# munity Life

# CHAT ROOM



## Educational alternative works at Maxey

magine living in a room the size of a small closet with only the barest of essentials. At night, your door is locked and you have restricted access to the outside world. Where does this take place? In the maximum security area at the Maxey Training School par Ann Arbor.

area at the Maxey Training School near Ann Arbor. This is but one picture that remains in my mind after visiting the facility last summer. Another brighter one is the young man to whom the room was home, sharing with me his pleasure in having been accepted as a student at the University of Michigan in Ann Arbor.

the University of international actions of the Arbor. With help from Donna Whitehead, educational director, he had a scholar-ship and a chance to make a new life for himself. Life was looking promis-ing and he had a beautiful smile as we spoke. In a few weeks, he would be released to begin his journey to suc-cess.

released to begin mis journey to and cess. As a member of the special educa-tion advisory committee, I have learned from Craig Sparks, of the Family Independence Agency, about the need for this type of educational alternative. There are several youths from Farmington at the Maxey Center. They are involved with the business of rehabilitating their young lives. Because of their ages, their names

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After seeing her two children off to he bus by 7:45 most mornings foo, she switches on her lamp and reads the paper. While this ritual is likely replicated countless times over in many Farmington households, Megan's situation is decidedly differ-ent.

In many termination is decidedly differ-ent. The lamp she switches on is her life-line, nearly as essential to her as air and water. Megan (not her real name) suffers a depressive illness called sea-sonal affective disorder, known as SAD. The lamp she uses is a special-ized lighting unit which may alter the flow of chemicals in her brain. "I think I have always feit more depressed as the fall set in," ahe admite. A 32-year-old native Michigan-der, Megan blames the disorder for the loss of her job two years ago. "My kids were four and six at the time. I could barely get out of bed in the morning. I had a great doycare sit-uation, but by October, my job was on the line becauss I missed so much time."

the line because I missed so much time." For more years than ahe can remem-ber, Megan recounts feeling profoundly fatigued, even lethargie as days grew shorter cach fall. Her quality of sleep at night was poor. She lost her ability to concentrate, and every task related to and says she became pessimistic her physician, a psychiatrist was rec-ommended. Titied several antidepressant med-ications, and though they worked to some extent, I was still very fragile. I tried holistic remedies, but nothing made me feel better. I just wanted to through electroshock therapy, but I said no way." In September, 1997, Megan's psychi-atize tecommended light therapy via a specialized hamp. The results are noth-



### DOCTORS USE HIGH INTENSITY LIGHTING TO DISPEL THE WINTER BLUES

#### BY KATHLEEN O'DONOHUE, SPECIAL WRITER

Ingshort of phenomenal. "I try to get 30 minutes (light expo-sure) in each morning, and sometimes, if 1 have a chance, TI sit with the lamp in the evening. It has turned my life rested. I lost some of the extra 20 pounds I carried the last several years. My mood is much better, I feel hope-ful account in the try of the several years.

ful." According to Dr. Cecelia Astorga, a Bingham Farms paychiatrist, seasonal affectivo disorder is not new. It affects those who live in geographic areas where winters aro long and dark. It is a true clinical depression, with one sig-nificant foature distinguishing it from other types of major depressive disor-ders: There is a temporal relationship

between the onset of symptoms and the season it occurs. There must be docu-mentation regarding occurrence every season at that time."

ILELEN FURCEAN / STARY ARTIST

mentation regarding occurrence every season at that time." Astorga describes one of her patients, a 60-year-old woman with a longstand-ing history of clinical depression. The doctor noticed marked improvement in the patient's clinical status whenever sho returned from visiting family in Arizona. "My prescription to her is to spend the fall and winter in Arizona with her family. When sho returns to Michigan in spring, there will be more sunlight. "This has changed the patient's life. This is changed the patient's life. This is woman, once so' severoly depressed she couldn't get out of bed each day, now functions normally."

Farminaton Observer

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Obviously all SAD sufferers cainof move to a sunnier region. For thom, light therapy, also called "photothera-py" is one option. Astorga explains that the lamp attempts "to simulate-the intensity of light outside. Indoor light is not intense enough." Several dezen companies in North America offer lighting units for SAD. Northern Light Technologies, of Moo-treal, Canada, provides a desk-type imam unit clight rotentologies, of Moo-treal, Canada, provides a desk-type imam unit for under \$250 dubbed the "Statellite." It provides 10,000 Lux (ä unit which measures light intensity) compared to indoor light which ranges from 200 to 700 Lux. On a sunny day outdoor light levels may range from 2,000 to over 10,000 Lux. Side effects that may occur with phototherapy include headaches, eye irritation or sunburn.

sunburn. By gradually increasing lamp uso, these problems can be minimized. Broad spectrum bulbs which fit into any incandescent light fiture are also available through some companies. While expensive, these bulbs last say-oral years. Some practitioner bulb

While espensive, these bulbs last siver oral years. Some practitioners believe as many as 90 porcent of patients who use blio tohrarpy will be successful in decreds-ing depressive symptoms. Studies esti-mate that SAD has a higher incidence the further north from the equator one is. In Florida, less than 1 percent of the population has SAD, while in Alsaka as many as 10 percent may suffer win-ter blues. The majority of sufferers, as many as 70 percent may suffer win-ter blues. The majority of sufferers, as many as 70 percent are women. How does light therapy work? For a prescribed amount of time each day, the SAD sufferer sits in front of the lamp, allowing light to enter the syss. "In depression," Astorga says, "there is a lack of neurotransmitter, specifi-cally serutonin, in the brain. The light, after ontoring the eyo, undergoes a process whereby certain receptors are stimulated to produce more serotonin." According to Astorga, "Suide rates are high in Scandinavian countries, Plense see LIGHT THERAPY, EU

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