

2 Finding My Mind

Ruth White

PROLOGUE

SUNDAY, AUGUST 18, 1990, 3:30 A.M.

I now know that when everyone was telling me I was crazy I really was very unbalanced. I knew it then—at least I felt it then and I was terrified. The reality of mental “illness (?)” was too much for me.

At the time I wrote this I was 26 years old and struggling with the knowledge that I was “different.” And although some of this difference related, I felt, to my giftedness, I knew that the way I moved in the world was problematic. I was not in control of my emotions, and I worked hard to control what people saw in me—and also what they did not see in me. In the 15 years that followed, I suffered a variety of depressions and manic episodes, all documented in my various journals. I tried to make sense of my behavior, but I would not seek help, even as I worked in a variety of mental health settings. Often, I would use the *DSM-IV* to self-diagnose, but I treated it more like a game than my life. I became diagnosed with adult ADHD, accompanied by depressions. As hard as this was for me to accept, I ultimately learned that manic depression was the more accurate diagnosis. In my mind, for much of my life the *DSM-IV* did not apply to me. It was for the mentally ill, and I was NOT mentally ill, despite matching all the symptoms for bipolar disorder.

The only consistent pieces of evidence for my mental health problems were my performance reviews at work. Spanning group homes, research institutes, and academia, I was always described as inconsistent, with bursts of creativity and excellence and then flakiness and lack of productivity—reflecting both mania and depression. I searched for order and consistency and tried to escape from feeling “haunted” and restless much of the time. I treated my mania with hours upon hours of dancing, night after night. It took the edge off. Unlike many people with manic depression, I did not use drugs or alcohol to self-medicate because, more than anything else, I hated feeling out of control. I already felt that way, and I was going to hold on to any bit of control that I had. It took many years before I lost all control.



The author, in London, her birthplace (2006)

NOVEMBER 10, 2005

So I am here at Fairfax Hospital. What the @#\$ happened to my life?!
I'm taking my 1200 mg of lithium at night with my 20 mg of Prozac in
the morning and still have to be babysat to be safe. Two nights ago I put
a knife to my wrist as my daughter slept. It's like my brain is trying to
destroy my body. I think of suicide all the time.*

INTRODUCTION

The following is the story of 3 years of my life. These 3 years could probably be clinically constructed as one long episode of manic depression with various degrees of severity. These years are marked by two crises, but throughout this time period, I struggled almost constantly with regulating my moods, with taking medication, and with achieving my new identity as someone who is mentally ill. I also ended a long-term relationship, began life as a single parent, got a promotion, and then later lost it. This 3-year period has recently ended with an unprecedented “run” of stability and a newfound resolve to let others know about my life and my illness.

Prior to the period I describe here, my worst episode had been a year-long experience with the hell of postpartum depression that lasted from mid-1997 to late 1998. I functioned in a dark cloud, but I never sought help. I had a reputation for coping with anything and everything, and although it was clear to anyone who knew me that I was not coping very well, I soldiered on in denial.

But that denial probably led to the severe episodes I describe in this chapter, because the longer manic depression goes untreated, the more severe and more frequent the episodes are likely to become. This was definitely my pattern.

I have been keeping a journal since age 14, and almost 30 years later, I still record my feelings, thoughts, and the random daily goings on of my life. This chapter is interspersed with excerpts from my journal (written in italics) that illustrate my experiences much more viscerally than hindsight ever could.

DIAGNOSIS, CRASH, AND REDIAGNOSIS

APRIL 25, 2003

A week ago I received a tentative diagnosis of ADHD. It's been a challenge to accept it. . . . I went to see a therapist because I really wasn't feeling good emotionally. I'd been having a lot of anxiety with marked periods of depression. I felt like I was on fast forward in my brain. I couldn't focus, I was not sleeping and I felt emotionally out of control.

At that point in my life my official diagnosis was attention-deficit/hyperactivity disorder (ADHD) with significant depression. For a year I had not been able to get rid of the depression, and I had refused to take medication for either condition. Instead, I visited my therapist weekly, exercised almost daily, tried stress-reduction techniques, and even attempted yoga. I did not want to be medicated, because for me it meant that my life was out of my control—and it meant admitting that I was mentally ill. I also did not like the idea of having a somewhat “trendy” diagnosis of adult ADHD. At the same time, my high energy, distractibility, talkativeness, and so forth all made ADHD a strong possibility, especially given my struggle with these symptoms from early childhood.

Although the ADHD diagnosis did make sense to me, I thought it was a bit embarrassing to be part of the fastest growing diagnosis in the United States. I was prescribed Ritalin, and although I did not want to take it, I was desperate, so I took it as prescribed. Yet my second dose made my heart race and my hands tremble, and I thought I was going to die. No more Ritalin. Lots of therapy kept me from going over the edge.

THURSDAY, MAY 9, 2003

So the last week has been hard. I always feel like I'm on the verge of tears but I have nothing to cry about. I really feel like I'm going crazy. . . . I don't want meds for all the typical reasons but I would really like to have my brain do what I want it to and to be able to not bounce off the walls so much (or to feel as if I'm going to explode if I don't). What's hard is to

feel like I've been holding it together for all these years and now I can't. About 13 years ago I wrote in my journal that I felt as if I was held together by tiny strings and I guess they all just broke...but there has got to be a way to deal other than taking medication I keep thinking.

FRIDAY, MAY 16, 2003 (LATE THURSDAY NIGHT)

Sleep is not going to come easy tonight. I am tortured by my thoughts. Stuck on the theme of death. My death. I want to be dead. I think about all the ways I could die without [my daughter] feeling abandoned and lost. I think about my parents blaming themselves. And [my partner] too. And the shame. And the drama. I won't do it but it's all I can think about. I've had three crying spells this evening. Triggered by nothing but overwhelming sadness. And thoughts that are dark and shameful... I feel like checking myself into a hospital. I really do. But then everyone will know my dirty secret: the overachiever with the "great" life who cannot handle daily living.

MONDAY, MAY 19, 2003 12:40 A.M.

Well what a weekend. My mood was all over the place. Great therapy session on Friday. Saturday I was an emotional mess. Deep depression. Thoughts of suicide. Lots of crying. No energy. Stayed in bed much of the day. Thought that if I spent another day like that I'd have myself admitted to hospital. I wanted to die. It was horrible.

WEDNESDAY, MAY 21, 2003

Went to an ADD support group tonight. It was the most amazing feeling. First, I was very uncomfortable with being in a group full of "sick" people. Even though I don't consider ADHD a "sickness." But I felt strange being in a support group. But at 8:30 P.M. when the meeting was over it was fabulous. To meet all those people who were like me. It was very "normalizing."

I was identifying with the ADHD diagnosis at this time. In fact, at almost any point in my life, I would have been easily classified as a classic case of ADHD. My childhood teachers often had no idea what to do with me. I was a brilliant student—somewhat of a child prodigy, who had reached sixth grade when I was 8 years old. I also disrupted the class, could not keep still, talked constantly, and was easily bored. People jokingly diagnosed me with ADHD all the time. As I grew into my adolescence in Canada, my mother would say that if I had spent my childhood in Canada (instead of Jamaica), I would have been prescribed Ritalin. Perhaps I do have ADHD, given that many people with manic depression also have comorbid ADHD.

From spring 2003 through the following winter, I spent the year in frequent contact with my therapist, trying hard to avoid taking the medications my psychiatrist strongly recommended. I tried yoga and ran up to 6 miles per day. I was still functionally depressed, however, thoughts of death ever near, with an external affect of someone hopped up on cocaine—clear evidence of the mixed-state form of manic depression in which one is both manic and depressed at the same time. But that was not yet the diagnosis.

FEBRUARY 4, 2004

Three days ago I got diagnosed with bipolar disorder I. It's an interesting story. I'd been on a manic run since December: 4 research proposals, 2 abstracts, 2 papers and 1 book review; all on different topics. I wasn't sleeping or running and I was feeling like I was going to "crash." So I called my psychotherapist and asked to see him as soon as possible. I fell apart in his office because I told him I was scared of being depressed since [my partner] left. Anyway, I decided on "no drugs" but weekly sessions.

I had been worried that I had no one to pick up the slack if I got depressed, and so I tried very hard to keep it all together for my daughter's sake. Then came THE CRASH.

How could this be happening? I sat on the floor of my home office, crying hysterically, one of my closest friends talking me down from near psychosis. I had called her to say that I had locked myself in the office because I had a very strong urge to smother my 6-year-old with a pillow and then kill myself. My only child (whose father lived in another city) had been sleeping in my bed, and I actually had the pillow in my hand when a moment of clarity made me run out of the room.

Afraid of being one of those "monsters" who does the unspeakable, I overcame the shame of owning those thoughts—and saved my life and that of my daughter by making that call. I suddenly understood how it happens that seemingly normal mothers kill their children, because I had almost become one of them.

I was still dealing with the ADHD diagnosis, but this episode was beyond what people with ADHD were likely to experience, and I knew enough to realize this. I was terrified. I no longer knew who I was.

My girlfriend, to whom I had made the call, suggested that I call 911. Yet we both knew that this would mean that my daughter would be removed from my care, given that I would be in a hospital and that I was the primary caregiver, with her father hundreds of miles away. I could not take that chance, so my friend promised to stay on the phone all night with me if she had to and that she would call 911 if we disconnected. Eventually, I gave her a break and called

my daughter's aunt, who put herself on call to get on the next flight if needed. After I got my emotions under control, I fell asleep exhausted in the guest room, still afraid to go near my child in case my urges took control of me instead of the other way around.

The next morning, barely holding myself together with the strength of motherhood, I took my daughter to school. Afterward I drove directly to my therapist's office, where I fell apart: shaking, suicidal, and bawling my eyes out.

I was diagnosed with manic depression (my preferred term for bipolar disorder). The misdiagnosis could be explained by the fact that although my depression was acknowledged, my mania had been misinterpreted as hyperactivity and attention deficit. The cyclical nature of my emotions and the suicidal/homicidal urges were clues that ADHD was not the culprit for my behavior. Instead, I was a classic case of bipolar disorder, type I. I felt like a failure as a mother and as a person, especially when I was told that for the next few days, I would be hospitalized unless I had someone to stay with me or unless I had somewhere to go where someone could be responsible for taking care of my child's daily life. I was scared, ashamed, disappointed, confused, and lonely. Intellectually I knew that this was not my fault, that I had nothing to be ashamed of, but intellectual and emotional knowledge can be two different things.

Although I had been called "crazy" all of my life, the actual diagnosis of madness was more than I could accept. It was difficult, too, for many of those same friends who used to call me crazy to accept this new diagnosis. They questioned whether I was not simply stressed out from the many changes that had been going on in my life: a new job, a new city, my partner's move, and my new single-motherhood status. Ironically, some of my friends thought that I was just being overmedicalized and overmedicated. That angered me because I was the type of person who did not even keep aspirin in her home; I had received herbs and had minimal medical intervention even during my labor and delivery. For my friends to think that I was basically being emotionally lazy hurt me deeply. I knew that if I had called to say that I had cancer, the response would have been significantly different. I would have received empathy instead of being challenged on the validity of my diagnosis.

I also understood that the change in diagnosis from ADHD to manic depression made them question the accuracy of my diagnosis, causing them to wonder whether I was just a victim of "big pharma." I explained the difficulty in making accurate diagnoses of a disorder that goes in cycles. Difficult as it was, I also admitted to them how long I had been dealing with the symptoms of mental illness and the relief I felt at finally having a name for whatever it was that I was dealing with. I was not simply "crazy" anymore, I was mentally ill. It was validating, and yet it challenged the very core of my identity.

Things had been building for some time, clearly. With only me as my child's parent, there was no one to pick up the slack when things were falling apart.

And they were. My performance at work was sliding. I was going to bed at 2 A.M., my brain going in many different directions at once. I had difficulty focusing, I was talking all the time (and fast), I was forgetting to pick up my daughter or her playmate from one event or another, and I was going off on tangents during lectures, not being able to find my way back.

As a professor in social work, I knew there was something wrong, but I was in denial. I did not want to be mentally ill. Being hypomanic in this culture gets one lots of praise for productivity and creativity. I wrote articles on different topics and did the same with presentations. Instead of being the narrowly focused academic, I had ideas about everything, ideas that came hard and fast. I felt as though I was on a bicycle with the pedals going faster than my legs could go, as my body could never seem to catch up to my brain.

Finally, at that point I was ready and willing to take whatever medication was going to be needed to get me out of my misery. The clonazepam I got from the psych nurse made me so wobbly I had to tell my students I was on medications so they would not think I was drunk.

I had coped with being hypomanic (with intermittent depressions) for 25 years, but the longer my manic depression went undiagnosed and the more cycles I went through, the more frequent the cycling became, and the more severe the symptoms were. I was at that age at which undiagnosed manic depression begins to take its toll on the brain. My diagnosis was officially bipolar disorder I, mixed states, severe. Severe. That stuck with me. What did it mean for my life that I was severely mentally ill?

COPING

I did not know what to do about taking care of my daughter. I lived thousands of miles away from my family and close friends. I had only been in the Pacific Northwest for a short time and barely knew anyone. My daughter's father had moved us here for a fantastic career opportunity from which he later got laid off. Hating the Pacific Northwest, he returned to Northern California. I did not want to call him. How could I tell him what I had been thinking of doing? Would he take our daughter to live with him? Would he think me an unfit mother?

So I called the one person I knew beyond passing conversation: Kristen, the mother of my daughter's best friend in class. I told her that I needed somewhere to stay and had nowhere else to go. With open arms she took my daughter and me in, for as long as needed, which turned out to be only for a few days. It could not have been easy for her to have us there: a scared and confused child with a mother near the brink of madness undergoing the unpredictable journey that is "finding the right chemical cocktail" to bring her back to normal. My daughter's

aunt soon arrived from Northern California to take over caring for my household as I got used to my new prescription regimen and slowly recovered from being put through the emotional wringer.

During all this, I never missed a day of work. It gave me something to look forward to, some sense of normality. Normality was my experience of it, but that was not true for my students, several of whom went to my superiors with complaints that my teaching had taken a dive: I was disorganized, behind in grading, and going off on tangents during my lectures.

I explained my shaking hands and wobbly gait (side effects of lithium and Klonopin) to my students by simply saying I was taking some medication. I wanted to say more but did not know how. I was comfortable that my students would know the truth, but I was scared that I would be seen as more than the absent-minded professor I already had the reputation of being. I also did not know how it would play with my colleagues. So I stayed hidden. In the closet. Like my sexuality. Being with a man meant I was perceived as straight, and yet I identified as queer because of my relationships with women. I felt like a fraud.

And yet the thought of ruining the image of “doing it all” kept me from telling anyone. As I noted before, when I did tell my friends, they did not want to accept the diagnosis because in their minds a highly accomplished woman did not suddenly get a diagnosis of mental illness. They questioned the diagnosis and my willingness to accept it. A graduate of McGill and Berkeley did not fit their image of mentally ill, even though many of them had thought me “crazy” for many years.

My colleagues and my peers did not know of my mental health advantage: mania. I would simply smile when asked how I did all that I did while parenting a child alone. What was I to answer—that it’s my mania? I shared a floor in my university building with many psychologists. One day one of them commented that if he did not know better, he would think I was manic. I admitted that I was. That led to a good conversation, and then to many more, in which we explored current treatments and how I was doing. I was playing with my medications, as I knew that my love of the rush of energy and creativity that was mania had brought me to this point in my professional career. I had mixed feelings about using medications to give up mania in order to overcome depression.

Even a year later, the debate was raging in my mind:

Madness
Lurks around the edges of my mind
Watching. Waiting.
For me to let my guard down.
So it can invade.
Or perhaps...

Madness will creep in
 Under the cover of my denial.
 I close my eyes and try to wish it all away.
 But I'm no genie.
 My genies are pink and green and white.
 And they must escape their bottles often.
 Or madness moves in and stays. (May 19, 2005)

ACCEPTANCE

FRIDAY, FEBRUARY 6, 2004

Ruth White is mentally ill. Ain't that a bitch?!

FRIDAY, FEBRUARY 13, 2004, 11 P.M.

I'm at Kristen's house. I'm not doing well tonight and yet today was so good but around 5:30 pm I started to get mixed moods again. I wanted to cry and was on edge and just a wreck. I ended up eventually crying in the bathroom....I saw [my therapist] today and told him how good I felt and here I am again feeling crappy. I swear if it wasn't for [my daughter] and my parents I'd just kill myself. It is miserable feeling like this. Tonight I thought about what it would be like to hang myself or jump off a building. I've thought about crashing the car but I'd just end up being bipolar and in a wheelchair. I feel like I'm going mad. I can't turn off my brain except with pills and they're not working. I called the advice nurse and she said I needed to give the double dose at least 72 hours to kick in. I'm just so frustrated. I need to write a paper for Trinidad and Tobago (conference) and I have 2 weeks and I haven't written one word. I wish I could just be manic for a little while. It would be done in days. So here I am at Kristen's for Valentine's weekend. Sad, messed up, and barely holding on.

TUESDAY, FEBRUARY 17, 2004

Well mania is upon me. There I was at 3:30 am sweeping the baseboards....It's so frustrating. I haven't even yawned. I've swept, done laundry and now it's 4:30 A.M. and I'm doing pushups and situps.

SATURDAY, FEBRUARY 21, 2004, VANCOUVER

Anyway today was a bad day re: BPD [bipolar disorder]....Wild mood swings that are hard to deal with. One depressive mood hit so hard I had to grab [my cousin's] hand at dinner. Waves of sadness from out of

nowhere then shifts of mood I couldn't even keep back. I was very irritable. Couldn't deal well with [my daughter]. I apologized a lot. . . . I think I may have forgotten a lithium pill today so I bought a pill reminder to keep in my purse.

MARCH 16, 2004

To give up control of my brain to medication is surrendering my power. I want the mania back. I'm really considering stopping my meds. I don't have anymore "great ideas" and I miss that. I do like the calm. I don't miss the confusion. The feeling of always being in a hurry. I don't miss that.

MARCH 17, 2004

I want to stop taking my meds just to see. I'm wondering if they are keeping me messed up with their various side effects. I don't want to take them anymore. I just want to be me again. I've got one more Prozac a day to reduce my depression? Who am I now? I'm medicated to "normal." . . . I am a much better mother and for the first time since she's been born I don't think that having [my daughter] was a mistake. Who knew drugs could change that?

APRIL 1, 2004 12:30 A.M.

Well I tried an experiment. I skipped the lithium and Prozac today. I took the clonazepam because of its potential for me to have withdrawal symptoms [if I skipped it]. I felt great. I wasn't sleepy during the day. . . . I felt creative and energized. Low-level mania but I liked it. I worry about how that will affect my relationship with [my daughter] but I'll just try it and if I start messing up I'll get back on. I still resent walking around with a bunch of pills.

APRIL 3, 2004

Today is my third day without lithium or Prozac and I feel fine. I'm a little nervous about this drug vacation but it gives me the confidence to know that I don't have to be on them all the time.

APRIL 8, 2004

I'm feeling manic again. Not the simply good manic but also the edgy, wired, talk-a-mile-a-minute manic. I'm scared but I'm coping. I revised a paper I was supposed to have done two weeks ago. Worked on another. Worked on my second year review file. Ran errands. Got daughter to bed late with no bath. Got her to school late and forgot her show-and-tell.

Picked her up after 6 P.M. but another mom signed her out for me. I think I'm reacting to my very low teaching evaluations from last quarter where first I was manic and then depressed. It was such a psychological blow to see my average scores drop by a whole point. Especially after receiving "greatly exceeds expectations" on the teaching part of my APR [annual professional review] for the previous calendar year. Now I have to "explain" it in my second year review file, which means I have to say something about being ill. I am not "ashamed" of my illness but I don't want people to look at me trying to see if I'm okay.

APRIL 20, 2004

Mixed states. It sucks. Depression clear. With edge.

APRIL 28, 2004

It's late. I'm up. I can't even say what my mood was for the past few days. I just don't feel good. Feel on the verge of crying a lot but nothing takes me over the edge so I can let it out. . . . At times I want to simply crawl out of my skin I feel so emotionally "uncomfortable."

I did not like the side effects of lithium in the beginning, and as my journal shows, over the next months I took control of the science experiment that is life with a mental illness and ordered up mania—that is, I stopped taking my medications. What I hated most about taking medications was that they made me “normal.” I got tired in the afternoon and called my psychiatrist to complain that getting tired in the afternoon was a side effect I could not tolerate. Her response was that was how most people felt at the end of the day, so the drugs were working. Great! I had to get used to being tired before midnight. It may sound trite or silly, but I had no idea what life would be like if I had to go to bed before 2 A.M. My favorite work hours were 11 P.M. until 2 A.M.

My therapist helped me to get used to less creativity and less productivity but more peace. I missed the highs, but I did not miss the lows. But like most people with manic depression, I played fast and loose with my medications. Accepting that I was mentally ill—despite all I felt about rejecting the social stigma of that reality—was not easy to do.

I really had not accepted the consequences of being mentally ill, even though by this time I had accepted that I had manic depression. When I read that sentence it seems oxymoronic. The answer is that I could deal in some abstract way with being “sick”: I understood intellectually that sometimes the body did not function as it should and things go awry. As a child I had the mumps and the measles, and in my 20s I had a bad case of the chicken pox; but overall I was a very healthy person. So I accepted being “sick” as a reality of being human.

However, being mentally ill—with its possibilities for hospitalizations, periods of incompetence, and the requisite feelings of being out of control—was totally unacceptable to me. When one is on the high of hypomania, there seems to be no need for medication. In fact, the creative bursts were what I had used to build my career. It was hypomania (and at times full-blown mania) that allowed me to complete all coursework for my Ph.D. and M.P.H. at UC Berkeley in 2 years, while getting an exemption so I could work 30 hours a week. I also knew that it was depression (postpartum) that made me spend more than 1 year wishing my child would die in an accident to relieve me of the emotional burden of parenting.

Being a mental health professional, I knew the consequences of what I was doing. I understood that I was being a classic patient with manic depression by being noncompliant with my medication regimen, and I understood what that meant for my short- and long-term recovery. But all that was still not enough to make me take my medications regularly for more than 2 or 3 weeks at a time.

One year later I was still struggling with taking my meds as prescribed. On February 6, 2005, I wrote, “*I am having some difficulty committing to my medication.*” And it continued that way for almost another year as my moods went up and down, and I stuck with my therapist, sometimes weekly and other times less frequently. But it was getting tiring. I had basically been in one long episode of more than 2 years, and it would take another year to work it through.

OVER THE EDGE

The summer of 2005—more than a year after my diagnosis with manic depression and over 2 years after the beginning of my 3-year, almost continuous episode—I spent a summer traveling all over the world. Before I left, my friend Geoff, who is a child psychologist, sat me down and told me he was concerned about my obvious symptoms of mania. I heard him. But I was not willing to let being mentally ill get in the way of my career and my fun. In June, July, and August, I made separate trips to the Caribbean, the East Coast, Europe, Australia, and Africa, often with little more than a day or two between trips.

This put my circadian rhythms out of alignment. It is now beginning to be accepted that people with manic depression need to regulate their circadian rhythms to maintain emotional and psychological stability. In particular, abnormalities in circadian rhythms are prominent features of bipolar I disorder (although the impact of medication, mood state, and chronicity are not yet fully understood). Furthermore, unhealthy circadian rhythms, such as inconsistencies in bedtime and wake times, may compromise the benefits of pharmacotherapy.¹

Within a few weeks of returning from my last trip, I was in trouble again. I was agitated and wired, helped along by a new caffeine habit that I picked up

in response to the “sleepy” side effects of lithium. I was snapping at my daughter, lying in bed for hours, and feeling scared. Slowly, I began coming apart at the seams. A friend sent me an e-mail saying that our instant messaging was very unpleasant for her because I was verbally aggressive and unpleasant to communicate with. I stared at the e-mail and knew instantly what it meant: a slide into mania, but not the good kind. This kind of mania makes me edgy, irritable, wired. Yes, I could tell you lots of ideas, but they were incoherent and incomplete, and I couldn’t keep track of them long enough to even write them down.

That weekend I brought my daughter to San Francisco to see her dad, and I hung out with friends. After a few hours, my dinner partner asked if I were taking my medications, because she feared I was manic. That is where shame really kicks in: when friends are telling you you’re out of control. It is like being told you’ve gotten fat—of course, it was more scary than that, but I felt no fear at the time, only shame and anger. The next morning I woke up with my mood in the toilet. I was back on the wild roller coaster, and this one was flying (and sinking) fast. I was trying to not let Melinda (the friend who was hosting me for the weekend) know what was going on. I really tried to get out of bed, but I did not get out fast enough. She came to my room, saw my condition, and asked what was wrong.

Upon hearing the word *suicide* she suggested that I call my doctor. I did. There was the usual discussion of hospitalization, medication tweaks, and so forth. I decided that, to save face, I could not end up in the hospital, and I would do whatever I needed to do not to go. That included a walk through an Oakland cemetery, which was sobering. I watched a group of family and friends of someone buried there visit a slab of marble and cry. I did not want my daughter or my parents to be those people. I just couldn’t ride the roller coaster anymore. I was tired, even exhausted.

After I came back from that weekend, not much changed. I would pick up my knives and use them to play violin on my arms without cutting the skin. Other times I would wake in the middle of the night and put them to my chest. I told my therapist reluctantly, because I did want someone to know, even though I knew what the result might be. But I really wanted to get better, and so I knew I had to tell the truth if that was my goal. As a result of my disclosures, talk of hospitalization came up in therapy sessions. Yet I would not, could not accept being in a hospital as a possibility. I thought of the times I had to get a client hospitalized, and I did not see myself being like “them.” I was still on the “us” side of the treatment fence, no matter how ill I got.

NOVEMBER 3, 2005

What a day! Up, down, all around—my emotions were everywhere. Geoff, my psychologist friend, went with me to get my lithium levels checked and to pick up my prescription of clonazepam. Me and my drugs.

By now, I was back on medications, but missing some doses of my 3×300 mg a day lithium prescription. I was not deliberately avoiding my medications, but because I did not want to reveal that I was on medication, I would not bring them with me to meetings that might have coincided with the time I needed to take a pill. I do not really know what I was afraid of, because I doubt anyone would have asked me anything about it, but this was how I felt. Even so, I was fairly consistent with medications. In fact, I am willing to believe that the Prozac may have precipitated my severe mania, because, months later, I have no mania, and I have no Prozac. Then again, the imprecise nature of pharmacological treatment of manic depression makes it hard to pinpoint the cause of my symptoms at any particular point. Instead, it appears that a confluence of factors that may have included my sporadic noncompliance, my out-of-whack circadian rhythms, the stress of settling postrelationship issues, and my biochemistry led me to this point.

That weekend I sent out an S.O.S. to three friends by e-mail. I could no longer take care of my daughter, and I needed a night off. I asked if just one of them could give me a break. These women, mothers of the children with whom my daughter frequently played, came to my rescue by arranging to take my daughter for three straight nights. They picked her up from school that day with no bag packed. She wore their daughters' clothes, and they packed her lunches and arranged for pickup and drop-off from school.

One week later my jig was up. It was hospital time. I was completely falling apart, and it was clear that there was no way to get me in check while I was outside a hospital. I had a choice of going in voluntarily or waiting out an involuntary admission, which was most likely to be the next step (if I had not done myself in by then). I was an emotional wreck even at work, going to the bathroom on many occasions to have a crying jag and then returning to teach my class. My students were concerned. They were social work seniors. I had told them casually about my manic depression. This decision had negative outcomes for my performance evaluation for that year, because of a work culture that did not support that kind of disclosure.

My treatment team had sent me to get a preadmission checkup. After the doctor did her examination and I was left to get dressed, I searched through the drawers of the examining room. I had no idea what I was searching for until I found it: surgical blades. I took two and put them in my purse. Therapists often ask about a plan and a weapon. I had a weapon. No plan, not even a thought: I was on automatic pilot. But I had been thinking about killing myself for days. In my rational moments I knew I was on the edge, but I was at the point where I was almost living outside of my body. It was as if my mind were trying to kill my body.

As I drove from my clinic to the psychiatrist's office, my psychologist friend Geoff called. He had spent the previous night at my house "babysitting"

me—taking away the sharp objects, making sure that I took my Klonopin, and reading me to sleep when the clonazepam just could not do the trick. He had wanted to come with me to the physical exam but could not break his own practice commitments on such short notice. He was worried because in many ways he was much more cognizant of my mental state than I was. That morning I had questioned him about what could possibly go wrong between a clinic and a psychiatrist's office.

In his professional wisdom, he was worried enough to call. He asked how the exam went and then asked the one question that gave my secret away: "Are you safe?" I paused for a second, which was long enough for his skills as a clinician to tell him there was something wrong. (I was always a lousy liar.) I admitted that I had stolen the surgical blades. And with the threat of a call to the police now over my head, I went immediately to my psychiatrist's office and handed them in. Geoff had called ahead and let my psychiatrist and psychotherapist know that I had the blades, so they were waiting with arms outstretched when I arrived. My doctor reaffirmed to me that going to the hospital at this point was not really a choice anymore.

When my therapist left his office to do some paperwork, I took a pen and tried hard to draw blood from my wrists. I only made marks that took days to wear off. Within an hour I felt shame at the stupidity of that move. (Within a day I was laughing at the memory.) My therapist entered the office and made a comment about now having to remove pens from the office. He had to leave the office again but left the door open this time. I then threw a chair and ended up sitting on the floor in a corner, crying. When my therapist reentered the office, he gave me a blanket and calmly dealt with the business at hand. My offer to drive myself to the hospital was met with a smile. I was told that was not a possibility and waited for my friend Kristen to come to drive me. At the door to the hospital, I decided to walk away, but Kristen appealed to my desire to mother my child, and I walked in. Within an hour of my arrival I was voluntarily submitting my earrings to the staff, as I had tried to put them into my wrists. I never did get those earrings back—just one more loss to add to the list.

THURSDAY, NOVEMBER 10, 2005

I really didn't want to be here but if I'm not here I will end up hurting myself. It's hard to own that. What has happened to my brain? Why is it trying to do this to me? I wish I could control my body but it seems as if I can't. What made me poke my earrings into my wrist? I don't want scars that belie my disease for the rest of my life.

I slept for the first day and a half, exhausted from having been manic for so long. I had packed for 2 days because of my own denial about my mental state.

I had to ask Geoff to bring me a blanket, sweater, and socks. The few moments I spent awake over those first 2 days I drank a cup of tea to pop my pills and went back to bed. My brain was in a fog. Getting me emotionally stable and trying to find a combination of medications that worked without bad side effects eventually took a week.

FRIDAY, NOVEMBER 11, 2005

Pharmasoup: Risperdal, Zyprexa, Seroquel, Lightbox, Lamictal, lithium, Prozac, blah blah blah blah. How can anyone keep the options straight? Make the right decisions? I just want to stop thinking about killing myself. The rest I can deal with. I have for years. I'm accomplished, fairly sane most of the time, a great mom, colleague, and friend. My brain is doing a chemical dance that is keeping the doctors on their toes. Bipolar Disorder I mixed severe with rapid cycling. Yeah. Yeah.

It sure is strange to be a patient on the other side of the treatment wall...

How hard is it for a mother to admit she has thoughts of killing her child? Yet in the thought of it, it is to save the child from life with a mother who committed suicide. No one needs that kind of psychic pain. I love my baby so much. And I love my life a lot too. I don't want to have scars on my wrists or my thighs that will remind me and everyone else what my past was.

I am motivated to get through this and not have to ever go through this again. I'll commit myself to the chemistry experiment that will start today and who knows how it will all end.

FRIDAY, NOVEMBER 11, 2005, MIDNIGHT

After a long day it's time to sleep. I spent much of the day sleeping. I feel like shit and keep trying to find ways to hurt myself.

By the next day I had the first med change. The major change was no Prozac, with the doctors agreeing that it may have contributed to my manic episode. I had become engaged in one of the great psychiatric debates of our time: Should people with bipolar disorder be treated with SSRI antidepressants to deal with depressed phases of their illness? I did not care one way or the other: I just wanted to be better, and I wanted out of the hospital, so I took whatever they told me. The ingredients of my new chemical soup were as follows: 1200 mg of Lithobid at bedtime, 2.5 mg Zyprexa at bedtime, 25 mg Lamictal (slowly increasing to 200 mg), and 0.5 mg of Klonopin (with a switch to Seroquel after weaning from Klonopin). Before I left the hospital I had also tried

trazodone (made my heart race and made me feel extremely dopey) and eventually left the hospital on Depakote, Lamictal, Lithobid, and Klonopin. (The Lamictal eventually gave me a rash, which could have led to more dangerous complications, so that was later stopped.)

NOVEMBER 11, 2005, CONTINUED FROM MIDNIGHT

All so I can be "normal" in my moods. The docs are confident that I will be fine and that makes me hopeful. I don't feel "possessed" as I was feeling before. No exorcism is needed. The urge to kill myself is decreasing even though I still have thoughts of self-harm.

I began to ask a lot of questions of my doctors, and, because I was a mental health professional, they engaged me in long discussions about many clinical issues and controversies related to manic depression. I also started to gain much more understanding of the medication compliance issues that frustrate so many clinicians working with the mentally ill, especially those with manic depression. I had understood these issues from my own perspective, but my gradual politicization had made this a broader issue for me. Now, the issue was not simply one of intellectualization of my own noncompliance, nor was it simply about the high of mania. It was about being mentally ill and distancing myself from that identity. I knew that I was going to need to bring this experience into my teaching.

One of my doctors urged me to consider writing an academic paper in which I would include my experiences. It was a challenge that he thought would make me an expert on my own illness. He also thought that the subjective experience of a mental health professional would make a contribution to the work being done in this area.²

STIGMA AND ACCEPTANCE

NOVEMBER 13, 2005, 3 P.M.

Talked to a [social worker] friend today. She's not coming to visit. I resent that. I feel hurt and abandoned.... She told me that she was afraid to tell me the truth about not wanting to visit. That was related to a family member's mental illness in her childhood. She also did not want to "see me like this." That this is shifting the way she thinks about me. That was hard to hear but it is what it is.

So there it was. A friend did not want to visit me because of what mental illness meant to her. Granted, her own family history of mental illness was connected to this, but she was also a mental health professional who did not want

to see a friend in a mental health facility. I could not help but wonder whether she would have felt the same if I had had some other physical illness. (I say this because manic depression is a physical illness; it is not simply in my mind. It is about biochemistry.) I cried. I felt lonely at the hospital. Visiting hours were split between lunch and dinnertime, but lunch visits were out of the question for most people. And I had few friends and no family in the area.

My daughter visited me with my friend Kristen one day at the hospital on the only evening on which visiting hours were held. It was good that she was only 8 years old and had no idea of the stigma and shame of mental illness. She just wanted to see me, as I wanted to see her. And I wanted to be better—for her, more than for me. Other friends visited me, and it meant more than they would ever understand, because a mental health facility can be a very isolating place.

It was also very hard for me because I like being outside, and I walk 3 miles around a lake at least three times a week. Being indoors all day was stifling. Going to groups felt like school; I felt infantilized. I once asked for a pair of scissors to do an art project in my room, and I was very angry and frustrated when told no. I was no longer having ideations of self-harm, but it did not matter. I understood why, and it was exactly that understanding which angered me. It was just another reminder that I could not be trusted—because I was crazy!

I could have left because I was there voluntarily, but I really did want to get better, so I struggled with the conflicts in my mind about being ill. Here I was, a mental health provider who could run the groups I was having to attend and yet knowing I needed to go to them.

The shame I had already felt was intensified by my hospitalization. At the time I gave birth, I had not even spent a night in a hospital in my whole life, and I had not been in a hospital since the half day I spent during labor, delivery, and recovery. It was also difficult to be on the other side of the treatment fence after spending years working in mental health facilities. But I was trying to be just another patient working through an individualized treatment regimen. I felt that I already knew “the game,” but I opened myself to learning more and growing.

I had been forewarned that nursing students from my university did their psychiatric rotations at the facility, and I had been asked if I preferred to go elsewhere, but I didn't. Anyway, the other option was more than 40 miles away, and that would have meant no visitors at all.

POLITICIZATION AND DISCLOSURE

Hospitalization politicized me. Everyone I talked to inside that hospital was carrying the shame of being mentally ill. And because of that shame, we were all struggling with medication compliance.

I was considering the work I had done on AIDS stigma and antigay sentiment in Jamaica. I saw how the power of stigma could make a person choose death over life because he or she did not want the mark of being a person living with HIV/AIDS, preferring to go undiagnosed or untreated. That work had also given me the privilege of meeting people who chose to step out of the shadows to educate an ignorant, prejudiced, isolating, and often violent community about life with HIV/AIDS. I also had to deal with the death of one study participant a day before I presented findings to which he had contributed. He was killed because he was out as a gay man, and he knew that was the risk he took, but he had wanted to open the closet doors. I thought about these people and made a choice not to be ashamed of something I had no control over—an illness that was due to a biochemical imbalance, an illness that had upturned my life at home and at work. But, of course, not everyone felt as I did.

In recent months, revealing to my students that I have manic depression inspired several of them to talk with me about their own mental health issues. This included one student who was struggling with her own identity concerning mental illness and had stopped taking the antidepressants she had been taking for 10 years. She was having trouble coping with the resulting depression, but she felt “weak” for needing medications to function healthily. As she stated in an e-mail:

I just wanted to thank you again for talking with me and following up. It was hard for me to actually sit down and talk to you about it because this is something that I have tried to hide and be “strong” about for so long, but you were so incredibly wonderful. Telling myself that I don’t need my medication or trying to prove to myself that I am stronger has only dragged me down. I know this is a constant battle that I will have to deal with for the rest of my life, thank you for not tiptoeing around it like everyone else has seemed to.

This student later told me that my willingness to put myself out there inspired her to rethink her own stigmatized position. I was later able to convince her to go to the counseling center, which later led to her restarting her medications.

Since then, other students have appreciated my disclosure, which has prompted their own admissions of mental health challenges. They have admitted to feeling relieved that someone understands, because of the difficulty, shame, and embarrassment they feel when explaining their experiences to family and friends. Another student to whom I had disclosed my issues worried, after her own hospitalization, about completing her assignments. She was embarrassed about what she saw as her inability to cope. In an e-mail message, she said:

It is really nice to have someone who understands the situation...nobody else (friends, family) seems to, and that makes me ashamed and embarrassed

to talk about it. It is really refreshing to finally hear someone say, “I understand.”

Yet another student who was struggling over a long hospitalization that had occurred in her youth and who was experiencing major resistance to taking her medications stated it this way:

So I don't know how I am supposed to get over this since I can't talk about it. I really respect you and your ability to be so matter of fact about yourself in the hospital because it is so hard for me to accept and understand my own experience. I don't have any negative judgments about you or see you as any less of a person for going to the hospital, yet I am very, very critical of myself and see myself as bad and crazy.

I believe that modeling openness about mental illness and incorporating it into my teaching was and is a good thing. As teachers and trainers of mental health professionals, we have, I contend, an explicit responsibility not to reinforce the stigma that is attached to many of our clients. Yet disclosure of my mental illness to students became problematic in my work environment. One colleague felt it was a burden I need not share with my students, as they would feel the need to take care of me. But no student seemed to have that need—at least no one ever expressed it to me. From the official stance, however, the reality of my mental illness was something that was to be minimized into nonexistence.

It had been hard to see my course evaluations drop and hear about complaints from students to my superiors about my performance and behavior while I was symptomatic. Not being able to address the situation directly or explain it was very frustrating. There is no mention of my illness or hospitalization in my annual professional review. So as a free-standing document, my lower-than-expected teaching performance is not contextualized. Still, thanks to my manic productivity, I had enough publications to get an “above expectation” evaluation for the research aspect of my review.

I teach Race and Ethnicity, and my identity as a Canadian of Afro-Caribbean descent is something I use in my class to illustrate various points. Why should I not do the same with manic depression? Was it any scarier than being black in America? Or was it that I could not hide my blackness but I could hide my mental illness? If I could hide my blackness, would I be expected to do so as well?

Disclosure of one's own mental illness to a client is deemed to be “unprofessional.” Would it be unprofessional for a doctor to reveal her own diabetes to a patient with the same illness? I don't think so. In the treatment of or teaching about addiction, it is considered useful, and even advantageous, to have survived one's own battle with addiction, and counselors in treatment programs are open

about their own journey to being, and staying, sober.³ So why is it not the same when treating or teaching about mental illness? Although we are not yet at the point at which people will walk onto a talk show and announce their mental stability after years of madness and get the cheers that one receives from noting 30 days (or 30 years) of sobriety, the story I tell in this volume is written in the hope that there will be such a day.

FINDING MY MIND AND FACING THE FUTURE

THURSDAY, DECEMBER 8, 2005

Today I met with my boss and she basically told me to go on medical leave for one quarter while I focus on getting better. Seems that things in my classes were worse than I thought. I shed a few tears then signed paperwork. What else to do? I am surrendering to all of it. I don't feel like the fight. I'm blah emotionally today but I was productive.

This was just one of many meetings and communications related to my performance under the influence of manic depression. None of them were pleasant, and I began to feel that the nature of my illness was at the heart of the matter. What was perceived by my university as a “performance” issue was for me a “manic depression” issue, although administratively they may appear to be one and the same. But being held professionally responsible for behavior I could not control is more than a little frustrating. Because of my disastrous fall quarter and medical leave in winter quarter, I lost 1 year in my quest for tenure. I also lost directorship of the program because of my inability to keep all the balls in the air. My study-abroad activities were cancelled—related, it seems, to a lack of trust in my ability to safely manage a group of students when my own behavior was suspect. My doctor in the meantime had given me a clean bill of health. I was hurt, angry, frustrated, and sad. It was all part of my life with manic depression, and it reinforced the need for more of us to come out of the darkness. It also made clear why we stay hidden: the costs of exposure just may be too high, especially in the professional context.

The more disclosure becomes the norm in academia, the more our academic institutions can develop policies that respond to the unique experiences that each employee with a mental illness may present. Our institutions, and faculty who are mentally ill, should also become knowledgeable about their rights under the Americans with Disabilities Act and their institution’s human resource policies with regard to medical leaves. Also, health insurance that provides equal coverage for mental health treatment is one way of ensuring that people with mental illness not only have access to treatment but also are not singled out for “different” coverage.

As I argued earlier, disclosure to students makes it easier for them to understand that the mentally ill are all around us, that we are not to be feared, that treatment can work, and that career and life success is indeed possible. Disclosure “normalizes” mental illness. When I disclosed in class, I did so because I was in a moment of using an “us/them” dichotomy, which was a struggle for me to play out one more time. I was “them” and I was “us” at the same time. I suppose I could have found a mentally ill person to drop in for the one minute of that class in which I disclosed—that is, I could have had another “model”—but there I was, a live example. And it was but a 30-second part of a longer statement. But it was enough to make a difference in my life as a professor: I felt so free and real, and my students got to see me as human—and to learn what the mentally ill look like outside of the institutions in which they are often treated.

I remember the first student with whom I shared my secret. She was in my office and crying. She revealed that she did not think she could make it through school, as she had been diagnosed as having ADHD as a child and had been put on Ritalin. Although no longer on Ritalin, she was feeling the limitations of her diagnosis and prognosis. When I revealed that I too had a mental illness, she was shocked because she did not think that it was possible to be mentally ill and successful. Eventually, she would end up overloading on credits and walking away with grades of A.

In the spring of 2006, after my first months of stability in 3 years, I was ready to be done with all the medication tweaks. Eventually I was weaned off Depakote, taking only lithium and clonazepam. It felt liberating. But my battle with my symptoms was not over, and I was getting worn down with the ordeal. I was questioning whether I should be the primary custodial parent of my child, whether I could really hold a job, and whether I needed to be institutionalized.

MARCH 9, 2006

Being even is a strange thing. I'm still engaging and I still have emotions but my ups and downs are predictable and not wild and it's weird to not be manically writing papers and doing 10 things at once. This almost feels strange.

MONDAY, MARCH 20, 2006

I am in a shithole of a depression. I am frustrated, angry, and feeling no hope that I'm ever going to spend more than a few months at a time being stable. This depression crept up on me from some pre-menstrual blues, morphing into suicidal ideation and trying to play violin on my arm with a knife. I thought I could slog through it cognitively and physically. When I couldn't, I surrendered and called [my psychiatrist] who got me into her office today. I have a regular appointment with my [psychotherapist] on

Wednesday and back to see the doc on Monday. Of course I had blood test today as well and an increase in my lithium dose.

APRIL 2, 2006

I'm getting over the frustration of the past week when I found out that my thyroid may not be functioning—either due to age or the lithium [or both]. . . . I suppose it could be cancer but it doesn't mean I'm not annoyed by the tweaking of meds, etc.

Having my work taken away from me through the medical leave process was emotionally, psychologically, personally, and professionally devastating. I felt ready to give up, move on, and start over, and yet I knew that I had to stick it out. How would I explain my year to a new employer? I had no choice but to stay and work my way back to being the high achiever that I had always been throughout my life—whether in track and field events, in the pool, or in the classroom. This time I had to do it without manic energy, as I did not want manic disorganization and loss of control. It was time to find out what was me and what was my illness. Although it scared me to find out, I knew that being ill was not an option, so whoever I was going to be on medication was the person I was going to have to learn to live with for a very long time. I had spent 40 years ramped up, roaring down the highway faster than my driving skills could manage. Every now and again I would wipe out against the wall or surrender to the darkness and exhaustion and sleep along the side of the road.

MAKING MY PEACE AND KEEPING MY MIND

I am writing this chapter in late May of 2006. After tweaking my meds at least a dozen times in 3 years, and after dozens of blood tests and therapy sessions, I am now officially “in remission.” After weaning me off Depakote, my doctor is now considering reducing my dose of lithium to the minimum needed to keep me even. I no longer take an antidepressant. I am back in the classroom and happy to feel in control of my brain for the first time in years. Perhaps because of a combination of lithium, age, and family predisposition, my thyroid no longer functions well, and I have to take thyroid replacement meds. I am trying to lose the 20 pounds that I put on during the first month that I took Zyprexa. (This medication is used to rapidly reduce manic symptoms, but the risks are rapid weight gain and diabetes. What a choice! I had to decide whether my sanity was worth my pancreas or a new wardrobe). Those 20 pounds may not seem like much, and my concern may reflect a certain degree of vanity, but I had been within 5 pounds of my high school weight for 20 years. The weight gain was one more shift in my perception of who I was. I was now one of the legions of women who had a

“second size” of clothes. I can hardly fit in my pants or skirts, so off to the thrift stores I went, assuming that in a few months life would go back to normal.

I religiously take my thyroid medication, in addition to my lithium and clonazepam. The latter still gives me pause because of its addictive properties, but I will not sacrifice sleep for fear of two little pills per night. To reduce noncompliance I now take all my lithium at once at night. That method of dispensing the drug maximizes my ability to sleep and minimizes the sleepiness that would occur when I took daytime dosages. My coffee drinking is down from three to six cups a day to one cup in the morning. (Drinking a cup after noon may also reduce my ability to fall asleep, so I mostly stick to that rule.)

NOVEMBER 13, 2005

*My chronic illness is not a character flaw
It does not define “me”
It’s not a lack of will
Nor does it bestow me
With the weight and burden of fragility.
My spirit is not broken nor is it flawed
If my brain chemistry is dysfunctional
For me to exist in this world
I choose to find a way to help me survive it.
Thrive in it
I don’t want to die
Neither do I want to hurt myself.
After suffering years of misery
I have chosen to surrender.
I have fought long and hard
To not be med dependent.
Right now, this works.
And I’m not quite ready to
Risk my sanity to explore some other way.*

I do not know how long this period of sanity will last. I know that I am not the only one who has these concerns, as I have heard the phrase “in case something happens” used when it comes to my teaching schedule. Even as professionals we tiptoe around and avoid naming mental illness—as if saying the words will be an incantation that conjures up its scary head. Owning my manic depression now comes easy to me, as I have told colleagues that my position as one of “them” brings useful perspectives.

I know of the benefits of manic depression, so well explored by Kay Jamison in her various books. Had I not had manic depression, would I have been at

the head of my sixth-grade class at 8 years old? Would I have scored near the top of the nation (Jamaica) in the high school entrance exam nearly 2 years later? Would I have been able to party several nights a week and work several jobs while getting grades of A and A+ in a demanding graduate school program? I am not sure, and I will never know. To be honest, I am glad I had the opportunity to experience the benefits of mania: living on little sleep, having bursts of creative and productive energy, and being the life of the party. In a go-go world, hypomania provides the ultimate advantage.

Now it was time to say good-bye not only to those productive hypomanic highs but also to the dark, gray, sad, self-destructive, and dragging days of depression and the high-wire balancing act, agitation, and mental confusion (successfully passed as clarity much of the time) of full-blown mania and of mixed states. Because I have a doctor who is a minimalist in her medication regimens, I am still engaging, funny, and creative. Because I want to keep my circadian rhythms going smoothly, I go to bed by midnight (11 P.M. is still my goal, but old habits are hard to break). Because I want the high of endorphins to stave off depression and burn off the edge of stress through a good sweat, I exercise regularly. (Although my athletic past has already given me a taste for the pleasure of exercise, I am much more consistent, ever vigilant for any breakthrough symptoms.) New research suggests (though there are conflicting findings) that vitamin B and omega-3 fatty acids improve the performance of mood stabilizers, so I have added them to my diet.⁴ I consider that these nutrients are good for me anyway, so why not? Anything to keep depression and mania away.

I like who I am on medication: I enjoy my life more than I did before. I am still impulsive enough to run naked into the Pacific on a cold winter day or jump off a cliff into the Caribbean. The quality of the experience is more pleasurable, though less intense. I now enjoy each moment instead of flying through them. For now, at least, I am beyond the battle of the meds. There is no more fight. My daughter deserves the best mother she can have, and, with some talk therapy, a handful of pills, and a healthy maintenance plan, that is who I plan to give her. I will continue to speak and write about stigma and discrimination experienced by the mentally ill so that my daughter will not have to feel the stigma carried by her mother.

NOTES

1. See Mansour, H. A. et al. (2005). Circadian phase variation in bipolar I disorder. *Chronobiology International*, 22, 571–584; and Newman, C. F. (2006). Bipolar disorder. In F. Andrasik (Ed.), *Comprehensive handbook of personality and psychopathology*: Vol. 2. Adult psychopathology (pp. 244–261). Hoboken, NJ: Wiley.

2. This was 6 months before I had the opportunity of writing this chapter.

3. Culbreth, J. R. (2000). Substance abuse counselors with and without a personal history of chemical dependency: A review of the literature. *Alcoholism Treatment Quarterly*, 18(2), 67–82.

4. For discussion, see Coppen, A., & Bolander-Gouaille, C. (2005). Treatment of depression: Time to consider folic acid and vitamin B12. *Journal of Psychopharmacology*, 19(1), 59–65; Gao, K., & Calabrese, J. R. (2005). New treatment studies for bipolar depression. *Bipolar Disorders*, 7(Suppl. 5), 13–23; Hakkarainen, R. et al. (2004). Is low dietary intake of omega-3 fatty acids associated with depression? *American Journal of Psychiatry*, 161(3), 567–569; and Young, C., and Martin, A. (2003). Omega-3 fatty acids in mood disorders: An overview. *Revista Brasileira de Psiquiatria*, 25(3), 184–187.