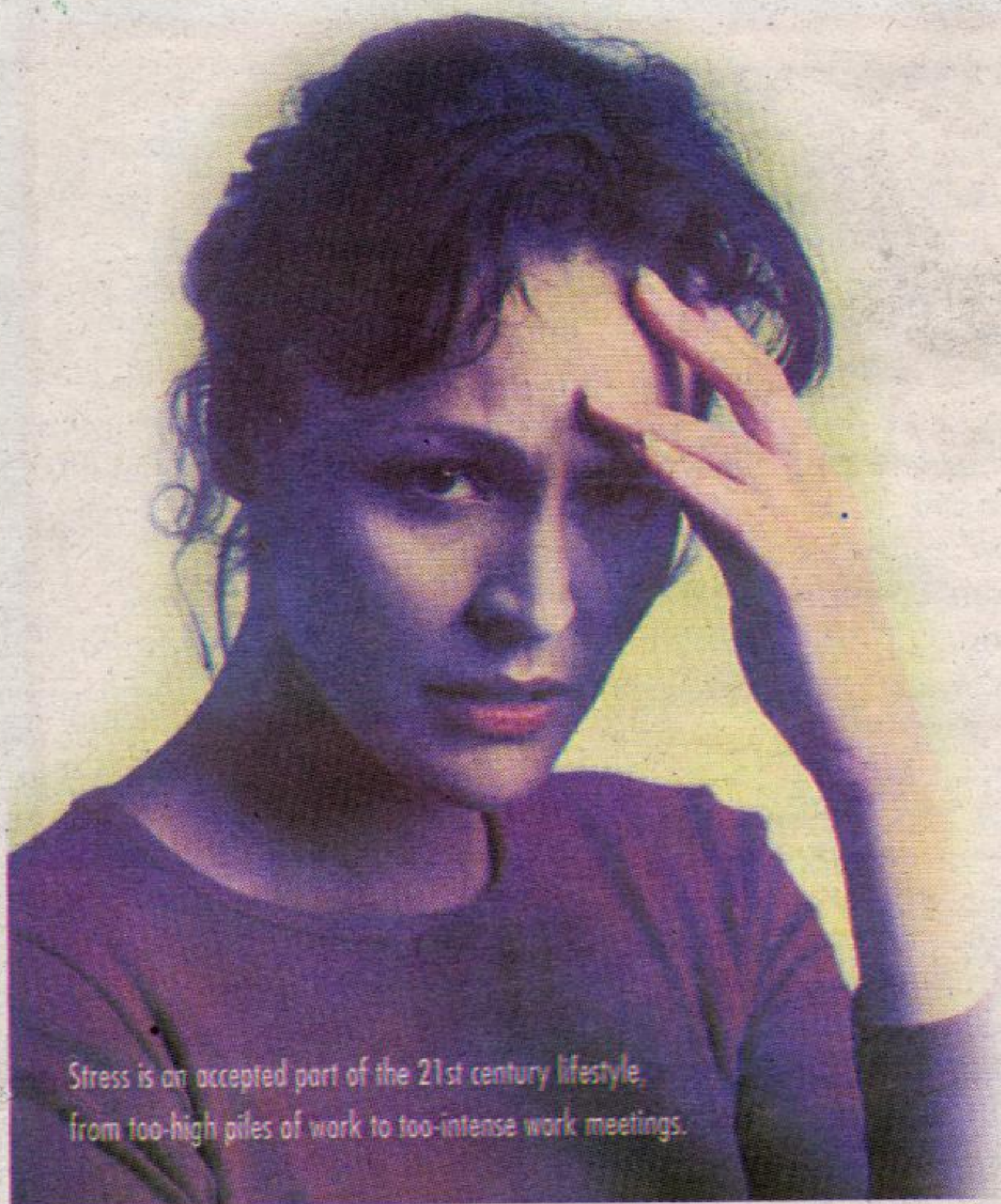


STRESSED OUT?

Take time to breathe

by ELLEN ASHTON-HAISTE



Stress is an accepted part of the 21st century lifestyle, from too-high piles of work to too-intense work meetings.

We live in stressful times – times that “are a-changin’” faster than Bob Dylan ever dreamed when he wrote those famous lyrics.

In fact, the last decade has seen more change than in all previously recorded time and the next 10 years may make those look like slow motion, says Toronto stress and relaxation guru Eli Bay. “Never before has mankind had to deal with this level of change.”

All this takes its toll on the body, Bay maintains.

In the beginning, some 3,000 years ago as man crawled out of the cave, the body was designed to kick into high gear with the “fight or flight” response to any perceived change in the environment, which usually constituted a threat.

Today it still reacts to change with that response, ramping up the adrenalin and releasing a host of chemicals that impact on the body in a variety of ways. And, with change now a constant element of the 21st-century lifestyle, the impact of those responses is creating a litany of chronic diseases that can be directly attributed to stress.

Bay, who founded the Relaxation Response Institute in 1978 where he teaches a set of breathing, muscle relaxing and mind focusing skills to counteract the body’s automatic stress reactions, says he regularly gets clients complaining of ailments from headaches and sleeping problems to high blood pressure and cholesterol and even asthma.

But, he says, these conditions can be controlled and even eliminated by learning to relax.

He cites the case of a retired professor who came to a workshop suffering from high blood pressure, diabetes and an irregular heartbeat. The professor stated from the outset that he was highly suspicious of Bay’s program but he persevered and after just two weeks his blood pressure had dropped to normal.

“I see that with regularity,” Bay says.

By the fourth week, the man’s blood sugar levels had dropped from a high 14.8 to a more normal range of 6.5 and his irregular heartbeat was under control. The improvements were still being maintained 18 months later.

Bay welcomes skeptics to his workshops, challenging them to try his approach and judge the results for themselves. “I want people to approach it with a critical attitude,” he says. “You don’t have to believe it. Just do it.”

In fact, his success rate is so good that he offers a money-back guarantee. While he has had to make good on that a few times – “some people are just not open to it and others have a lot invested in suffering” – he says it’s been a rare occurrence in more than two decades.

Participants in Bay’s 20-hour workshops (\$525 and \$375 for seniors) learn a variety of relaxation techniques but he says anyone can learn to relax themselves. There are various techniques from meditation to visualization but one of the simplest methods is controlling the breathing.

“If you breathe as if you are relaxed you will become relaxed,” he says. That involves deep breathing from the diaphragm rather than the shallow breathing from the upper lungs – the way most adults breathe and which becomes more pronounced with anxiety or anger.

Breathing changes automatically in response to emotional changes so people must first

be aware of how they are breathing and then retrain themselves to switch to the diaphragmatic breathing that promotes relaxation.

“Once you learn to do it, you can do it anywhere – on the golf course or while walking the dog,” he says.

Bay is quick to admit that he’s not a doctor, although many doctors refer patients to him, and he says he has been as amazed by the healthful results of his program as anyone.

Nevertheless, those results have won him a long list of fans and a plethora of testimonials over the years from corporations like IBM and CIBC to the Canadian Space Agency, tipped to his program by an astronaut who had experienced it and which now includes the relaxation exercises as part of the training.

Those who can’t attend his workshops have access to his techniques via his tapes and CDs. Anyone interested in learning more can also visit his website at elibay.com

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by LINDA PRUESSEN

The truth about

DEPRESSION

The numbers are mind-boggling. At some point in life, one out of every five people will suffer from a depressive disorder, making them second only to coronary artery disease as a cause of death and disability. They play a role in 54 per cent of all suicides, and yet half of the cases are never properly diagnosed. And despite recent advances in understanding and treatment, there are still plenty of people who feel that depression is something that can be “shrugged off” or “gotten over.”

If this sounds like bad news, it is. But these days, experts in the field also have a few reasons to smile. After decades of being misunderstood and mistreated, depressive disorders are finally being taken seriously as true medical conditions. So what’s changed?

“First of all, research has clarified what depression truly is,” says Dr. Virginia Edwards, a Toronto psychiatrist specializing in the treatment of depression, and the author of *Depression and Bipolar Disorders*. “We now have a much better definition of who fits a diagnosis of depression and who does not. Secondly, science has made us much more aware of the neuro-function of the brain. We know that there are often chemical rather than situational causes for depression, and that there are certain people who are predisposed to depressive illnesses. Finally, we are also aware that depression can be treated with drugs that are safe to take.”

These drugs – Prozac, Paxil, Zoloft, Ativan and Xanax, to name just a few – may offer an important clue as to why the stigma surrounding depression is slowly but surely disappearing. Turn on the television on any given night, and you’ll likely see commercials advising you to “talk to your doctor” if you’re feeling low, stressed or anxious. Watch closely and you’ll notice that the advertiser is a drug company. The treatment of depression has become a big business, and in order to sell product, a heightened level awareness is necessary.

All of these factors have combined to create a more open, accepting atmosphere for the treatment of depressive disorders, which can range from melancholia, psychotic depression and dsythymia, to seasonal affective disorder, schizophrenia

and bipolar disorder, among others.

“These days, doctors are much more aware of depression as a possible underlying cause of other conditions,” says Edwards. “And, in general, people are not as reluctant to talk to their family doctors about depression.” She points out that general practitioners are now well-versed in the differences between the normal “blues” that everyone gets from time to time and a true depression, which lasts longer and has more severe consequences in terms of sleep, appetite and energy levels.

These improvements in knowledge and communication have had a positive impact. Although the increased awareness may make it seem as though depression is everywhere, the type of cases treated may be changing for the better, says Edwards. “We don’t see the severe depressions that we used to, where someone who was completely flat emotionally would come in and need to be hospitalized and treated with electroconvulsive therapy.

“The way we work it out these days is to treat the initial depressive episode very thoroughly,” she continues. “Once the patient is in full remission – no symptoms, fully functioning – we gradually taper off the treatment. Then we watch. If there’s a second episode, even as distant as a year or two later, we might advise going back on medication. At that point, we’d think of the depression as a long-term condition and treat it as such.”

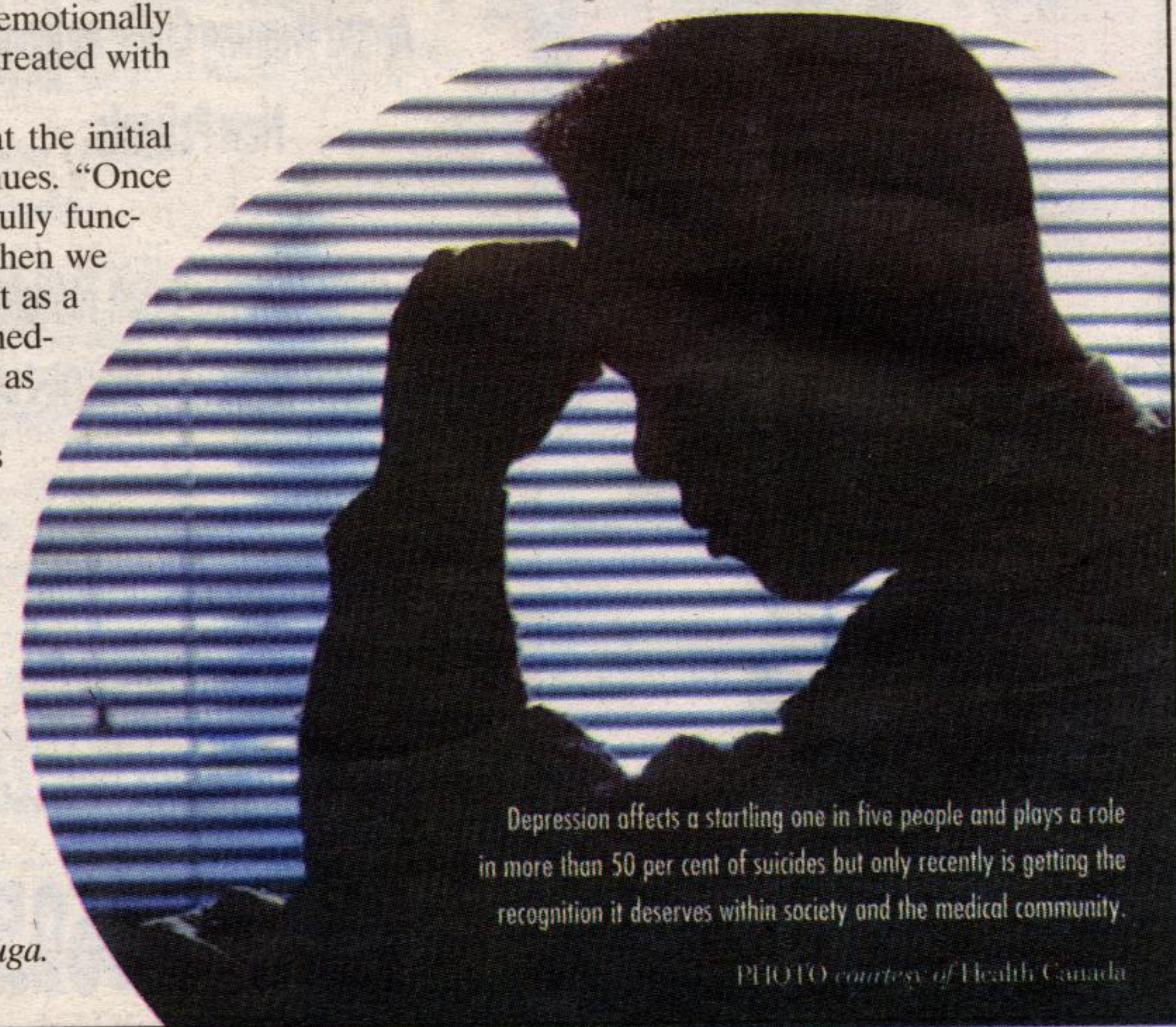
Advancements in treatment options aside, this is still a very real possibility for anyone suffering from a depressive disorder. Depression, says Edwards, is not something that’s easily “cured.”

“The response rate to the initial medication is still only 60 to 70 per cent. Although the choices are going to get broader as more drugs are developed, treatment still involves a great deal of fiddling around – a higher dose of a drug from the same family, a new drug from another family, a new combination of drugs.”

And while the treatment of depression has definitely shifted away from psychology and toward medicine, Edwards is quick to point out that therapy does play a key role.

“Part of the shift is due to economics,” she says, explaining that medication can work quickly compared to the often long process of therapy. “But studies have shown that treatment is most effective when it combines medicine and therapy. Drugs alone aren’t always effective, and psychology alone isn’t either, but taken together, the results are much better.”

For more information about depressive disorders, contact the Canadian Mental Health Association at 416-484-7750, or visit its website at cmha.ca.



Depression affects a startling one in five people and plays a role in more than 50 per cent of suicides but only recently is getting the recognition it deserves within society and the medical community.

PHOTO courtesy of Health Canada

Linda Pruessen is a freelance writer and editor based in Mississauga.