

# Basket Weaving For Beginners

## A Self-Management Guide for Bipolar Disorder

*Here are a few notes on how to survive acute manic depression<sup>1</sup> (or bipolar disorder to use its more clinical euphemism). I am no medical doctor, so don't sue me for malpractice, but I have survived numerous manic episodes and consequent hospitalizations. Perhaps there is only one way to learn—the hard way—but just in case there's a chance of helping others traveling the same rutted road I thought I'd try putting up a few signposts. We are all different, no two roads are the same, but if you check out my warning signs maybe it'll help you with your own.*

### Oh No, Not Again

"Oh no, not again," is what flashed through the mind of a bowl of petunias that had suddenly been called into existence several miles above the surface of an alien planet, according to Douglas Adams in "A Hitch-Hiker's Guide to the Galaxy." This being a naturally untenable position for a bowl of petunias it immediately began to plummet. Mr. Adams further speculates that if we knew exactly why the bowl of petunias had thought, "Oh no, not again," we would know a lot more about the nature of the universe than we currently do.

"Oh no, not again," is what flashes through the mind in the last fleeting moments of sanity as we suddenly find ourselves miles high in the grip of another manic episode. Questions regarding exactly how we came to be sky high fade into insignificance as gravity forces itself upon us, we lose control, and we start the plummeting. But once we have cleaned up the mess, and are back on our feet, safely on the ground, it is time to try and understand a little more about our nature. We may never understand why it is that at times we find ourselves sky high, but we may learn how to make it happen less often, or at least to make it less messy when it does happen.

### Join the Club

They tell us that one person in a hundred has some form of manic-depressive illness. Hard to believe. It's not like you hear about it much in the news. The

gays are out of the closet, those with physical disability have the Disabilities Act, but where are all the basket cases?

While frequently we need to hide the illness from others we must never hide it from ourselves. You need to join the club.

Whether you admit it to others or not, you must admit it to yourself. You must accept that you are subject to manic episodes. You must take responsibility for your own life. Without this first step there is no hope of learning to avoid manic episodes. Without this acceptance it is unlikely that you will seek assistance while there is still time to avoid an episode. Without acceptance, manic episodes will creep up on you like a thief in the night.

It took me about ten years, half a dozen serious manic episodes, and the dogged persistence of a determined psychiatrist before I joined the club. I viewed the illness as an aberration, as something that happened to me, not something that was part of me—like a car accident or a piece of bad luck that landed upon me. I did not view it as something that would happen to me again, and again, unless I actively sought to avoid it.

Perhaps you are not as stubborn as I am. Perhaps once bitten you will be twice shy. I hope so. There is no initiation ceremony to join the club but there is a rite of passage. It requires a change of attitude that accepts the illness as part of oneself and determines to do something about it. It requires a resolve that from now on you will take responsibility

---

<sup>1</sup> Acute manic depression is characterized by episodes of mania, episodes of depression, and lucid intervals. Fortunately my lucid intervals are fairly long and free of impediment, so my main focus, and the focus of these pages, is to avoid manic episodes. Not everyone with manic depression enjoys long lucid intervals. For an authoritative discussion of the illness please consult the books and Internet resources listed at the end of this paper.

for your own life. It requires a determination to take hold of the tiller and to set a course, no longer blown aimlessly by the storms of mania and cast adrift in the doldrums of depression. The alternative is just to ignore it and hope that it will go away—it won't.

So join the club, collect your basket and start weaving.

## Sound of Sirens

Life is absurd, a life with occasional visits to the *Funny Farm*, doubly so. Your basket weaver meets many paradoxes. Whereas some people take illicit drugs to experience a "high," we take drugs to avoid experiencing another high.

The problem is that the initial stages of a manic episode are extremely enjoyable—like the siren's call, almost irresistible. All of the senses are heightened, colors are brighter, ideas abound, creativity is enhanced, there is a boundless energy and a diminution of inhibitions; nothing seems beyond one's grasp. It is very tempting to succumb to the siren's call—to linger in this stage and attempt to make it persist, perhaps by discarding our medication. We are unlikely to be successful; mania or depression will follow. Who among us, when feeling like this for the first or second time, is going to respond by reaching for the medicine cabinet? But this is exactly the response we have to teach ourselves.

Much of the world is engaged in the pursuit of happiness. We basket weavers are pursued by happiness. We avoid it like the plague it is, we run from it, we reach for the medicine bottle, we make a doctor's appointment. Now there's a paradox.

Of course I exaggerate. There is a difference between honest happiness and the beginning of a manic episode. But it is a subtle one. It is a continuum, with ill-defined boundaries. It takes experience, and the inevitable errors of judgment, before one gets a sense of the lay of the land. And even then, there is always the question, "Is this happy, or is it too happy?"

There is only one way to learn—the hard way. How else are we going to learn to distrust the mounting pleasure at the onset of mania if we have not yet visited the inevitable *Dark Side* to follow? I found the only way to teach myself to suspect the beginning of a manic episode, and reach for the tablets, was to remember the pains of recovering from the last one. Even then it took me half a dozen episodes before I could do so with any resolve. Maybe I'm a slow learner.

## Figure Your Trigger

It is said that there are several factors that contribute to the occurrence of a manic episode: a genetic predisposition, biochemical influences, stress, and a triggering event. There's not much we can do about our genes. We can influence our biochemicals if we keep taking the tablets. But if we can figure out what triggers our episodes we have an increased chance of avoiding them. I have had some success at recognizing what triggers my episodes and I believe this has helped limit the time I spend weaving baskets.

First the easy one, sleep. For me, sleep deprivation is probably the most certain trigger of a manic episode. However, it is hard to separate the chicken from the omelette, because a manic episode will itself cause loss of sleep. Frequently I have believed sleep to be no longer necessary as an episode takes hold of me. But loss of sleep has certainly led to the onset of a manic episode. A single night with difficulty getting to sleep is nothing unusual. However, two sleepless nights in a row and it is time to consider reaching for the medicine cabinet. And never, never ever, is it permissible to keep on working through the night.

The other triggers are not so easy to recognize. Studying hard was certainly one. The frequency of episodes during my undergraduate and graduate studies was markedly higher than during the years of regular employment. But simply avoiding study is neither practical nor a solution I was willing to accept. I never isolated it to any particular aspect of study. However, I found that straining to be creative in my graduate studies was much more dangerous than just getting on with the day-to-day experimental work. I also found that overstimulation from interaction with others at a conference could precipitate an episode.

Religious belief was a trigger for me. Religious belief and manic depression go together like a Boy Scout and a box of matches. They make an explosive mixture. By its very nature religion encourages a belief in the supernatural. Equally, by its very nature, manic depression causes the "supernatural" to occur with all but predictable regularity. A healthy human mind has a capacity for *doublethink* that permits a belief in the supernatural to coexist with a firm grasp on reality. Those of us whose grasp on reality is more tenuous will begin to lose touch with reality as an episode progresses. At such times it is a considerable liability to believe in the supernatural.

One of my favorites was to believe that I had supernatural powers, sometimes to the extent that I believed myself to be a god, at least for a couple of

days. (Reality has a way of catching up with us minor deities rather quickly at such times.) More insidious, however, was the belief that I had received some form of spiritual healing. This happened several times. The big problem with this is that one is likely to interpret the euphoria at the onset of an episode as confirmation of the healing. The warning signs will then be totally ignored or given some other spiritual interpretation. The men in white coats must arrive before anything is done about the episode. Much weaving of baskets will follow.

There were other times when an episode just occurred without any discernable trigger. However, if you can come to recognize some of the events that trigger your episodes you have a better chance of spending less time weaving baskets.

### Signs of the Times

It's not too hard to recognize a broken bone. I once broke my collarbone and didn't realize it for an entire day. But I knew something wasn't quite right shoulder-wise. The problem with recognizing an episode of mania is that the brain is broken. It is real hard to detect a broken brain using that very same brain itself to do the detecting, but it can be done.

After a couple of episodes it is possible to remember the thought patterns that characterize the onset of mania. They are quite different from one's normal patterns of thought. One typically has a couple of days, sometimes longer, during the onset of a manic episode with which to recognize it and take action. After these first few days the episode is too far advanced, one's thought processes too muddled, one's grip on reality too slender to take effective action oneself. Beyond the first few days you'll just have to hope the men in white coats turn up in time.

One of my major indicators is that the lyrics of my favorite rock music begin to speak to me, and about me, directly. I will begin collecting or listing rock songs that have hidden meaning regarding the experiences I am just beginning to enter. I will begin to "understand" this hidden meaning. Now you'd think this behavior would be pretty easy to detect. However, by this time your brain is somewhat addled, you are flooded with feelings of euphoria, and the ideas always present themselves as the "real thing" this time. Remembering that this thought pattern has occurred before, and that it was not real then, is just sufficient to inject enough doubt to raise an alarm. This one is a red alert.

Another favorite of mine is religious mania. It generally manifests itself in reading the bible. And, surprise, surprise! the words of scripture begin to speak to me, and about me, directly. I am no longer

normally actively religious so this one is a lot easier to spot these days—another red alert.

Disturbed sleep patterns are a good indicator. I find myself waking up bright and alert early in the morning and raring to go on some project or another it is time to reach for the medicine cabinet. My normal waking pattern is groggy and grumpy and requires two alarm clocks.

The desire to stop taking the tablets is a major indicator. If you find yourself flushing your supply of medication down the toilet—declare a red alert. It's a dead give-away.

I have an ex-US Air Force flying suit I bought once during a manic episode. I tend to like to wear it when an episode takes hold. I suppose it projects the way I feel about myself at such times. I never wear it at other times (well, Halloween maybe). A number of my friends recognize it now, which helps detect an episode. Another red alert.

At the beginning of a manic episode I will be much more outgoing than is normal for me. I will have a greatly increased desire to be with people. Other signs that are fairly easy to notice include an increased desire to spend money, reduced need for sleep, and an increased appetite. These are less certain indicators because they can also occur during normal periods. However, they are sufficient to cause a yellow alert and reference to the emergency pill drill.

### Emergency Pill Drill

I have an emergency pill drill written down in very clear terms. I worked it out with my doctor and I have a supply of the required medications. This allows me to start medication immediately I detect a problem. It avoids a delay of a day or maybe two before I can get to see my doctor. If my doctor is unavailable it avoids the problem of a doctor I do not know failing to do the right thing. It does assume that I can detect the onset of an episode, or that if someone close to me detects it, that I will take action. I have had sufficient unpleasant experiences of manic episodes that failing to take action is no longer a problem. The emergency pill drill consists of a yellow alert and a red alert.

**Yellow Alert:** This only requires the mild stuff. It may be a false alarm so I do not want to put myself out of action by taking the strong stuff. It is a fairly potent tranquilizer, but not so potent that the side effects themselves render me out of action. A yellow alert requires a visit to the doctor without much delay but it does not require an emergency visit.

**Red Alert:** This requires the strong stuff. Take this and you can forget about going to work for a while.

The side effects alone will take you out of action. There are pills to deal with the side effects and specific instructions for these too. Better to suffer the side effects than a full-blown manic episode.

(These days there are newer medications that have less severe side effects.) Declare a red alert and an emergency visit to the doctor is required.

I also have some simple sleeping tablets for occasions that just call for a little assistance getting to sleep. I am now good enough at detecting episodes early that just the sleeping pills can be sufficient to ward off an episode.

Your doctor is not going to trust you with a supply of such potent medication until she has known you for a while. This is a good reason for developing a relationship with your doctor before an emergency arises—an ideal that is not always possible. A good relationship is also essential if your doctor is to believe you when you declare the need for an emergency appointment.

### **Do-It-Yourself Drugs**

**Don't.** Experimenting with drugs is for the professionals.

### **Go Gentle into that Dark Night**

*"Go directly to jail. Do not pass Go.  
Do not pick up \$200."*

It is much easier for other people to detect a manic episode in you than it is for you to detect it yourself. There are many ways in which your behavior is strange that are clear to others but simply not apparent to yourself. The problem is believing them, and doing something about it. It may help to agree beforehand with someone close to you, who you can trust, that they tell you when they think you are acting strangely. It may also help to agree on the words they should use to tell you so you don't get offended or angry with them when it occurs.

I always go gently when someone I trust suggests it is time to see the doctor. If they are wrong there is little cost beyond some time off work, the side effects of the drugs, and an unnecessary emergency visit to the doctor. If they are right, catching an episode early can greatly reduce the severity. They have never yet been wrong.

The role of the men in white coats is usually played by people close to me. It makes it a lot easier than trusting to strangers. I have always selected one or two people at work that I can trust and told them that I might require this service of them. Generally they ask how will they know when I am ill. The answer is simply, "You will know." Sure enough, when it happens, they know. When you find yourself in

the chief executive's office, telling him exactly what you think he is doing wrong, it helps to have someone close by that understands, someone that can come to the rescue, someone that knows the drill.

I tend to do what I am told when I am ill. I go gently; I take the tablets; I weave my baskets. There is nothing to be gained by fighting those that are trying to help, though it is very hard to apply this when one is ill. One thing that makes it easier to go gently is to know, and trust your doctor. You need to establish a good working relationship with your doctor before you become ill. Trying to select a doctor while you are in the midst of a full manic episode is like trying to answer a call of nature while at sea in a small boat in a big storm—messy whatever approach you take and success owes more to luck than judgement.

### **Choose Your Quack Before You Crack**

I prefer women. I find them more genuinely caring. I certainly find them easier to talk to. Perhaps it is just that the majority of my better experiences are with women psychiatrists and my worst experiences are certainly with male doctors. Maybe it is just my natural preference. It doesn't matter why—in the States you get to choose, and my preference is a woman psychiatrist.

You need to get to know your doctor while you are well. Likewise your doctor needs to get to know you as you normally are. Come a major episode you are putting yourself in her hands. You need to know that she is going to do the right thing. You need to discuss what the right thing is before you become ill.

Strange as it may seem this is really hard to do. It is all but impossible to find yourself a good psychiatrist in advance of an episode. I am not certain why this is. But they just don't take kindly to you telling them of your own diagnosis. They don't take kindly to being told what they need to do when you become ill. Perhaps it is my lack of bedside manner. Perhaps it is my itinerant nature—I should have made arrangements for my notes to be transferred. Perhaps there is a "Doubting Thomas" effect—a need to put their own finger in the wound—a need to make their own diagnosis. And you can't diagnose a basket weaver in advance of an episode.

Stranger still, it can be pretty hard convincing a doctor you don't already know that you are entering the early stages of a manic episode. Perhaps they are expecting the men in white coats to deposit a raving lunatic. No doubt about that one. But if the role of the men in white coats is played by a work colleague and the lunatic is fully-dressed, lucid, and coherent, the best you'll get from a doctor that doesn't already know you is a mild sedative. A mild

sedative is about as much use to your average basket weaver as a bag of M & M's—and the ones without the nuts at that.

Another paradox: it's hard to choose a good doctor before you are in need of one. But if you don't know the doctor beforehand, it is hard to catch the episode early; it is hard to make sure they do the right thing.

## Get Weaving

For me, doing the right thing requires pills. Come the first episode after moving to the States I had neither pills, nor a doctor. The first doctor I was referred to believed that the best treatment for mania was for me to talk to him once a week for an hour—no pills, no hospital, no basket to weave, just one session a week of talking to him. He didn't even talk to me, just me talking to him. This was actually harmful because it let the mania develop fully before any effective treatment was given. The men in white coats came.

The earlier a manic episode is recognized, and the earlier effective medication is taken, the shorter the episode will be. If the episode is recognized early enough I can avoid taking the really strong stuff. I can stay at work with minimal impact. If I have to take the strong stuff it is best to take time off work. If I am not at work I need something else. I need a safe place to spend the day where I can be monitored. That's what the baskets are for.

I have made much use of outpatient programs. An outpatient day program is a life-saver for me. It offers removal from my normal situation and any associated stresses. It gives me people to be with but in a safe setting. It gives me professionals to observe my condition. It gives me baskets to weave—after all, you've got to do something with your hands.

There tend to be a number of activities organized in a day program—the basket weaving. I don't think I have derived any specific benefit from these activities, but it would not work without them. You have to do something. I have found group therapy useful, but not during an episode. I have not found psychoanalysis useful, though I tried it for a while. I have found psychotherapy to be of great use, but not the sit and talk for an hour sort. The psychotherapy I have found useful is the pragmatic sort. The sort that helped me to accept my illness—the sort that helped me work out an emergency pill drill—the sort that helped me to take responsibility for myself and my illness.

So for me, doing the right thing is:

- Take the tablets—I keep my own supply for emergencies.
- An emergency appointment with the doctor, today or tomorrow, never more than that.
- Admission to an outpatient day program (not always required).
- Hospitalization—only necessary if the episode is not caught in the early stages.

## Keep Taking the Tablets

Your doctor will probably put you on a course of prophylactic medication. These are tablets that you take all the time that are intended to prevent further episodes. Keep taking the tablets.

Keep taking the tablets. They may, or may not be effective at preventing further episodes. This is not the point. The reason to keep taking the tablets is that it keeps the doctor happy. And if you do get another episode you need a happy doctor; you need a happy doctor immediately; and you need that happy doctor on your side. So you keep taking the tablets.

Keep taking the tablets. I have been taking prophylactic medication for over 20 years. I had episodes during this time. I had my doubts about the efficacy of the medication, but I kept taking it. It had no noticeable effect that I could discern. Recently, when I changed my medical insurance, there was a period when I could not obtain the medication. I doubt it was just a coincidence that my first episode in eight years occurred while I was not taking the tablets. (I should have paid for the medication myself and claimed it back on the insurance later.) I shall keep taking the tablets, probably for ever and ever. Amen.

## Prophylactic Education

Prophylactic means "to guard against" or "prevent." We take prophylactic medication to prevent future episodes of mental illness. There is evidence that education about mental illness can also exert a strong prophylactic effect (but do keep taking the tablets).

Prophylactic education teaches the facts of life—the facts of living a life in the company of a serious mental illness. Some education is beginning to be offered by the professional mental health community, typically in a one-on-one context. This makes it expensive and not widely available, but do make use of it if you find it available to you. Examples include: Family Psychoeducation and Cognitive Behavioral Therapy. Evidence shows that a group setting can work just as well as the therapist/patient

setting. Education in a group setting is offered by mental health non-profits, is much more widely available, and is typically free.

For those in the USA, NAMI offers the Peer-to-Peer Recovery Education Course for those with a serious mental illness and the Family-to-Family Education Program for their caregivers. I highly recommend these free education courses. Find out if they are offered by your local NAMI affiliate. (I am involved in providing the Peer-to-Peer course in my local NAMI.) Other similar consumer-taught recovery courses offered by non-profits in the USA include Bridges and the WRAP program from Mary Ellen Copeland.

Support groups are also an excellent resource. It is very comforting to discover that we are not alone and that others suffer similar difficulties. We can learn from those who have successfully managed similar problems to those we are facing. Both NAMI and the Depression and Bipolar Support Alliance offer local support groups across the USA.

And don't overlook the value of a good book. There are some excellent guidebooks for patients and their caregivers available now on specific mental illnesses. I found many of them to be available in my local public library. Take a look at my book reviews and recommendations at the end of this paper.

## Mania's Magic Glasses

During a manic episode you can say some very hurtful things to the people you love. You can do some very hurtful acts towards people who care about you. Is this how you really feel towards them? Are these your innermost feelings being exposed? No not at all. It is the result of a deranged mind.

During a manic episode one is not able to think straight. One's capacity for logical thought is severely diminished. One's access to the normal rules of civilized behavior is impeded. One loses contact with reality. It is called psychosis. But one's head is not empty. There is definitely something going on in there, something going on very fast. I call it mania's "magic glasses."

Mania, or depression, is like wearing a pair of magic glasses over your eyes. Everything you see, everything you perceive, everything from the real world outside must pass through these magic glasses to reach your inner self. In mania the magic glasses make everything appear much brighter than it really is. In depression they make everything appear much darker. Nothing can get through to you without being affected by the magic glasses. There is no escape.

The magic glasses are inside your head, firmly entrenched between external reality and how you per-

ceive and interpret that reality. In addition to the magic glasses, your mind is also running a fantasy of some sort. You may believe yourself to have god-like qualities, to be superhuman, to be special in some way, certainly to be someone other than you really are. The magic glasses filter reality according to the fantasy you are running. External events will be interpreted to conform to the internal fantasy you are living in. You will respond to these events, not as they are, but as you interpret them to be through the magic glasses.

For example, in depression, the simple fact that the rent needs paying will convince you that you are about to be evicted from your home and will end up destitute in the streets. In mania, believing yourself to be extremely wealthy because of all of the money your newfound abilities will earn, you may ruin yourself financially from unbridled spending. Anything someone says to you has to pass through the magic glasses and is interpreted as part of your internal fantasy. Even what you see on the television passes through the magic glasses and can become evidence to support your belief in your fantasy.

In mania, what one says and what one does is based upon a deranged mind that has little capacity for logical thought and is overwhelmed by a fantasy that one is acting out. No external argument can dislodge this fantasy. External facts cannot disprove it. Medication is the only recourse. It is not unlike a dream state. As in a dream, there may be some tenuous connection to actual events, but it is grossly distorted. If things are said, if things are done, they proceed from this distorted vision. They bear little or no relation to one's normal self or true feelings.

## The Manic Morning-After

The arrival of the men in white coats is stressful, hospitalization can be grim in the extreme, the Pit is a place of utter horror, but in some ways the manic morning-after is even worse. When an episode has run its course the day dawns once more, cold, gray, damp and dismal. Finally, reality seeps in. You must let go of the feeling of at last "truly understanding everything," for it was just that—a feeling. No longer are you a god-like being with immense power but just a confused basket weaver with the fading embers of mania. Gone is the fantasy of untold wealth, replaced by the reality of unpaid bills. Reality sucks.

And it is time to put the pieces back together. There is no escaping it. One must return to one's interrupted life and pull it back into shape. One must do this at a time when one's emotional resources have been drained dry. One must do this

in the cold mental clarity of a new dawn no longer protected by a muddled mind.

One **must** do this.

One must pick up where one left off. And things are in an almighty mess. The alternative is to run away: to run away from people, to run away from relationships, to run away from oneself. Full circle, we are back to acceptance—the other side of the coin. You must accept your illness and take responsibility for it. You must join the club. You must return to your own life after an episode.

Surprisingly I have found other people to be very understanding. At least those that knew me well enough. It is hard to face them again, knowing that much of what one normally keeps hidden got exposed during the episode. But I have found the damage to be easier to repair than I feared. Perhaps I have been lucky. I have never lost my job over an episode, or more money than I could cope with losing. I have never lost a good friend. I know that others have not been so fortunate.

My manic hangover can last up to six months after a full-blown episode. I will be back at work, I will be functional, but I will be very quiet. I will keep to myself; I will not originate much. I will have a very low energy level. It takes time to recover. It takes time to forget.

## Poles Apart

*"And if your head explodes with dark forebodings too  
I'll see you on the dark side of the moon." — Pink Floyd*

Depression is the other side, the Dark Side, the other pole in bipolar. It hurts more but for me it is not as dangerous — not unless I take the easy way out. And that is against the rules.

With mania you are likely to make a mess of things: your relationships, your friendships, your career, your bank account. These have to be fixed afterwards. With depression you are more likely to crawl into a corner, a dark corner, and collapse inwards upon yourself. Visiting the Pit is painful, but for me it doesn't exact the same cost in terms of relationships, bank account and career. When it's over it is less likely that there is a big mess that needs fixing.

The term "bipolar" gives the impression of two states of mind that are widely separated. This is not so. It is much more like two halves of a circle. Depression can transition into mania. Mania can become depression. For me it was not uncommon to be admitted to hospital with mania but to move into depression very soon afterwards. Mental hospitals can be very depressing places. Another good rea-

son to catch an episode early and use an outpatient program

I have few suggestions myself for avoiding depressive episodes. I only had a few episodes that began with depression and these were my first experiences of the illness. Mostly I transitioned into depression after starting with a manic episode. Depressive episodes will pass. They always have for me. There have been episodes of depression for me that ended quite abruptly. Just like the sun coming out from behind the clouds, I woke up one day and realized that it had simply gone.

## Hanging On In Quiet Desperation

*"Hanging on in quiet desperation is the English way" — Pink Floyd*

The onset of an episode of depression is unlike that of mania. There is no problem recognizing it for exactly what it is. The problem with depression is that antidepressants take longer to work than drugs for mania. There is not so much point to an emergency pill drill for depression.

The first cold breeze of autumn, after a lazy hot summer, brings with it memories of autumns past, of the new term at school, of leaving for college. So depression can make itself felt initially as a kind of twinge, a hint of half-remembered depressive thought patterns. During periods of health it is hard to remember the details of depressive thought patterns but they are unmistakable when they recur.

Several times my approach to such twinges of depression was to appeal to the Almighty and to just hang on in quiet desperation until it passed. I just pretended that things were normal and kept doing what I normally did—no medication, no visit to the doctor, just hanging on. I don't recommend this approach, but several times the cloud passed after a week or so and I escaped.

With a good relationship with your doctor, a better approach is to make an emergency visit and start a course of treatment. Once again we come back to the need for a good relationship with the doctor. You are asking that she treat you without the symptoms having yet fully manifested themselves. Unless she can trust your insight she is unlikely to treat you until she can observe what is wrong.

Just hanging on has not always succeeded. Sometimes the symptoms do not go away. One can slide slowly, and inexorably, into the Pit, fully aware of what is happening, fully aware that there is nothing you can do to stop it.

## And If I Go Insane...

*"And if I go insane. Please don't stick your wires in my brain" — Pink Floyd*

I had six treatments of Electro-Convulsive Therapy (ECT) during my first depression at age 17. It brought relief from depression but only temporarily. Within only a few weeks I was back in the Pit. It is not an experience I wish to repeat.

*However, some individuals with depression do not respond to treatment with anti-depressants. ECT can be very effective in such cases. In more recent times, ECT treatment has been developed so that the electrical stimulation is applied only to the non-dominant hemisphere of the brain, avoiding the speech and memory centers of the dominant side, considerably reducing the confusion that can result. ECT results in temporary loss of memory regarding events around the time of treatment but there is no evidence that ECT permanently impairs memory. ECT has also been shown to be effective in the treatment of mania.—Adapted from "A Mood Apart" by Peter C. Whybrow.*

## Suicide is Painless

**No it's not.** It hurts a lot of other people—especially those who love you most.

Thinking about suicide, however, is unavoidable. Sitting in a dark corner, drenched in self-pity, while considering the means of ending it all, and the reasons why one should, is just another facet of being a basket weaver. For me this is nothing to worry about, as long as it is restricted to just thinking about it. I have a set of really, really sad songs to play at such times. At such times, you can get into a sad song in ways that are just not possible at other times.

People with bipolar disorder are at a greatly increased risk of suicide. Suicidal thoughts and feelings should be taken seriously.

(Links to suicide help lines are given at the end of this paper.)

## There is a Tide

"There is a tide in the affairs of men..." an ebb and a flow, a waxing and waning, a bright side and a dark side. It is a tide of moods, not the extremes of mood witnessed in a manic or depressive episode. Rather, it is the continual tide of moods that ebb and flow and with which all humanity is familiar. But for us high tide is much fuller, and low tide more desolate, than for most people.

This is the natural order. The tide comes in and the tide goes out. When the tide goes out we wallow in

the mud and slime at the bottom. When it returns we bob up and down with every passing wave. It is the way of things. It is best if we try not to fight it. The best thing for a boat in harbor is to float, to go with the flow. Don't tie it up too tight to the jetty or it will be left dangling in mid air when the tide goes out. Don't anchor it too tightly to the harbor floor or it will be submerged when the tide comes in. Give it some rope.

So too for us: go with the flow—though it takes some getting used to. Sad is not bad. Sad is no more than the tide going out for a while. It will return. Don't fight it. Learn to appreciate it. So too, when you are full of energy and enthusiasm know that it will not always be so. Try and commit to memory what it feels like when you are full of energy and enthusiasm. It will help to remember such times when the tide has gone out and serve as a reminder that the tide will once more return.

This is how Thomas à Kempis, a fifteenth century monk, described it:

*"It is good counsel, that when fervor of spirit is kindled within thee, thou shouldest consider how it will be when that light shall leave thee. And when this happeneth, then remember that the light may return again..."*

## The Final Analysis

*"There is a pleasure sure, in being mad, which none but madmen know."*

*John Dryden (1631-1700)*

I am fortunate that my lucid intervals are fairly long and free of impediment. The only time I require strong medication is during an episode. Normally, the only medication I take is a mood stabilizer to prevent the occurrence of further episodes. Not everyone with bipolar disorder is so fortunate. But everyone will benefit from understanding themselves and their moods better; from learning to recognize the onset of an episode; from learning to reach for the tablets and the doctor at the earliest possible moment.

We are all traveling in different directions, on different roads, in different vehicles. But the rules of the road are the same for all of us. Go with the flow. Drive on the right, except sometimes. Don't exceed the speed limit, unless no one is watching. We will all pass through similar scenery. And the warning signs are the same wherever we are. So I hope my warning signs will help other travelers and give some indication of what lies ahead. And if the traffic cops catch you speeding, submit quietly. Never think you can outrun them. A high-speed chase will end in tears. Your mileage may vary.



There is a tendency to feel ashamed of being bipolar. This is understandable and natural, but totally unreasonable. Bipolar disorder has a strong genetic component—blame your parents' genes (and their parents too). There is, however, shame if you let bipolar disorder ruin your life. There is a lot you can do about it, and only you can do it. With the combination of modern medicine, some effort on your part to understand it and fight it, and the love and support of friends and family, you can subdue it. Bipolar disorder does not have to ruin your life. There's every chance it will not stop you from doing what you want in your life. It didn't stop me.

Take comfort from the fact that many of the world's most creative people have been either bipolar or depressive. The proportion of famous people recognized for their creativity that have bipolar disorder is far greater than that of the general population. "Sanity is boring and true genius may be born of mood swings and mania."

*"There's no dark side of the moon really.  
Matter of fact it's all dark..." — Pink Floyd*

## Recommended Books

### **E. Fuller Torrey, Michael B. Knable: "Surviving Manic Depression: A Manual on Bipolar Disorder for Patients, Families, and Providers"**

An excellent and informative book on bipolar disorder. It summarizes the facts of the disorder that are well established by scientific evidence. It focuses on treatment by medication as it is the author's opinion that not everyone with bipolar disorder requires treatment with psychotherapy in addition to medication. The discussion of modern drugs is thorough. Practical issues such as finding a good doctor and insurance issues (in the United States) are also covered. There is a discussion of bipolar disorder in children and also a brief review of scientific evidence for the connection between bipolar disorder and creativity. An appendix features an excellent book review in which Fuller reviews some 67 books on bipolar disorder and depression. He spends a paragraph on each book and is not afraid to state plainly his opinion on those that he feels have shortcomings.

### **David J. Miklowitz: "The Bipolar Disorder Survival Guide."**

Books on bipolar disorder tend either to be an autobiography of someone's struggle or a medical discussion of the illness and its symptoms. Here is a book written by a medical practitioner that investigates the issues that one faces if one is diagnosed with the disorder and explains practical techniques to cope with the symptoms. It goes beyond, "What is bipolar?" to investigate, "Okay, so what can I do about it?" It looks at the issues involved in accept-

ing the diagnosis. It not only looks at what medication can achieve but also at what it takes to accept ongoing medication. It spends a lot of time discussing techniques for self-management: recognizing one's own mood swings and methods for coping with them. It concludes with a discussion of the effect on the family and on work situations. I highly recommend this book to anyone diagnosed bipolar or who has a family member with bipolar disorder. It is one of the few practical guides to coping with the illness.

### **Francis Mark Mondimore: "Bipolar Disorder: A Guide for Patients and Families."**

A very informative book for patients and their families. It starts with a detailed discussion of the symptoms and diagnosis of bipolar disorder. It covers all of the most common medications and their side effects. The history of the development of our understanding of the disorder is covered together with a little of the genetics behind the disorder. There is a brief discussion of what is understood of the effect of the disorder within the brain. The final chapters give advice on how to live with the disorder and best reduce the chance and the effect of further episodes.

### **Peter C. Whybrow: "A Mood Apart: The Thinker's Guide to Emotion and Its Disorders"**

The author interweaves the personal stories of people suffering from mood disorders, mostly bipolar disorder and depression, with the neurobiology behind the cause of the symptoms in the brain of the sufferer. Occasionally a little technical for the lay reader, but an excellent viewpoint from which to present what we know of the processes in the brain that give rise to mood disorder and the working of the medications used in their treatment.

### **Kay Redfield Jamison, "An Unquiet Mind."**

The classic autobiography of bipolar disorder by a professor of psychiatry who is herself bipolar.

### **William Styron, "Darkness Visible: A Memoir of Madness."**

A chilling account of his descent into, and recovery from, an almost suicidal depression by a Pulitzer prizewinning author.

### **Samuel H. Barondes, "Mood Genes: Hunting for Origins of Mania and Depression"**

A fascinating account of the search for the specific genes associated with bipolar disorder.

## Internet Resources

### Portals for Bipolar Disorder

Pendulum Resources ([pendulum.org](http://pendulum.org)). An excellent collection of resources.

All About Bipolar Disorder ([bipolar.mentalhelp.net](http://bipolar.mentalhelp.net)). A portal from the Mental Help Net with an excellent collection of online resources.

Psych Central ([psychcentral.com](http://psychcentral.com)): Dr. John Grohol's Mental Health Page. A personalized index for psychology, support, mental health issues, and resources.

About Guides to Bipolar Disorder. ([bipolar.about.com](http://bipolar.about.com)). A comprehensive source for information about bipolar disorder for patients, professionals, and loved ones of people who have bipolar disorder.

Bipolar Focus ([moodswing.org](http://moodswing.org)): An excellent resource containing basic information, news articles, discussion groups, book recommendations and a library of streaming audio/video presentations.

Bipolar Significant Others ([bpso.org](http://bpso.org)). A site aimed at the families, friends and loved ones of those who suffer from bipolar disorder.

### Online Guides

Expert Consensus Treatment Guidelines for Bipolar Disorder: A Guide for Patients and Families. An excellent and authoritative guide.

([www.psychguides.com/Bipolar%20Handout.pdf](http://www.psychguides.com/Bipolar%20Handout.pdf))

Understanding Bipolar Disorder. An excellent 30-page brochure from NAMI ([nami.org](http://nami.org)) gives a detailed description of bipolar disorder, its symptoms, causes, treatments, and strategies for coping.

An excellent guide to bipolar disorder its diagnosis and treatment, professionally written and reviewed, from the "Disease Digests" series at Health and Age ([healthandage.com](http://healthandage.com)).

An online booklet from the National Institute of Mental Health that answers many common questions about bipolar disorder ([nimh.nih.gov/publicat/bipolarmenu.cfm](http://nimh.nih.gov/publicat/bipolarmenu.cfm)).

Living with Bipolar Disorder: Brochures from the Depression and Bipolar Support Alliance ([dbsalliance.org](http://dbsalliance.org)).

### Books

Book recommendations for depression and bipolar disorders ([pendulum.org/books/books.html](http://pendulum.org/books/books.html)).

Book reviews and booklist at [lucidinterval.org/booklist/](http://lucidinterval.org/booklist/).

### Support Groups

National Alliance for the Mentally Ill offers a local support group locator ([nami.org](http://nami.org)).

Depression and Bipolar Support Alliance ([dbsalliance.org](http://dbsalliance.org)) maintains a list of local support groups.

The National Mental Health Association ([nmha.org](http://nmha.org)) gives a list of local support groups and much useful information.

Recovery Inc. is a self-help mental health program that holds weekly group meetings around the world. ([www.recovery-inc.org/](http://www.recovery-inc.org/))

### Drugs

Detailed discussion of drugs used in mental health, from Internet Mental Health ([mentalhealth.com/p30.html](http://mentalhealth.com/p30.html)).

[drugs.com](http://drugs.com): an extensive consumer information and an excellent drug interaction checker.

### Suicide

If you are thinking of suicide, read this first ([www.metanoia.org/suicide/](http://www.metanoia.org/suicide/)).

Befrienders International: information and directories of helplines worldwide ([befrienders.org](http://befrienders.org)).

Suicide hotline at the Mental Health Sanctuary ([mhsanctuary.com/suicide/hotline.htm](http://mhsanctuary.com/suicide/hotline.htm)).

### For Elizabeth

Who put me back  
On the straight and narrow,  
So well, and so often  
And who taught me to keep my balance.

### To My Parents:

For always being there.