

INTERVIEWS WITH: PATRICK KENNEDY, ALASTAIR CAMPBELL,
TRISHA GODDARD, LORA INMAN, JENNIFER HENTZ MOYER,
BOB BOORSTIN, CLIFF RICHEY, AND GREG MONTGOMERY



BACK FROM THE BRINK

“What Works”
Research Excerpt

true stories &
practical help
for overcoming
depression &
bipolar disorder

GRAEME COWAN

FOREWORD BY **GLENN CLOSE**

AFTERWORD BY **ALLEN DOEDERLEIN**

Why 4000 People Can't Be Wrong When it Comes to Depression and Bipolar

Your FREE Excerpt from Graeme Cowan's 'Back From The Brink':
True Stories & Practical Help for Overcoming Depression & Bipolar Disorder

Testimonials

"This is a brave book that will certainly help remove stigma, and provides real hope and practical help."

*Tony Blair
Former Prime Minister of the United Kingdom*

"Depression is deeply personal and intense in a way that others may find difficult to comprehend. That's why individual stories are crucial if we are to educate and combat public stigma. Back from the Brink does just that."

*Geoffrey Gallop
DPhil, Professor and Director of the Graduate School of Government
at the University of Sydney and former Premier of Western Australia*

"Depression and bipolar disorder are serious illnesses, but they can be safely and effectively treated. The incredible personal stories in Cowan's book show that people suffering from these illnesses are not alone, and that recovery is possible. The practical advice contained in this book will provide a path to recovery, as well as hope that a fulfilling life is within everyone's reach."

*C. Edward Coffey
MD, Vice President of Henry Ford Health System; CEO of Behavioral Health Services;
and Kathleen and Earl Ward Chair of Psychiatry, Henry Ford Hospital*

"Back from the Brink is an extraordinary collection of interviews with famous and not-so-famous individuals who have lived through the experience of depression and bipolar disorder. It provides invaluable insights and practical advice. It also sends the message, 'You are not alone,' to anyone struggling with mental illness, and reminds families and friends how much a difference their support can make in the journey toward recovery."

*Michael J. Fitzpatrick
MSW, Executive Director at NAMI (National Alliance on Mental Illness)*

"Too many books about depression and bipolar disorder share only one person's thoughts and journey in dealing with one of these disorders. But in Back from the Brink, Graeme Cowan provides insightful and heartfelt interviews with eight others who've made the journey and come out the better for it. Cowan's engaging interview style and thoughtful questions make it easy to take away inspiration and hope from the book. Friends, family, and anyone who's grappled with depression or bipolar disorder will appreciate the worth of Cowan's valuable contribution."

*John M. Grohol
PsyD, Founder of psychcentral.com, the leading online mental health network,
and co-author of Self-Help That Works*

"Powerful personal testimonies from those of us who have experienced mental health problems can inspire as well as shift public perceptions. As we know from anti-stigma work at Time to Change, personal disclosure can dissolve stereotypes and support recovery. This amazing book really puts people in the driving seat of their own recovery and is helpful, hopeful, and empowering."

*Sue Baker
Director of Time to Change*

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About Graeme Cowan

Graeme Cowan is an author, survivor of depression, and mental health advocate. He has guided, taught, and inspired countless people through his books, keynote presentations, and media appearances. He helps people to build their resilience and mental fitness to thrive through change. In 2000 he went through a 5 year episode of depression that his psychiatrist described as the worst he had ever treated.

His free report *The Elephant in the Boardroom: getting mentally fit for work* (<http://www.GraemeCowan.com.au/elephant>), examines the scale of, and solutions to, harmful stress in the workplace.

He also helped to create R U OK? Day (<http://www.ruokday.com.au>) and is currently a Director.

In his early career Graeme worked in senior leadership positions with Johnson & Johnson, Pfizer, and AT Kearney.

www.GraemeCowan.com.au

www.IamBackFromTheBrink.com

www.Goodreads.com/graemecowan

www.Linkedin.com/in/graemecowan1

www.Facebook.com/BackFromTheBrink

Graeme Cowan's book *Back From The Brink*, brings you true stories from well-known and everyday people, and practical help for overcoming depression and bipolar disorder.

Touching, moving and often surprising, the stories in *Back From The Brink* are living proof that you too can overcome depression, using the tools and resources provided in the book.



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Introduction

You may feel that your depression is worse than other people's or that no one understands the depth of your darkness and agitation. I know I did. I urge you to listen to the voices and lessons in this book with an open mind. You owe it to yourself and to your loved ones. It's okay to be sceptical, but don't be cynical.

This book is structured in three parts:

- **Information on depression and various treatments.**
Chapter 1 describes the different types of depression, offers a self-test for depression, and discusses the latest scientific evidence regarding the most effective treatments.
- **First hand interviews.**
Chapters 2 through 9 contain inspiring interviews of both high-profile and everyday people who have overcome depression. They are:
 - Patrick Kennedy – former US Representative
 - Tricia Goddard – TV Talk Show Host
 - Alastair Campbell – Chief Adviser to Former UK Prime Minister Tony Blair
 - Lora Innman – A Journey from Depression to Mental Health Advocacy
 - Bob Boorstin – Former Director of Public Policy at Google

- Cliff Richey – Former Top-Ranked Tennis Player
- Jennifer Hentz Moyer – A Path Out of Postpartum Psychosis and Depression
- Greg Montgomery – Former NFL Player With the Houston Oilers and Baltimore Ravens
- I am in awe of these people, who have shared so honestly about some of their most vulnerable times, and I think you will be as well.
- **Advice gleaned from 4,064 fellow travellers.**
I’ve surveyed many people who live with mood disorders and asked them to rate the treatment strategies that worked best for them. The findings are covered in chapter 11, *Depression Treatments That Really Work*, and then synthesized into practical advice. This chapter includes practical advice and, in some cases, unconventional steps that can help you take control of your recovery.

Albert Einstein said, “Nothing happens unless something is moved” (2011, 482). If some advice resonates, it’s important to take action. As you read forward, keep these three points in mind (I’ll expand on them at the end of chapter 11):

- **Think in one-week chunks, making specific plans for each day and being sure to include pleasant activities.**
- **Set moderate goals.**
- **Celebrate progress—and be gentle with yourself.**

Above all, listen and evaluate, then act. This isn’t an academic book. It’s a guide from and for fellow travellers. Just as a good travel book can enhance a foreign experience, this book has brought me immense benefits as I’ve listened to the authentic voices and advice of others - people who have been through something similar to my own experience. I hope you find the book similarly beneficial.

One final note: In the course of making hundreds of presentations on depression, I’ve found that an incredibly important way to assist and influence those who are suffering is to build the knowledge and resilience of their trusted loved ones. This book can also serve as a guide for family members and friends, so you might consider asking your loved ones to read it as well.

Depression Treatments that Work

(Chapter 11)

I believe that depression recovery research is too narrowly focused. The allocation of research funds is heavily biased toward areas where more money can be made, such as pharmaceuticals and counselling, with minimal attention to lifestyle and alternative approaches. In this chapter, I'll reveal what 4,064 people with mood disorders say what worked best for them and then outline an effective recovery plan.

Limitations of Current Research

At last count, Googling “depression” yields links to about 230 million pages, and Googling both “depression” and “treatments” turns up about 50 million pages. How on earth do you know where to start and what to believe?

In chapter 1, I tried to succinctly summarize the latest scientific research on the causes of depression and “evidence-based” treatments, based on the model used by Australia's Black Dog Institute. Most primary physicians recommend antidepressants, psychological counselling, or both. Yet despite huge increases in spending to treat depression, the World Health Organization (2001) reports that it's the most disabling illness in the West today, and that by 2020 it will be the second-most-disabling illness in the world. Why isn't the research into treating mood disorders producing better outcomes? Are researchers missing something?

David Freedman's book *Wrong: Why Experts Keep Failing Us—And How to Know When Not to Trust Them* (2010) highlights some surprising facts. It reveals the distorted ways in which some experts come up with advice and why the most heavily flawed conclusions often get the most attention—all the more so in the online era. Freedman draws heavily on the work of John Ioannidis, a professor of medicine and director of the Stanford Prevention Research Center at Stanford University School of Medicine.

After sifting through hundreds of peer-reviewed medical studies published in highly respected journals, Ioannidis found that 66 percent were later proven to be wrong or had exaggerated results (Ioannidis 2005). The reasons for this are complex, so I encourage you to read Freedman's book or Ioannidis's article to learn more, but in brief, Freedman argues that we put too much faith in studies that purport to show more than they do. Studies, even the gold standard of research—random, double-blind, controlled studies—often have significant flaws that can and do lead us down the wrong path. And even though these flaws are known, they remain remarkably common. Freedman also highlights that both the way research is funded and the publication system sometimes lead scientists to push the boundaries about their claims.

I don't raise this issue to discredit scientists and mental health researchers. My wife, Karen Canfell, has a PhD from Oxford University and by any standards would be considered a global expert in her area of public health, though she is far too modest to claim this. I know how long and hard she works to ensure the rigor and validity of her work, and I've also seen her go to extreme lengths to avoid conflict of interest and research bias. Unfortunately, a few researchers are not so rigorous, especially when there are conflicts of interest, as there often are in studies relating to pharmaceutical research findings, for example. Yet even if all research findings were correct, the persistence of the problem of depression underscores the question of whether researchers are missing something.

As I know all too well from my own experience, when people are depressed, they're ill-equipped to sort through mountains of often seemingly contradictory evidence regarding treatment effectiveness. You simply can't try all of the treatments that are advocated. And quite frankly, most depressed people struggle to simply get through the day. So who do you believe?

To further complicate the situation, doctors and counsellors can be less than helpful when asked about the role of "alternative" treatments. Proponents of one approach often dismiss the benefits of others. For that matter, psychologists sometimes dismiss the role of medications, and psychiatrists underplay or don't even mention the benefits of psychological interventions, much less family support or exercise. They rely on the tools they're familiar with. Unfortunately, if you're holding a hammer, everything looks like a nail.

Going to the Source

Because of these limitations, I believe we need to develop a more holistic perspective to help guide decisions about treating depression and integrating medical and lifestyle approaches. When I started my first book, the Australian version of *Back from the Brink*, I decided to do some research of my own. I conducted a survey of people who had battled depression and bipolar disorder and asked them what had worked best for them. Based on the 250 people who completed the survey, the eleven most effective strategies, starting with the most helpful, were as follows:

- Exercise
- Support of family and friends
- Counselling and therapy
- Fulfilling work
- Relaxation and meditation
- Nutrition
- Avoiding alcohol and drugs
- Prescription medications
- Support groups
- Religious and spiritual beliefs
- Contributing to a charity

As I was preparing to write this book, I decided that I'd do another survey, this time on a much larger scale. I wanted to explore even more factors, so I asked respondents to rate individual medications and specific psychological interventions. This approach wasn't intended to provide a definitive answer about which treatments are best; rather, the purpose was to establish broad themes to explore in a whole-person approach. The wording for the survey was adapted from a previous study and research paper by Professor Gordon Parker of the Black Dog Institute.

I asked respondents to rate the treatments they had tried and how much each had contributed to their recovery. (The options were very effective, moderately effective, slightly effective, not effective, stopped before effectiveness could be judged, and didn't try.) The following table shows the percentage of people who rated a treatment very effective or moderately effective among those who tried that approach. Of the 4,064 people who completed the survey, 79.5 percent were from the United States and 70.4 percent were female. The number of respondents who tried each treatment is shown in parentheses.

Effectiveness of Depression Treatments

TREATMENT	Rated very or moderately effective
Psychiatrist - reassurance and support provided - questions regarding the specific treatments are asked separately (2,265)	64.3%
Psychologist - reassurance and support provided - questions regarding the specific treatments are asked separately (2,095)	60.8%
Support group and/or peer support (1,616)	59.3%
Vigorous exercise - the equivalent of running for 30 minutes 4-6 days per week (1,309)	58.3%
Other psychotherapy - involving a process whereby the therapist helps you explore and resolve issues related to past experiences and/or your personality style (1,727)	58.3%
Fulfilling work - paid or voluntary (2,190)	57.6%
Moderate exercise - the equivalent of walking for 30 minutes 4–6 days per week (2,129)	57.1%
Counselling - not about exploring unresolved themes; a practical process, in which the counselor may take an educational approach, and involves you and the counselor discussing strategies for dealing better with day-to-day life (2,096)	57.1%
Emotional support from family and friends (2,533)	56.8%
A good night's sleep (2,617)	56.5%
Cognitive behavior therapy (CBT)—focuses on changing negative thought patterns and usually involves doing structured homework tasks (1,642)	56.3%
ECT—electroconvulsive therapy or shock therapy (230)	56.1%
Reducing your intake of alcohol and other non-prescription drugs (1,682)	54.2%
Belief in God/spirituality/religion (2,099)	54.0%

Mindfulness-based cognitive therapy (MBCT), which includes simple breathing meditations and yoga stretches to help participants be more aware of the present and exercises from cognitive therapy that show links between thinking and feeling (1,170)	53.2%
Interpersonal/relationship psychotherapy (IPT), which focuses on improving interpersonal skills, conflict resolution, and relating to others generally (1,162)	52.8%
Acceptance and commitment therapy (ACT), one of the recent mindfulness-based therapies that combines Western psychology with Eastern philosophies (364)	52.7%
Hobbies, such as gardening, pets, hobbies, or music (2,406)	51.2%
Massage (1,301)	49.8%
Yoga/meditation (1,320)	49.3%
Being able to let go of unrealistic goals (1,860)	47.7%
Quetiapine, brand name Seroquel (897)	47.6%
Relaxation (2,160)	44.6%
Good nutrition - a diet high in fruit and vegetables and lean protein, and low in saturated fats and processed sugars (2,047)	43.8%
Aripiprazole, brand name Abilify (695)	43.2%
Venlafaxine, brand name Effexor (1,171)	41.7%
Duloxetine, brand name Cymbalta (681)	40.8%
Bupropion, brand name Wellbutrin, Zyban, or Aplenzin (1,319)	40.8%
Keeping a gratitude journal to record what you are grateful for on a regular basis (1,036)	39.8%
Acupuncture (417)	38.9%
Olanzapine, brand name Zyprexa (474)	37.6%
Fluoxetine, brand name Prozac (1,255)	37.4%
Risperidone, brand name Risperdal (539)	34.5%
Tranlycypromine, brand name Parnate (89)	34.4%

Themes

The results demonstrate that no one treatment is clearly superior, and that to recover as quickly as possible, it's a good idea to consider a multipronged approach. Five major themes emerged:

- Emotional support or compassion
- Psychological treatments
- Lifestyle strategies
- Fulfilling work
- Prescription medication

Emotional Support

Emotional support, reassurance, and compassion from psychiatrists, psychologists, support groups, and family and friends dominate the top ten most effective strategies. These results emphasize what social creatures we are and how we crave empathy and connection. It's fascinating that the emotional support and reassurance psychiatrists and psychologists provide is judged to be more important than their treatments. This supports the scientific literature indicating that the quality of the relationship between clinician and patient is the best predictor of a successful outcome (Martin et al. 2005). I know that during my horrendous five-year depressive episode, the reassurance and support of my psychiatrist, Dr. Fisher, was paramount. Even though I remained depressed after trying twenty-three different medications, I never blamed him or questioned his competence.

This finding highlights the importance of having a good relationship with your clinician. If you don't, or if you don't feel confident about the clinician's treatment plan, find someone else to work with. How technically brilliant your doctor or therapist is doesn't really matter if you don't have strong rapport and trust.

Psychological Treatments

Other psychological treatments, including psychoanalysis, counseling, cognitive behavioral therapy, mindfulness-based cognitive therapy, interpersonal therapy, acceptance and commitment therapy, and letting go of unrealistic goals were all rated highly. For more details on many of these therapeutic approaches, review chapter 1.

Lifestyle Strategies

Exercise, whether vigorous or moderate, was rated as very effective. Other highly rated lifestyle approaches include getting a good night's sleep, being able to relax, doing meditation or yoga, engaging in hobbies, getting massages, and reducing intake of alcohol and recreational drugs.

Fulfilling Work

It is fascinating that fulfilling work is rated more highly than cognitive behavioral therapy, which is often considered a highly effective depression treatment. Having worked in recruitment, outplacement, and career management for fifteen years, I experienced firsthand how few people work in roles that allow them to use their strengths and feel they're doing something meaningful. The Gallup Organization found that only 20 percent of employees give a strong yes to "Do you like what you do each day?" (Rath and Harter 2010). They further found that people with high career well-being were more than twice as likely to be thriving in their life overall.

I experienced personally the benefits of doing voluntary work in my own recovery. My voluntary work involved placing discouraged people (new migrants or people rehabilitating from physical or mental illness) into volunteer positions with charities. I saw how the work lifted their self-esteem and confidence. What expertise do most mental health professionals have in providing career advice?

Prescription Medications

Most people who see their primary physicians because of depressive symptoms are prescribed antidepressants. However, the results of my survey indicate that relying on medication as a sole strategy to overcome depression is unwise. While medication can play an invaluable role in recovery from depression, its curative properties have been heavily oversold. One frustration with medication is that a certain drug can be highly effective for one person but ineffective or even harmful for another. This stresses the importance of working with a doctor who's highly experienced in successfully treating mood disorders.

Using These Results

After listening to 4,064 fellow travellers, I identified four key issues people with depression need to consider:

- **How to build a network that provides more compassion and emotional support**
- **How to access great mental health professionals**
- **How to find fulfilling work**
- **How to incorporate exercise and other health-supporting behaviors into daily life**

Creating a Recovery Plan That Works

For those of us who live with a predisposition to depression, inertia is the greatest enemy. When you're depressed, it seems perfectly natural to believe that nothing will help. I know that was true for me. Furthermore, I didn't even ask for help because I was ashamed to admit that I wasn't coping. This feeling is common, especially for men, who have often been socialized to be problem solvers and self-sufficient. Every week, I hear from women who are

desperately trying to get their husband, boyfriend, brother, or father to admit he has a problem and needs help.

What I learned after five episodes of major depression (unfortunately, I seem to be a very slow learner) is that taking action is essential to recovery. As highlighted earlier, there's rarely a single silver bullet. When starting the journey toward recovery, a multistrategy approach is wisest because you can't know which treatments will be most effective for you. To encapsulate the four key issues outlined above, I created the acronym CARE. It will help you come up with an approach that covers all of the bases in effective self-care:

C	Compassion and building emotional support
A	Accessing great mental health experts
R	Revitalizing work
E	Exercising daily

Chapter 11 of *Back From The Brink* goes on to provide you with a step-by-step practical guide to putting together **a recovery plan that works**. Discover how to integrate the depression-busting principles of **C.A.R.E:** Compassion, Access to Experts, Revitalising Work and Exercise, including:

- **Creating a recovery plan that works**
 - Assessing your mood
- **Compassion and emotional support**
 - How to tell your loved ones about depression or bipolar
 - What if you don't have a loved one you can call on?
 - Would a support group be beneficial? How do you choose one?
 - Should you tell your boss? What should you say?
- **Access to experts**
 - How do you find a mental health savvy Primary Care Physician (General Practitioner)?
 - How do you prepare for a visit?
 - How do you assess if your psychologist and/or psychiatrist are helpful?
- **Revitalizing work**
 - Why work is so essential to your mental health?
 - How do you know what work is right for you?
 - How to find out your top 5 work strengths (out of 34)?

- **Exercise**
 - How to exercise when you don't feel like it?
- **How do you plan your week to ensure it incorporates all C.A.R.E elements?**
 - ...and More

If you can relate to the experience of depression as endured by those interviewed in *Back From the Brink*, you may find the strength, hope and optimism to take action and get better. Filled with practical advice and trusted, handpicked resources, *Back From The Brink* helps you to do this, turning the collective experience of over 4,000 people with depression or bipolar disorder into practical advice you can act on to help you build the holistic treatment plan that's right for you.

[BACK FROM THE BRINK](#)
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Suppliers

Don't suffer for a minute longer - secure your copy of *Back From The Brink* from [Amazon](#) or [Barnes & Noble](#) NOW and take charge of depression once and for all.

