February 15th, 2007
Speaker: Constance Salhany, Ph.D.

This Lecture Series Will Provide Attendees an Opportunity to Discuss Issues of Interest.

“Education is the only instrument of production not subject to diminishing returns.”

TIME: 7:30 PM

PLACE: Freedom From Fear, 308 Seaview Avenue

For More Information:
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HOLIDAY LECTURE

When Anxiety and
Depression Come Home for
the Holidays

Thursday, December 7,
2006
Speaker: Lana E. Bailey, M.S.

TIME: 7:30 PM
PLACE: Freedom From
Fear, 308 Seaview Avenue
For More Information:
718-351-1717 Ext. 19

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