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BACKPACK

to the bottom of mental illness and back

a memoir



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BY SUSAN RALPHE

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I have tried to recreate events, locales and conversations from my memories of them. In order to maintain their anonymity in some instances I have changed the names of individuals and places, I may have changed some identifying characteristics and details such as physical properties, occupations and places of residence.
For information contact;
PO Box 7027
Beaverton, OR 97007
www.susanralphe.com
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DEDICATION

It was no accident that our lives touched.

This is dedicated to:

My late husband, Roger, who said he thought of leaving only once.

My first psychiatrist, who skillfully, patiently, led me back from psychosis.

My sons, Jason and Matt, who saw it all and chose to grow up healthy.

ONE

I WAS HUGELY MISERABLE BUT didn't know why. It was like feeling the pain of a compound leg fracture but not being able to see the bone poking through the skin.

Without warning invisible bands inside my head often tightened until the pressure became unbearable. Holding my hands to the sides of my head for what seemed like hours, I feebly wished this horrendous tension would go away. It didn't. It sometimes worsened almost to the point that I thought my head was going to explode. Simultaneously my thoughts raced as though my brain were continually in fast-forward mode, while my ability to think lessened. I vividly pictured my brain curling up into a fetal position, and this terrifying thought turned me into a statue, frozen in place.

Ignoring the beauty of spring in Arizona, I climbed into bed and pulled the covers over my head every time I had the opportunity. In my petrified state I didn't know what else to do, and my husband, Roger, wasn't helping me. I was on the other side of the world from decision-making.

A thick phone book full of doctors' names and numbers took up space on my bedside table, but I was no longer capable of opening it and making an appointment. Besides, what kind of doctor would I have called? A specialist in misery? My mind wasn't allowing the words "mental illness" to enter my consciousness.

I wondered, Is this how I'll be from now on?

Fear that my mind would never work again was as real as if the intruder in my head were a burglar breaking into my house. The only thing I knew for sure was that my brain wasn't functioning, and the agony of that knowledge made me wish I'd been spared this one remaining grip on reality.

I just want this to stop, I thought helplessly.

At work I sat at my desk, a ghost shuffling papers and making phone calls but doing little writing. I don't know why the newspaper didn't fire me. Maybe it was the nature of my job as an "Answer Line" columnist at The Phoenix Gazette. I worked on multiple consumer complaints simultaneously, and it wasn't unusual to go through periods when none of them were resolved and printed.

By late summer I called in sick repeatedly. At home one morning I turned on the TV to watch The Today Show. Bryant Gumbel and Jane Pauley looked familiar, but when I tried to think of their names, I couldn't. I watched a couple of interviews, focusing on every word but without any idea of what had been said when the segments were over. I turned

off the TV in frustration. My eyes were taking in images on the screen, but they were getting lost on the way to my brain.

Trying to read was even worse. When I opened a novel, I couldn't remember what had happened on previous pages or recall the names of the characters. The written word had separated from me. It was part of my world as a journalist, but that was a place where I no longer fit.

Reading a book was just as futile as watching TV.

Frustration and pain became my sole companions, and my mental anguish was worse than any physical pain I had ever known. It was a case of segregation, me in my corner, and the rest of my old world in the other.

I shut out Roger and my young sons, Jason, 12, and Matt, 5, from the bedroom. Often, when they left the house for work and school, I slipped downstairs into the kitchen for crackers, then scurried back to bed to eat them. A heavy inertia was holding hostage my interest in everything, including eating, so there were days when crackers alone kept me alive.

On the world stage that year Mikhail Gorbachev became general secretary of Russia's Communist Party, while in this country newspapers were running stories about issues still on the front-page today: abortion, AIDS, and Social Security reform. At local theaters *Back to the Future*, *Rambo: First Blood Part II*, *Rocky IV*, and *Cocoon* were entertaining movie goers.

In my world no important external events happened that year. I missed all the new movies and books as my mind short-circuited. I, who had rarely missed a sunrise or sunset, was opting each day for total eclipse of anything beautiful or good.

"I just can't put one foot in front of the other," I often told Roger that fall as soon as I opened my eyes in the morning.

"Pick yourself up by your bootstraps," he said repeatedly. He came from a German farming community in Minnesota, and he said that's what people there did when they had problems.

He said he thought of me as the feisty woman who had never gone along with anything I didn't like in 16 years of marriage. Probably because his mind was drowning in a beer-drinking habit, Roger failed to notice that I had become less and less able to think or act on my own.

When getting out of bed in the morning became one step away from impossible, Roger literally pulled me out, insisting on morning walks.

"Please let me sleep in a while," I pleaded.

"Put on your clothes, and let's get going," he said. So we walked, usually for a few blocks near our Scottsdale townhouse, and when we got back, I felt worse than ever. I was simply farther into another miserable day. Exercise couldn't touch what was wrong with me.

"Please help me find a counselor," I pleaded.

"I don't believe in that liberal crap," he said.

We weren't church goers at the time but another day, sidestepping my Methodist roots and appealing to his Catholic background, I begged, "Please call me a priest." "Absolutely not," he said.

And so I didn't talk with a psychiatrist or a clergyman while I was still on the lukewarm side of brain freeze. I also didn't confide in a friend, neighbor, or co-worker.

As scorching summer temperatures turned into pleasant fall days, I was oblivious. One evening I stood in the master bathroom, facing the medicine cabinet, enveloped by black, numbing despair. As I stared at the green wallpaper peeling around the edges of the shower, I decided on suicide as the only way out of my unbearable misery. Without emotion I swallowed a small handful of aspirins, then another and another.

I wonder how many aspirins it takes, I thought.

This will show Roger how miserable I am and how badly he has mistreated me! I told myself. Here's my chance to get back at him for dressing up and going out to the bars on Friday evenings to flirt with other women.

After a few minutes, I stopped downing aspirins and started squinting at the remaining tablets in the bottle, realizing that I didn't know how full it was when I started.

How could I be so stupid?

At that moment Roger wandered into the bedroom and saw me, aspirin bottle in hand, still staring at the remaining tablets. A part of me had been hoping he would come in so I hadn't shut the door between the bedroom and the master bath.

"You're going to drink raw eggs and coffee grounds to make you throw up," he said. I didn't question this at the time, and I never figured out his rationale for that combination.

He didn't suggest getting medical assistance. He wanted to handle everything privately, didn't want outsiders involved in our business. Was that an offshoot of the secrecy aspect of alcoholism or just his personality?

He led me downstairs, and I didn't resist. Reaching the kitchen, I watched mutely, feeling nothing, thinking nothing, as he broke several eggs into grounds he took from the coffee maker, which hadn't been cleaned that morning.

He poured some of the mixture into a glass and handed it to me. "Drink this right now," he said sternly. As usual, I complied with what he said, and the concoction worked its magic.

After only a few swallows of this putrid brew, I flew to the little half bath between the kitchen and living room. Some of the aspirins came up. Others, though, remained in my system. My ears started ringing loudly, and I was so sleepy I could hardly stand.

Roger wouldn't let me alone. Every time I fell to the carpeting or slouched into the big cushions on the couch, he pulled me to my feet, yelling "Walk!"

He hung onto my arm, leading me back and forth across the living room.

This is agony, I said to myself. I wish I hadn't swallowed the aspirins, but I still don't want to live, either.

As we paced the living room, I got unbearably tired and spoke for the first time since he had discovered me with the aspirin bottle. "I've got to lie down," I moaned.

"Keep walking," Roger said, over and over.

Several hours went by, and I became more alert. The buzzing in my ears lessened. I went outside on the patio for a cigarette in the night air.

That was it.

A week later Roger and I stood in the upstairs hallway arguing about an issue long forgotten, when he abruptly became fiercely angry and shoved me hard. I headed toward the stairs, and as each of my high-heeled shoes met a carpeted step, I thought, frantically, I've got to keep my feet moving fast or I'm going to fall.

My next thought was, I'm going to twist my ankle. Or break a bone. And I'm heading for the wall at the landing!

After touching down on the fourth or fifth step, I managed to grab onto the metal railing, and that slowed me down considerably. Miraculously I made it down the first set of stairs. Instead of crashing into the wall, I fell onto the thickly padded landing next to it. No physical damage was done.

Roger didn't follow me to the landing or ask how I was. It was surreal. Afterwards the thought that he had tried to injure me came into my mind, but I quickly dismissed it. Despite the way I've been acting lately, I'm sure he still loves me, I told myself.

I chalked up the incident to beer. Connections in his head, as well as mine, were seriously short-circuiting, and neither of us was in any shape to deal with our own problems or each other's.

That fall, driving off a mountainous road entered my mind.

I headed north toward Payson on State Route 87, which took me into the Mazatzal Mountains soon after I passed Fountain Hills and the Ft. McDowell Indian Community. There were lots of opportunities to drive off the highway into valleys far below, but I couldn't get up the nerve. And I couldn't get myself to drive head-on into on-coming cars, either.

Do it, do it! I told myself as I crossed the center line one last time, heading across the left lane toward a steep drop-off on the other side. Before the car reached the edge, though, I crossed back over to my side of the road, turned around, and drove home.

My misery had grown bigger than this Mazatzal mountain range, actually larger than the Grand Canyon even farther north. And I had lost all hope of feeling better.

* * *

Despite how I felt, I went to New York City that November with Donna, a fellow reporter at The Gazette, staying with a friend of hers, whose apartment was only blocks from the theater district.

It was dark when we arrived at her doorstep and rang the buzzer, too late for exploring the city, so the three of us spent the evening in her living room, drinking cabernet

sauvignon and snacking on home-smoked Kentucky ham that Donna had brought. She had lived previously in Manhattan and no doubt anticipated that her friend's refrigerator would be almost empty. Elizabeth confirmed that as we chatted, explaining unapologetically, "I eat out all the time."

Whenever the noise of honking horns in the street one story below increased noticeably, Elizabeth flew downstairs to move her car from the lane of traffic where she had left it. When the immediate fuss was over, she again parked the car in the street, parallel with those lined up tightly along the curb.

"It's a company vehicle, and the garage is quite a few blocks away," she said, as though it were the most natural thing in the world to park in the street.

I was feeling pretty good, considering that I had cried almost nonstop that morning at the airport as Roger and I sat at the gate. I had been utterly despondent, and nothing Roger said made me feel better. In fact, I had the impression that he wasn't trying very hard to lighten my mood. He walked away several times when my tears apparently embarrassed him, more concerned about what people nearby thought than how I felt.

That evening as I sipped my second glass of wine, I basked in the luxury of Elizabeth's urbane living quarters, taking on a bit of an attitude of self-importance generated by the thought that I was visiting an editor for a corporation which sent news programs around the world via satellite. This was another world, far from Arizona and even farther removed from my little hometown in the Upper Peninsula of Michigan.

When our hostess told us that her maid had been mugged earlier that day in the neighborhood, however, uneasiness swept over me. And when Elizabeth told us to leave our purses in her apartment and carry a little cash in a jacket pocket, a layer of fear piled onto the uneasiness, but I didn't mention it to them.

The next morning when I tried to mix hot and cold water for my shower, my thinking was so fuzzy that I couldn't get it right. The old-fashioned faucets in the centuries-old building resembled short, fat spokes of a wheel, and when I turned one or both, the water came out much too hot or cold. I settled for lukewarm.

I knew my mind wasn't working, but I still didn't equate that with mental illness, and I still didn't say anything to Donna or her friend, just as I hadn't told anyone back home except my husband. Hiding my problems was a well-established *modus operandi*.

When we headed out that afternoon, the sounds of Manhattan hit me like a giant, jarring, discordant symphony, each note tightening bands of tension in my head. The crowds jostled me, disorienting me and hopelessly jumbling my thoughts.

In the evening Donna and I saw Cats on Broadway. My yet-unidentified but fast-growing mental illness was digging black holes in my memory, so I don't recall how we got to the theater, what it looked like, or if we had good or bad seats. My mind couldn't retain Jellicle cat names or characters, but my spirits lifted momentarily when I heard the Memory lyrics, "Daylight, I must wait for the sunrise. I must think of a new life." When we left the theater, I knew my problems wouldn't be gone by sunrise, and I had no hope of a

new, better life. Yet I clung to bits of the music and plot as an evicted tenant would to a sagging home, about to be torn down.

The following morning mental illness completely stole my mind in a process that, unknown to me, had been ongoing since I was a child.

Ordinarily I would have phoned Roger to tell him about the play, but I don't know what I had in mind when I dialed my home number that morning. I hadn't attacked him previously, but that day, as soon as he answered, I let him know exactly what was wrong with him, unleashing a long list of grievances. I verbally clawed at him, my mindless, angry tirade a would-be weapon with which I feebly thought I could clobber him for wrongs against me over the years. After a while I broke down into tears, sobbing uncontrollably to the point that I had to catch my breath periodically before I could speak again. My ranting became louder and louder, more and more irrational.

"You're mean to me. I hate you. I hate you. I hate you!" I screamed.

I can't remember what Roger said or if he said anything. All that mattered to my battered brain was that I was finally telling him what I thought.

"I can't stand the way you treat me. You're mean. You won't help me. I can't believe you won't help me!" I sobbed into the phone.

"I wish I had never met you. I wish I had never married you!"

Eventually my babbling become hopelessly repetitious, not because I thought more words would have increased effect but because I wasn't capable of rational thought.

After perhaps a half hour of senseless attack, I hung up the phone, collapsing in a tired heap, unable to think or feel, except for an unbearable level of tenseness in my head.

I had hit the black bottom of mental illness. I was only days away from my 40th birthday.

Neither Donna nor her friend, both of whom had heard my sick tirade, said or did anything until I put down the phone.

In Phoenix Donna had occupied a far corner of The Gazette's newsroom and had only recently been introduced to me by Rebecca, a fellow reporter. Yet in these few minutes Donna had come to know more about me than she would ever have wanted to know.

As soon as I put down the receiver, she grabbed it, and I watched as she stood, silhouetted against the front window of the West Side apartment, calling for flight information out of New York. In the newsroom she was known as a quick study, as someone with a serious, intense edge to her intellect. Within minutes of my breakdown Donna had arranged a flight for me back to Phoenix that evening.

I realized then that I had crossed over an imaginary line of acceptable behavior during my phone call. Mostly, though, I felt numb. I didn't even feel embarrassment over my scene.

"You need help, and this isn't the place to get it, so I'm going to get you back home," Donna said after her call. She didn't talk much with me later that day either. Actually there wasn't much to talk about. This was the first time we had hung out together

outside of the newsroom.

She adopted the stand-back, don't-talk-to-her, don't-interact-with-her attitude that I would soon see repeated in neighbors, co-workers, friends, and acquaintances. People are uneasy around mental illness, and it piles another layer of discomfort onto the misery experienced by those of us who are ill.

My mind erased most of what happened between Donna's call to the airline and walking toward the gate at JFK. The only airport picture in my mind is of walking down the concourse and looking at Donna as she spoke.

"Woody Allen says everyone could use a good shrink," she said, speaking truth and trying to keep things light at the same time.

In the darkened plane I asked the stewardess for aspirin, thinking it would cure what was wrong inside my head. As she delivered two aspirins, she grimaced, eyes squinting, and I thought I could see in her expression that she knew something was wrong with me.

I arrived in Phoenix at 4 a.m., alone and without house keys or a ride from the airport. Roger, his mind and body slowed by too many beers over too many nights over too many years and exhausted by my slow-motion collapse, said, when I telephoned him, "Do you know what time it is? I'm tired. I don't want to pick you up."

So I took a cab for the 10-mile ride to Scottsdale and then pounded my fists on the locked patio door of our two-story townhouse until I thought neighbors on either side would surely wake up. Finally my own door opened, and Roger stood there looking older than his 43 years, beer belly hanging over the waistband of his boxer shorts, face ruddy, hair askew, eyes puffy yet stamped with an unmistakable look of impatience, as though he were looking at an uninvited door-to-door salesperson.

"I'm going back to bed," he said in an icy tone. No welcome, no other words, no open arms, no kiss. I could hardly believe it. It wasn't my Rog.

My husband, an intensely private person, had been painfully embarrassed by my phone call from New York, and his coldness reflected anger over that call.

The next morning, however, reality hit him, just as it had slammed me hours earlier in New York.

TWO

ROGER LOOKED AT ME CURLED into a tight ball on the other side of the bed, unmoving, facing him but staring wide-eyed at the wall behind him. I ignored his insistent questions, his attempts to talk. Finally about 9 a.m. he phoned a private mental hospital a few blocks from our home.

"I think my wife needs help," Roger said to the person who took his call that morning in late November.

After a few minutes, she apparently asked to talk with me, because I remember Roger handing the phone to me as I sat in bed. I can't remember any of her questions or my replies.

Eventually she said, "Come on over. Let's talk some more."

Roger, now listening on the kitchen phone downstairs, agreed. I acquiesced as well, too weak to do anything but follow Roger and the voice on the phone. But I didn't think there was anyone who could help me.

We immediately dressed and piled into the light blue Mercury Zephyr that in happier days I had jokingly called my "sports car." I can't remember seeing Jason and Matt that morning. I assume Roger told Jason to watch Matt while we were gone.

We were silent as we drove two miles between our townhouse and the hospital. Until recently the Scottsdale streets along our route had been pleasant places where we often walked. Now I stared out the passenger-side window, numb and barely recognizing buildings in our neighborhood.

Once we got to the hospital, we took a winding sidewalk through deep-green, manicured grass toward the entrance of the sprawling, mustard-colored, Southwest-style complex. I was a robot moving along a conveyor belt.

A woman wearing a no-nonsense attitude invited me to sit down opposite her at a metal desk in a large, sparsely furnished office with white walls. Skipping over polite greetings, she launched into questions in a soft monotone.

I could handle the first few. "What's your name? What's your address? How old are you?"

Then one particular query—I don't know what it was, although it may have been something innocuous such as, "How are you feeling?"—set off alarms inside my head.

She thinks I'm sick, I gasped inwardly, full of fear.

"He's the one who's crazy," I shrieked, jumping from my seat, pointing at my husband,

then pounding my fists on his chest. I began to realize where things were headed and thought angrily that his heavy drinking had to fit in somehow.

It didn't take them long to admit me.

"Unit C, not Unit B," the intake nurse said matter-of-factly to two young men standing in back of me.

I would soon get the hang of the difference.

Unit C was the end of the line, a locked unit. No one gets in or out unless a staff member unlocks the doors. It doesn't pay to point fingers of blame, as I had at my husband, when you're in a mental hospital.

Minutes later I found myself standing alone in front of the plastic-fronted nursing station in Unit C. The two, heavy-set orderlies who had escorted me were already gone. On my side of the room a tiny woman in her 20s wearing navy sweats and a football helmet that wobbled on her small head appeared from out of nowhere and came toward me. The next thing I knew she was hitting and kicking me.

"Get her away from me," I shrieked to one of the nurses behind the plastic enclosure, afraid that this person would hurt me and panicky at the thought, based on multiple doors, locks and buzzers that my escorts had navigated on the way in, that I wouldn't be able to get away from her.

"That's not nice," the nurse said politely, gently, to the football-helmeted girl. That's the only thing she said. I thought someone should be removing her from the scene, but no one did. She lurked a short distance away.

How could this be happening?

Thinking back, maybe this opening scene played out less grimly than it appeared at the time. My realization of the absurdities in the football-helmeted-girl incident hinted that there would be a way back for me. First, though, things were going to get much worse.

That evening they served me a meal on a tray in a large area where I was alone, maybe the same room where I had encountered helmet girl. I noticed a TV set in one corner, but nothing else registered. It was as though my brain was capable of taking in only one thing at a time, first the girl in the helmet and later the TV. My plate contained a large, round, unidentifiable, almost meatless bone and stringy vegetables that caught in my teeth. I didn't eat much, and I didn't wonder where the other patients were or bother to wish the TV set was turned on.

Later someone took me to my room. That first night I stared at the bedside clock, watching each hour drag by. I fell asleep at some point, because I remember waking up at 4 a.m. with my mind racing faster than it ever had previously.

I suspected someone would ask me later that day what my problems were, so I pushed the call button, asking for paper and a pen. A staff member arrived a few minutes later with these items, and I started writing, trying to prepare for the questions I thought were ahead. Roger's name and Catherine's, my editor at the newspaper, appeared all over the page.

"Roger is mistreating me," I wrote.

"Catherine is mistreating me."

As I tried to fill in details, however, I wasn't able to come up with, much less write down, a single example of how either of them had wronged me. My frustration level skyrocketed, because I was convinced both of them had played a big part in why I was hospitalized. Three hours into trying to write, I gave up, heaving the paper toward a corner of the room. Until a week ago writing had been my livelihood as a reporter, and now I couldn't put my own thoughts on paper. Thankfully, the irony of this failed to register at the time.

Sometime that first morning I looked around my room. I remember seeing the bed, a bedside table with the clock on it, the call button, and a small chair. From my bed I couldn't see anyone approaching the room, because the doorway was situated in a corner so that people were already walking past the foot of the bed when I became aware of their coming my way.

Later that morning a small man in a gray suit and white shirt walked stiffly into my room, his closely-trimmed beard and thinning hair nearly matching the color of his suit. As he sat down beside my bed, peering at me through silver-rimmed glasses, I thought he looked old and wrinkled. He must have introduced himself as Dr. Benjamin, my psychiatrist, but his introduction went past me that morning.

He was soothingly pleasant and wanted to talk, which felt good. That was enough for me.

Balancing a notebook on his knee, he soon started writing. I can't remember what I said or what he said, except that he asked a lot of questions in a calm voice and a distinct nasal twang. He had a way about him that didn't set off alarms in my head, but I felt mildly frustrated when he didn't seem interested in my complaints about Roger or Catherine. In fact, his only response was to go on to his next question. I let it slide; his easy manner was inviting after so much turmoil at home. He seemed kind, but when I looked at him, my heart cried, There isn't anyone smart enough to fix what's wrong with me.

He abruptly got up to leave after what seemed a very short time.

"Wait, don't go," I wailed.

He ignored my plea and, looking over his shoulder on the way out, told me matter-of-factly he would be back the next day.

Years later I asked the hospital for my records, and Dr. Benjamin's Patient Care Record notation that first day said:

She is very agitated; talks rapidly with disjointed ideas and animated body movements, frequently covering face with hands...expressed feeling fearful of being labeled "insane," of hospitalization, of losing control and being judged by family and co-workers... "I lost the three most important things in my life (husband, children and job)"... much negative self-talk, denial and catastrophic expression.

The second day as I walked down a hallway, I noticed a small room where several staff members were gathered around a huge, round table. On second glance I saw that they were talking with Dr. Benjamin and Roger. Seeing the two of them together surprised me, threatened me somehow, because without a second's thought I barged through the unlocked door and without saying a word started hitting Dr. Benjamin's shoulders. It didn't make sense, except as a mental patient, because a day earlier, when he first visited me, I had liked him.

I left the hospital the following day. Months later Roger told me that the nurses had been angry at my doctor for letting me out. I think Roger had initiated the idea of my leaving. His drinking had instantly escalated when I entered the hospital, further clouding his already-pickled thought process, and he told the staff he wanted me at home.

Dr. Benjamin may have thought that once back home, I would realize how miserable I still was and want to return, this time in more of a mood to be helped.

As usual I went along with what Roger wanted. Besides, I was feeling every bit as miserable in the hospital as I had at home. It never occurred to me that my problems weren't going to disappear instantly via a mental magic wand.

The bands of tenseness inside my head continued to tighten relentlessly once I was back home, as if gremlins inside my brain were continually turning them with a screwdriver. I never left my pajamas or my room.

Roger's love had caused him to want me with him, but he was thinking like an innocent child, absurdly believing that everything would be okay if we were together. We would find out that love alone can't cure mental illness.

After a couple of days, Donna arrived at the house with Rebecca, the reporter who had introduced us. They had been talking with Roger on the phone and must have convinced him that I needed hospitalization. The two of them quickly talked me into going back to the hospital with them.

"Just get in the car in your pajamas and robe," Rebecca said. "It's okay."

The fact that I agreed was a symptom of how ill I was. I had always felt most comfortable in the dresses and suits of the business world with my hair styled and minimal make-up in place.

I entered the locked unit for a second time, with no knowledge of the horrors ahead.

THREE

INSANITY CLAIMED LARGE CHUNKS OF the rest of my hospitalization, but hospital records have enabled me to fill in some of the gaps created by my tortured mind.

One evening my tongue became so thick I could barely speak.

"Emergenthee, emergenthee," I yelled mindlessly, my tongue feeling thick, as I ran from my room toward the nursing station.

A nurse grabbed the phone, dialing my doctor, as I stood there in front of her, my mangled speech telling her all she needed to know. I had been over-medicated. The only thing I heard her say was "swollen tongue."

My mind blanked out further memories of the incident, so I don't know how long this adverse reaction lasted, whether they gave me medication to counter it, how I got back to my room, or if I went back to my room at all that evening.

The Patient Care Record for Nov. 26, two days after I was admitted for the second time, gives this account of the incident:

Patient tongue thick and enlarged. Neck drawing to left side.

An addendum said, Patient's thick tongue relieved by Cogentin.

On Nov. 28 a hospital Nursing Care Plan diagnosis described my mental state as follows:

disorientation, restlessness, irritability, decreased concentration, mood swings, disordered thought sequencing, and hesitancy to take medication.

The following day Nursing Notes show that I was focusing, not on the hospital's program, but on "not seeing my children."

My mind no longer separated time into days or hours, so all it chose to hold onto were a few, widely separated incidents, jumbled together with no respect for sequence. Sometime during my stay I came to realize who Dr. Benjamin was and that he had a name.

I have no idea what medications I took in the hospital. Dr. Benjamin's notes show, however, that he treated me initially with Navane, an antipsychotic; Halcion, a hypnotic, for sleep; and Cogentin, to decrease muscle tremors caused by Navane. I was so out of it, I didn't notice the muscle tremors.

I also had no idea which of these medications caused my tongue to swell dangerously. When I looked them up on the Internet, "swollen tongue" was listed under more than one of them. Looking back, it's not hard to understand why this overdose happened. I was

acutely ill, and hospital records show Dr. Benjamin was hurling mega-dose medication charges at my symptoms.

My mind insists on retaining vividly an incidence of incontinence in a hospital hallway. One day I realized I had to go the bathroom but had no idea where my room was. As I went down one corridor after another, I tried to hold in the feces but couldn't. Liquid stools slid down my leg, forming a brown stain on the floor.

"Help," I said feebly, as I stood, riveted to the spot, not knowing what else to say or do.

A young woman appeared almost instantly, rushing me to my room and cleaning me up. Later I tried to find the brown spot somewhere in the hallways, but it wasn't there. I felt embarrassed for the first time in a long while, and this agony over what had happened, this instance of caring about what others thought, was a positive sign.

It was a short-lived positive, however. Another day I ran down one hallway after another, careening wildly and bouncing off walls as I went, as manic as could be, although Dr. Benjamin hadn't yet diagnosed me as bipolar.

"Whee, oh, whee, whee, look at me," I shrieked, adding additional one-syllable words as I moved along.

As I whizzed past the nursing station, one of the nurses, yelled, "Settle down or we'll put you in a padded room."

I kept on going. A few minutes later two staff members dressed in white tackled me, jabbing a needle-full of medication into me that caused me to lose awareness.

The evening before Thanksgiving staff members urged me to join others in playing a board game. I don't remember what game it was or any of the faces around the table, but I remember that as the game went along, I was planning my moves. To my amazement I won, or at least I thought I did, and no one said anything to the contrary.

"I can think again! I can think again!" I told myself with excitement so huge that it swirled inside my head and filled my consciousness.

My exhilaration didn't last. Thanksgiving Day followed, and I wasn't thankful. Roger told me that 12-year-old Jason was at home cooking a turkey using instructions he had gotten over the phone from both his grandmothers. All I felt was sadness and guilt over not being there.

My mind still didn't work right. I couldn't concentrate, couldn't understand, and couldn't remember anything I tried to read. It didn't matter, because my eyes didn't work, either. Medication had blurred my vision. I complained to Dr. Benjamin but to no avail. I was so ill that Navane had taken priority over my eyesight.

On Nov. 30th, my 40th birthday, Progress Notes documented my uncooperative attitude toward movement therapy, a group exercise class, with my words: "You're off the track. My body is fine."

That day my mind chose to focus entirely on my present misery, sparing me comparisons with memories of fine restaurants and family fun on previous birthdays.

Roger, Jason, and Matt, who would turn six the following day, came to visit.

My sons said almost nothing, and their hugs were stiff. They were scared.

Knowing how much I loved reading, Roger gave me a book whose title and author I can't recall. With my eyesight far too blurry for reading, the book became one more reminder of how sick I was.

The next day Roger told me about the birthday cake he had bought for Matt. I was missing my son's birthday celebration. I wept off and on for the rest of the day.

Another evening, Roger later told me, he found himself conversing rationally with me in my hospital room for the first time in a long while. I can't remember the day or the conversation, but I remember what he said minutes later to my psychiatrist, no doubt because Roger's words felt so good.

"This is my Sue," Roger reported to Dr. Benjamin when he walked into the room.

Soon after that they transferred me to an unlocked unit, where I immediately took to threatening my elderly roommate, who according to talk going around, had checked herself in as usual before Christmas in an attempt to run from loneliness.

"Don't get in my way," I warned her each evening and again in the morning, "I'm going to be in the bathroom from 7 a.m. to 8 when breakfast starts, and you're just going to have to work around my schedule."

The poor woman cowered in her bed, perhaps starting to think that being alone was preferable to being with me.

Meanwhile, I was also antagonistic toward group therapy. I don't remember the staff telling me the purpose of these sessions or how to conduct myself, but my mind was working well enough to figure out that I had a bad attitude.

Nameless, faceless patients, about ten of us, seated in chairs, more or less in a circle—that's what I can visualize. I was aware that I was boiling over with generalized anger, no doubt a symptom of the mania that was undiagnosed at the time, and as a result, I didn't care about any of the others. Although I failed to tell staff members how I was feeling, my callous attitude wasn't lost on them.

A Dec. 2 Group Therapy note read:

Patient had little tolerance for others' sad feelings and made tangential comments at these times.

I thought I was pulling something on everyone with my sarcastic comments, but Dec. 4 Group Therapy Progress Notes recorded:

Patient continues to state "I'm perfectly happy" although a lot of underlying hostility is evident in her comments. Patient was confronted by a peer on her anger, but she denied it.

On Dec. 5 a Group Therapy note said:

Patient continues to deny any problems even with gentle prompting.

After a few more sessions, I began talking. Somehow I had picked up the idea that this

was the ticket to getting out of the hospital, and I wanted out. Whatever I said, I intentionally avoided voicing the things that were tearing me apart. They were too painful, or I didn't know what they were at the time.

"I'm sad about my childhood, about my dad being sick the whole time and dying when I was 12," I said without emotion, remembering that the nurses had seemed to make a big deal about this when I was admitted.

"Catherine, my editor, gives me all the hard stories," I said. "It's not fair."

After a few more group sessions, apparently successful in the eyes of the staff, although I was merely continuing to expound on my sad childhood/bad boss themes, the staff told me I would be released soon. I wanted to get out, but, although I didn't tell anyone, I had a sinking feeling that whatever was wrong hadn't been fixed. No wonder. I had intentionally sabotaged therapy. If I had told Dr. Benjamin and the staff more about my early years, it might have led to a correct diagnosis much sooner. As it was, I kept my young memories locked up tightly inside my head.

* * *

One of these memories was of my mother bending down to say good bye and giving me a kiss before being driven to the hospital. I was four-years-old, so no one had explained to me about the lump in her breast or planned surgery, but the tenseness at my grandma's home that morning told me that something scary was happening. Panic engulfed me as I clung to my mother, sobbing.

"Mommy, come back! Come back!" I wailed as I stood in the front yard watching the car disappear around the corner. My grandma hugged me and told me everything would be okay, but her assurances didn't make me feel better.

I flew inside and up the stairs to the bedroom in my grandmother's old house in Norway, MI, where my mother, bedridden father, and I were staying while our home was under construction. Throwing myself onto the bed my mother and I shared, I sobbed until my tears were gone. My dad, unable to move across the room, tried to console me with words, but it wasn't possible. I knew something was very wrong with him, and that day I was worried that I would lose both my parents.

What would I do without a mom and dad? I thought.

My mom survived the operation, but stress, one element of my disease, had already entered my young life.

* * *

Kindergarten left me with painful mental images.

Every weekday morning I bounded down my front steps and skipped happily along the sidewalk connecting my home and the school a block away, but I was often transformed into a troubled child almost as soon as I arrived. My little brain got stuck almost immediately on gigantic fears that crowded out everything else. All morning I was

consumed by the thought that I wasn't with my mother. My mind would fill with images of my sick father, then quickly switch to worries that my mother would die. It was the same fear that had gripped me a year earlier when my mother left for the hospital.

Mommy, Mommy, where are you? I asked myself over and over as kindergarten started each morning. Are you okay?

I didn't tell anyone what I was thinking, and not surprisingly, with my father ill, I was growing overly dependent on my mother. We didn't have a car, and my mother was at home taking care of my dad, but my budding mania somehow didn't believe that as I peered out the windows at McKinley Elementary, a small, brick structure long ago torn down, that packed kindergarten through third grade classes and a small playground into one end of a block of homes.

Often I did what seemed logical to me as a four-year-old who would turn five that November and who was already troubled. I waited until I got to the playground at recess and then walked home.

As soon as I arrived, my mother went straight for the phone, calling the school. In Norway, a town of 2,000 in Michigan's Upper Peninsula, the teacher and my mother were on a first-name basis.

"Walk back to school right now," she said each time. "You'll get there before recess ends."

I did as she said, but my worries remained solidly entrenched in my mind.

In the fourth grade I added a new twist to my torment:

My mother is going to be killed in a car accident on the way to her women's meeting at church, I said to myself.

Other days I told myself, without anything specific on my mind, I've got to get home. I obtained the teacher's permission to do so, at least for a few times, by faking a stomach ache. Finally the teacher phoned my mother, and after their conversation, my mother directed me to stay at school.

Stressful as this was, I still didn't tell anyone what was haunting me. I didn't think my worries involving my parents would be acceptable, because at home I had never heard talk about feelings. My mother was my father's nurse, and their conversations centered on daily activities such as meals and bedpans.

* * *

As a sixth grader, I walked downtown after school one spring day with a few classmates. We were on our way to sipping cherry Cokes at a little restaurant where Greyhound also discharged and picked up passengers.

In the 50s we felt safe wherever we went in our small town, and in the summertime we grade-schoolers easily got our parents' okay to walk a half mile along U.S. 8 from the city to the county fair. Later, when we reached our teens, we clamped on ball-bearing roller skates on weekend evenings, skating all over town on city streets until 10 or 11 p.m.

Years later when I visited Norway, people told me it wasn't the same anymore. On the day when drugs slithered out of Detroit and other big cities, making their way to my little hometown, the security we had taken for granted as kids developed cracks, places where unsavory influences slipped into the town.

That particular afternoon, however, our security still solidly in place, my girlfriends and I stopped to rest under the shade of a big, old oak tree at the intersection of Main and Iron streets. Sharon, whom I didn't know as well as the others, opened her report card and passed it around.

I looked at her all-A's and was instantly struck by how poor my grades were compared with hers.

"Show me yours," she said.

"Some other day," I said.

I had the usual mixture of B's and C's, grades that hadn't bothered me until that moment but immediately became a source of great embarrassment.

When I burst through the front door at home, I skipped my usual "Hi, Mom!" and announced emphatically, "I'm going to get straight A's from now on."

No surprise, considering developing mania, my next report card contained nothing but A's.

"I always thought you were smarter than the grades you had been getting," my mother said without emotion or understanding of the change in me.

* * *

These stories could have been helpful, but I didn't share them, so here I was in a private mental hospital in upscale Scottsdale being treated by a psychiatrist respected in the local area, but no one brought up the possibility of bipolar disorder. Instead Dr. Benjamin had written the words "acute psychosis" on his admitting paperwork and later referred to "family problems".

A social worker in her initial Social History, suggested:

chemical dependency lectures, stress management, assertiveness training, marital therapy, psychodrama and possible psych testing.

Her Social History continued:

Recommendations also include continuing on an outpatient basis in individual and couple's therapy, and the patient involving herself possibly in an Al-Anon support group after discharge.

Did I receive all that treatment? If so, I don't remember it. Was I counseled to go to Al-Anon? In reality, many years went by before I looked for a meeting.

My acute mental deterioration at the time was a major reason why my diagnosis was inexact. My brain was incapable of listening, understanding, following directions, remembering, or functioning very well at all, so how could anyone get through to me or me to them? I can't help but wonder if that's the case for other mentally ill people who

are treated while acutely ill.

FOUR

A FEW DAYS BEFORE MY release, a nurse asked if I wanted to go home on a pass. Wow, did I ever!

I think I was expecting that my world would change dramatically in some sort of acknowledgment that I was fragile at this point, but those Pollyanna-like dreams got smashed within minutes.

Please don't drink tonight," I heard myself saying to Roger in a small, pitiful voice.

I watched him, standing barefoot on the kitchen's cool Saltillo-tile floor loading the dishwasher. He wore boxer shorts, his at-home uniform. Beer dribbled down his bare chest every once in a while as he put his head back, downing one huge gulp after another.

"I'm going to have some beers," he snapped, steel in his eyes and a chill in his voice.

His demeanor, as well as his words, sent me a clear message, one that told me once again that he didn't intend to pay any attention to my words or feelings about beer, not even now.

Doesn't he care that his beer drinking was a precipitating factor in my mental collapse? I wondered.

It was a revolutionary thought. For years his drinking had worried me immensely, but this was the first time I had connected it with my mental problems.

While Roger did the dishes, I was sitting, feet up on the black-and-white tweed family-room couch on the other side of the kitchen counter, when I became aware of a familiar unpleasant feeling settling in the bottom of my stomach, that mixture of worry, helplessness and dread that descended on me whenever Roger drank. The dark, wood-paneled walls of the room, another 60s decorator touch, mirrored the gloom I was feeling, but I reacted the way I always had: I said nothing more, did nothing. Although I had believed in Jesus ever since I was three, it never entered my mind that evening to give my feelings of dread to Him or to go to God in prayer. Ever since I married Roger, and we fought about where to worship—in the Methodist church of my childhood or the Catholic church of his—I had moved farther and farther away from God.

As I sat on the couch, my attention switched from the man in the kitchen to another image of him, of the nice guy I had met in 1968.

It was on an August night when I had been out of college about six months and was working for the Job Corps in Marquette, 90 miles north of my hometown. Two fellow residential counselors had knocked on my door a few hours before we were scheduled to work the night shift.

"I'm bored. Let's go out somewhere," one of them said. I had a hard time saying "no," because her words spilled out in ready laughter and a stream of excitement.

"Well, okay," I said hesitantly, feeling it wasn't worth going out for only a couple of hours.

"How about the Four Seasons?" they asked.

That's how we came to settle in that evening at the Four Seasons' bar, ordering drinks and entering into the mood of the small city's sleek, new night spot, where the polished wood dance floor shone as brightly as the glassware suspended from a rack above the bar.

I sat there with my friends, sipping a rum and Coke and inhaling cigarette after cigarette. After about an hour, I noticed a freckle-faced, brown-haired guy about my age sitting across the circular bar. His clean-cut looks and soft eyes attracted me.

He discovered my lingering look, responding first by returning my gaze several times, then walking around to my side of the bar.

"Would you like to dance?" he asked. He was slim, about my height.

Too bad he isn't a taller dance partner, was my first thought, yet there was something about his looks and gentle voice that I liked immediately.

"Okay," I said.

As he slid his arm around my waist, the music set the rhythm of our dance. "You're from Minnesota, aren't you?" I asked.

"Hastings, Minnesota. How'd you know?"

"Your Scandinavian accent," I said, smiling. I felt instantly at home with this stranger who sounded much like many people in the Upper Peninsula of Michigan, including my Scandinavian relatives.

"What are you doing here?" I asked.

"Starting a new sales job Monday," Roger said. "My territory is this area and northern Wisconsin. It's my first night in town, and I had to come in here," he said, his eyes smiling.

"Yeah, sure, you had to."

"I'm half serious," Roger said. "When I got to my new apartment today, there was no electricity. I had forgotten to contact the power company."

"Let's make this dance last," I told Roger as the live band slowed the tempo. "I've got to go to work in a little while."

"At this time of night?"

"Yeah, I'm a residential counselor for the Job Corps," I said, explaining a little about my work.

"Maybe we could have coffee tomorrow morning when you get off," he suggested.

Unknown to me, he was a strong political conservative. The fact that I was a Job Corps counselor must have screamed "liberal" to him, and yet he wanted to see me the next day.

"Coffee, I'd like that," I said.

Shortly before 11 o'clock, he asked, "Can I walk you to your car?"

"That would be great."

As I drove toward the college campus and my shift, I thought about the young man I had just met. I could scarcely believe it. In just an hour or so, he had lifted me into the stratosphere. There was no chance I was going to start feeling bad anytime soon.

He seems like a really nice guy, I told myself, not at all like a "me-firster."

A lifetime of events and circumstances had brought us together that night, too many to be mere coincidence. God had been planning our meeting for a long time.

* * *

But this Camelot was in the distant past. I was scheduled to be released within days from a mental hospital, and I hadn't learned a thing. I hadn't tried to heal or grow during my stay. And so as the evening wore on, I gave up on the idea of asking Roger to consider laying off beer. I was too weak emotionally to ask him to recognize that alcohol was a major sore spot between us.

Over time his drinking had worn away layer after layer of common sense in me and eagerness to discuss issues honestly. I had become a cowardly, sick shell of my former self.

Later that evening my brain shifted from the pain of Roger's drinking to thoughts of our house. The shiny, new Southwestern tile was the only improvement we had made to the townhouse in our seven years there. Wallpaper had peeled away from the wallboard in several spots in upstairs bathrooms. The open stairs to the second floor, while architecturally pleasing, were covered with 1960s green shag carpeting, ripped and hanging over the edges of several steps.

This disrepair didn't stem from money problems. Roger had an accounting job with Maricopa County, and my pay as a reporter had skyrocketed when the newspaper tried to fend off a union, going from roughly \$250 a week when I started in 1981 to more than \$700 four years later. When I came home one day announcing to Roger that my next paycheck would be almost double, he said, "Yeah, and The Gazette is Santa Claus."

My mind had been giving way, a neuron at a time, year after year, taking with it my interest in creating an attractive home. New carpeting and other improvements hadn't entered my mind during the years we lived in the townhouse.

FIVE

I GOT OUT OF THE hospital Dec. 13 after a whopping 18 days. Dr. Benjamin attributed what was wrong with me to “family problems.” Little wonder! At the hospital I had talked incessantly about Roger’s drinking and how unhappy I was at home, but I wasn’t communicating honestly with my doctor or anyone else. In fact, I tried to cover up continuing problems, telling everyone who asked that I felt “fine, just fine.”

Dr. Benjamin said I could go back to work. I dreaded the thought of it but tried to put it out of my mind. After all, it wasn’t going to happen for a couple weeks.

Roger told me that beer had anesthetized him when I was at the hospital and that he had gone from work to visiting me, to drinking enough beer to carry him, unfeeling, through the night. It was nothing new. Right away I fell back into my old habit of trying to ignore the sick, sinking feeling in the bottom of my stomach caused by his boozing. Roger drank heavily when I met him, but I had ignored it, because he was an incredibly nice guy. The only thing that had changed over time was that misery over it engulfed me far more frequently.

The twin forces of Roger’s heavy drinking and my yet-unidentified illness were at work, each an escalating personal issue and together a lethal combination, but a seemingly more urgent challenge emerged once I was back at work.

My coworkers walked on eggshells around me.

No wonder. I shouldn’t have been back at work, although I didn’t tell anyone how bad I still felt.

Throughout January, my first month back on the job, I noticed my boss, Catherine, watching me, maybe a dozen times a day, a quizzical look on her face, her brows knit. Whenever my eyes met hers, she quickly turned away. Her desk and mine formed part of a U-shaped configuration in a windowless room packed with desks and computer terminals, and when we both worked on our computers, we were seated back to back. So when she turned away, it could have been to input copy, but I sensed she was trying to camouflage the fact that she was studying me.

I imagined what she was thinking: Is Susan okay? Is she going to be able to do her work?

Catherine, single at the time, had immersed herself in her profession, taking it very seriously. She was simply doing her job when she watched me, but that’s what threatened me.

I'm not thinking straight. I can't do this research and writing anymore, I told myself, hoping pitifully that no one would notice, never considering that I could simply tell my boss, and failing to remember that the paper offered disability benefits.

Catherine and my co-worker, Rebecca, talked with me about writing assignments, but they didn't ask how I felt. Personal conversations that had punctuated our work previously, whether laughing or serious, turned up missing-in-action. It was as though I had become an infected person they were afraid to touch, even with words, except for those essential to getting the work done.

Rebecca's speech took on a halting, nervous edge that hadn't been there before. "What...ah, are you doing, ah... working on?" she asked one day. In the past, it would have been more like, "What scum bag are you about to nail, chief?"

Are they afraid I will launch into incoherent babbling, or do they think I'll start screaming if they talk to me? I wondered. I felt like an alien in my old world.

Casual talk with other reporters or editors in the adjacent main newsroom was almost non-existent. I think they made a point of walking the long way from point A to point B in order to avoid me.

One day a reporter whose desk was on the other side of the newsroom, an intelligent nice guy who probably could have been helpful if I had dared to be honest, stopped at my desk. "How are you?" he asked.

"Fine," I said curtly.

It must have been obvious that I didn't want to talk, and he quickly retreated.

In earlier group lunch conversations he had talked honestly about his own family problems, and he probably would have been quick to empathize, but I didn't remember this at the time.

Are the editors watching me? I asked myself repeatedly.

Cigarette smoking, an old habit I had resurrected at the hospital, no doubt made things look even worse. Five years prior I had quit smoking, but now I began puffing away again with a passion. Smoking was banned in the newsroom, and I struggled without success to write. My answer: head for the restroom, where I could sneak cigarettes.

Each time I walked down the hall, I looked around in all directions, worried that others may have noticed how often I went to the women's room. Once inside the safety of a dim stall, I lit up and inhaled deeply, smoking one or two cigarettes in each trip. Somehow my mind didn't compare these distasteful surroundings with smoking previously, when it had been leisurely, pleasantly, along with a drink at a bar or a cup of coffee at home. As it was, these cigarette breaks constituted one of the few times each day that my stress level diminished, if only for a few minutes. I acted like a ship's passenger grabbing onto a leaky life boat.

I began spending as much time in the restroom as I did in the newsroom. I worried that the editors noticed. My limping brain told me they must have known something was amiss.

I was fully aware that I couldn't do my job, but I was incapable of getting beyond my feelings of hurt and despair. I tried to tell myself that if I didn't acknowledge my problems, no one would notice.

Then one day as I sat at my desk a flicker of rational thought popped to the front of my consciousness, a moment of clear thinking that had been absent for a long time. I thought of Dr. Benjamin, whom I was still seeing, and wondered: Is it possible that he might be able to help me, if I gave him the chance?

I felt a tiny bit of hope for the first time in a long while, yet my stomach sank when I contemplated the prospect of more therapy and the effects on my career of unshakable mental illness. I didn't want to call Dr. Benjamin from the phone on my desk, because the last thing I wanted was for Catherine or Rebecca to overhear my conversation. I flew down the stairwell from the third-floor newsroom to a public phone in a second-floor hallway adjacent to Classified Advertising.

"The depression is back," I sobbed into the phone to Dr. Benjamin's secretary.

That call, not necessarily my words but my desperate cry for help, alerted Dr. Benjamin to the fact that I finally might be ready to be successfully treated. And this new cooperative attitude in me would mark the beginning of his ability to help me. I started seeing him more frequently.

Still my undiagnosed, untreated bipolar illness raged at home and at work for months, like a cancer, growing and running wild.

Each evening after work I sat on our townhouse patio drinking and smoking. Matt had asthma, and I didn't want to smoke indoors, so the patio became my home equivalent of the restroom at work. I was ignoring God to the point that I saw nothing wrong with smoking or heavy drinking.

A 12-foot by 18-foot rectangle, almost completely enclosed by concrete walls, the patio had even less appeal than the restrooms at work. Because our miniature poodle, Rocky, lived there, dog smells mixed with odors from the mildewed, ragged, outdoor carpeting. I was retreating to a big-city viewscape without a view, yet I remember clearly that those drinks and cigarettes were the sum total of what was pleasurable about my days.

I neglected my sons. Neglected? I didn't even think about them. There are few mental pictures of them in my mind from this time period. Between 1983 and 1989 I took fewer photos than usual and with less enthusiasm. I had been the one capturing on film our priceless family moments. No more!

I didn't pay attention to my adorable, six-year-old Matt with his blond, tousled hair, didn't even notice that he craved my hugs and wanted me to listen to him, to play with him. He often opened the sliding door and came up to me on the patio, sometimes with a book in his hand. As I sat there, drinking and smoking, my response was the same each time.

"Go inside. Dad will take care of you," I'd say, and without a word he would turn and go back into the house. How could I have been so cruel to my little boy? He was merely

looking for attention from his mother. But I was lifeless, emotionless.

I also shut out Jason, emerging as a teenager, tall, lean, and good-looking even in jeans with holes in the knees that he had picked out.

Before I got so sick he told me in great detail about his favorite rock musicians, often lugging a boom box to wherever I was in the house and pushing the play button so I could listen to tapes with him.

"Well, it's not country music, but it's not too bad," I had often said, trying not to be critical of his music. Now I no longer recognized many of the songs or the singers, and I made no comment when he played a tape for me, so Jason soon lost interest in sharing his music.

It was the same with books. He and I both liked Stephen King novels.

"Mom, you've got to read Christine," Jason said one Saturday as I was loading clothes into the washer. It was about two years before my first hospitalization.

"Ok, I will. Tell me a little about it," I had said enthusiastically. With books my interest was more genuine than with his music.

Now I had stopped reading entirely, because my mind couldn't remember the story line from one page to the next, so I could no longer discuss books.

Jason probably missed the book conversations as well as long talks on everything from current events to school to friends that he and I used to have, but now he walked around me, literally and figuratively, sensing that I wasn't interested in or capable of the close relationship we had enjoyed in the past.

He, at 13, would soon start down his own self-destructive path. Mental illness in a mother and alcoholism in a father have a way of spreading their poison.

At the newspaper my mind started short-circuiting in 1986 in a big way. I phoned a New Jersey attorney as I researched a story. He was curt. I got little or no information. The following day, with no memory of the previous day's conversation and ignoring notes I had made the day before, I called the same source again, asking the same questions.

"She grilled me like a Philadelphia lawyer," he later complained in an angry phone call to the managing editor.

I spent long periods away from my desk, smoking or walking the halls, because moving around felt better than sitting. Besides, when I tried to write, I had a hard time pushing aside the realization that there were no rational, much less creative, thoughts in my head.

One day I stared at my computer screen, unable at first to input even a word. A few minutes later I began working on a story, completing a sentence that seemed okay when I reviewed it. After adding about two inches of copy, I stopped, unable to remember what I had written. Besides, I wasn't even sure that the source I had named was the one who had given me the information.

Maybe it was someone else. Or maybe I've mixed up the facts that my source gave me, I thought with a shiver, clicking "delete." I got up from my chair and headed to the

restroom for a smoke.

Much later I was able to see that my ability to recognize that I couldn't think straight, much less write anything, represented a small step away from denial and cover-up and toward recovering my health. At the time, though, I felt totally and painfully miserable. I knew I had unwittingly traded in my respect as a good journalist for a new identity—someone who had cracked up. It never entered my mind that I could simply tell people that I wasn't well yet.

My Gazette employment ended, not with a bang, but a whimper. One day I was away from my desk most of the morning and hadn't worked on anything. About noon the managing editor phoned Roger.

"Please come down here. We're putting her on disability," he told my husband. "I'm concerned that what she is writing could result in lawsuits."

When I heard the word "disability," it didn't register as an opportunity to regain my health and return to my job. It sounded like a death sentence to the career I loved.

When The Gazette had hired me as an Answer-Line reporter, I was riding high, thinking that I had reached the top rung journalistically by getting a job at a paper this big. In my eyes, only reporters covering national politics in Washington D.C. or big business in New York had choicer jobs. Now my successful 5 1/2 years at The Gazette was over, and so was the 17-year newspaper career that had started in Duluth, MN, the year Roger and I were married.

* * *

As I sat in the managing editor's office, listening to his disability pronouncement, my mind retreated to happier days in Duluth.

My passion for that city had been ignited the instant I glimpsed it from the High Bridge over Lake Superior. City lights that started near the harbor, climbed the hills forming a backdrop to downtown, and spread out for miles east and west, had made me giddy.

After a while I discovered that Duluth's roughly 100,000 people spent considerable time bracing themselves for fierce winters and praying that the steel plant wouldn't close, but initially excitement over getting away from my one-stoplight hometown, where trees outnumbered people, attracted me.

As a grade-schooler, my girlfriends and I had positioned ourselves on summer afternoons on a downtown curb along U.S. 2, looking for out-of-state license plates and dreaming about what it would be like to live in a big city in these faraway places.

As a teenager I had continued to fantasize about living in a bigger city, where I could shop regularly for clothes in department stores. I pictured myself in Glamour magazine outfits. When I was 13, my Aunt Clarice took me to Marshall Field's (now Macy's) in Chicago's Loop. Just walking around the clothing departments had made me feel fashionable and important.

Now that I had arrived at my own big city, Roger, who was being transferred to Duluth

in a sales position, wanted to buy a mobile home rather than lease an apartment overlooking the lake.

"Please, please, please, let's rent the apartment," I had begged.

"Nope. We need to build equity," Roger said firmly, and we moved into the mobile home.

He insisted on doing things his way, while I believed at that time, immature, unhealthy, and twisted as it was, that love meant always giving in. In the beginning I went along happily with almost everything he wanted. We assumed our roles rather naturally, with his strongly held, strongly stated, positions the result of a long-time interest in the political process and lively debates, all of it fine-tuned by his political science major in college.

Meanwhile, I had a history of spouting facts in straight-A fashion in school without forming, much less stating, more than a handful of tepid opinions.

Soon I stuffed my thoughts about the apartment, coming to think of our 60-foot, two-bedroom mobile home as beautiful, even though the pipes underneath froze before Roger wrapped them with insulating tape; the screw-on legs of the bed and couch that came with the home loosened and fell off at regular intervals; and we had to wipe up the puddle of water that spilled from the tub onto the bathroom floor each time we showered.

I focused on the fun we had every weekend when Roger got back home, a collage of good times made up of movies, pizza, beer, long drives, and simply enjoying each other. We were young, we were in love, and life was good.

One Sunday morning shortly after we moved in, he rushed from his 6 by 8-ft office, the second bedroom in our mobile home, into the living room, where I was contentedly reading a novel. He was waving the classified ads, and his voice sizzled with excitement.

"Susie, Susie, look what I've found!" he said, pointing to an ad for a secretarial opening at The Duluth Herald, the afternoon newspaper.

I didn't say anything.

Roger, as a young teenager, had been a type slinger, who like Mark Twain in the 1800s in Virginia City, NV, composed newspaper pages, letter by letter, until "pagination" via computers took over in the next century. Roger printed small newspapers in his bedroom on a 3 by 5 Kelsey letterpress and went on to found the Amalgamated Printers Association (APA), a national group of amateur printers that's still in existence today. He assumed that because he was interested in newspapers, I also was.

"You could take the secretarial job while you are waiting for the county social worker position that you applied for to open up," Roger said.

The next morning I walked unenthusiastically into The Herald's offices with the classified ad in my hand, filed out an application, and took a test.

"Your test score is the highest in company history," the personnel manager said, "so I don't think I can hire you for the secretarial position. Are you interested in editorial?"

I assumed that meant writing editorials but didn't ask for clarification. "Yes, I'd be interested," I said.

I carried this notion that I was being considered to write editorials, which in fact is done by seasoned journalists, into an interview with the executive editor. Two days later he phoned with an offer to work as a reporter. I had no journalism degree or reporting experience. I got the job because in those years newspaper work meant low pay, long, erratic hours, and the ever-present stress of meeting deadlines. In the early 1970s, just a few years later, Woodward and Bernstein broke the historic Watergate story, glamorizing reporting to the extent that large numbers of would-be journalists were turned away when they knocked on the doors of newspapers across the country.

The Herald's newsroom was a mostly male domain. The women's bathroom was a small, converted closet, while the men's room, covered about 15 to 20 feet of wall space judging by the hallway outside it. Eric, a crusty, white-haired city editor with a heavy Norwegian accent, didn't trust my writing ability, so my early assignments were obits, news releases, and re-writes of afternoon news for the morning paper, The Duluth News Tribune.

It was a time when big, old Underwood manual typewriters and green shades over editors' eyes defined newsrooms. It was before computerization, when, instead of turning on the computer, I walked a few blocks to a local brokerage house to pick up stock quotations and across the street to Municipal Court, using a typewriter there to list misdemeanor sentences for the next day's paper.

On weekdays I went home, plopped down on the couch and obsessively read, over and over, eyes glazed, what I had written that day, all the while worrying that I hadn't gotten the information just right. As I read, my thinking was cloudy, and I noticed that my head felt tight. What I didn't know was that stress can kick off bipolar disorder, and I was showing symptoms of it.

I didn't cook. I ate take-out food on the couch. I didn't clean the mobile home and didn't even think about reading novels. Meanwhile, Roger, who was on the road Monday through Thursdays, didn't see this out-of-bounds behavior.

After a few months, Dennis, a younger city editor, came on board. He assigned me first to feature stories, then, at a dizzying pace, to breaking-news assignments. Next he gave me a social-problems beat involving welfare and public housing, as well as education reporting when the education writer was ill and the city-hall beat in that reporter's absence.

One week when Dennis went on vacation, he put me into his own slot. This success melted the tenseness I had experienced previously. Each morning while I was sitting in as city editor, I sat in the executive editor's office with other editors, and when it was my turn, outlined the local stories I anticipated would be in before the 11 o'clock deadline. It was a heady experience for a 23-year-old.

When Dennis' vacation ended and I went back to reporting, I aimed for a story each

day on the front page. Somehow I usually met this crazed, self-imposed quota, and readers allowed themselves to be swept up in my frenzy to the point that they formed a blue-ribbon study commission to look into welfare costs and seeming excesses that they had been reading about in my stories. My love affair with newspaper reporting had been born.

I was experiencing a tinge of manic high, bipolar's creative, highly productive phase before it careens out of control, and these undiagnosed manic highs were no doubt mistaken for a high energy, dynamic personality.

Except for the brief period when Eric was my boss, reporting turned out to be a good fit and an effective mechanism for bringing out in me self-confidence and leadership qualities that had been lurking under the surface. I had been shy and unsure of myself as a child, and it had carried over into my teenage years and young adulthood, when I let my mother, then Roger, make decisions for me. Now in the process of planning questions to ask my sources as a reporter, I had begun to learn what my own thoughts were.

SIX

THESE PLEASANT MEMORIES WERE QUICKLY chased away by my present reality—I was on disability. It wasn't my style. Acceptance of it as something temporary, as a time to mend my broken mind, would have been appropriate, but I wasn't in the mood.

Depression hit again, and I decided to drown it with alcohol.

"You're drinking too much," Roger said one evening after I had been on disability for about a month. It was 8 p.m., and I was sitting in the worn tweed recliner in the corner of the wood-paneled family room drinking my fourth or fifth beer of the evening, doing a pretty decent job of wiping out my world.

Roger's words should have had me standing at attention, considering how I hated his drinking. How ironic that I chose booze to drown my own misery! Maybe subconsciously I had learned from him, or maybe I just didn't have any other handy role models for dousing my feelings.

Instead, I said to myself, I'm so ashamed. There's no place where I can hold up my head, nothing I want to do except drink.

I couldn't deal with the pain of losing my job and my 16-year reporting career. After my family, journalism was the most important thing in my life. I had been very good at it.

In my misery I didn't reject God, but I never thought of Him either. I was out of practice. I hadn't gone to church during my 16-year marriage, read God's Word, or prayed. So when trouble hit, I didn't cry out to God to help me, to heal me. I think bipolar disorder stood between me and God, effectively blocking out my view of God, whom I had loved as a little child.

After my hospital release, I continued seeing Dr. Benjamin frequently, at least every other week according to medication records he later forwarded to another physician. And Roger was often on the phone with Dr. Benjamin between my office visits.

One day I heard pieces of my husband's conversation—"drinking too much... never gets dressed... always in her pajamas... neglects showers and washing her hair... watches a lot of TV but can't tell me what she watched."

Dr. Benjamin explained to Roger that I was mourning the loss of my Gazette job, and Roger passed along this explanation to me.

Little wonder I was mourning. My reporting years at The Gazette had been a mountain-top experience.

Once an elderly woman had phoned me when I was working as an Answer Line columnist, saying she had received a mailing from the son of a former U.S. President offering to sell \$10 worth of information about Social Security. In talking with postal inspectors in Washington, D.C., I learned that this information was available at no cost through the federal government. They, in turn, said that the man, after they talked with him, began offering refunds to seniors who had misunderstood his mailings.

I still remember with pride the newspaper editorial that credited my diligence in stopping this scheme, concluding, "Thanks to an investigation by Gazette Answer Line reporter Susan Ralphe, the firm that handled the mailing will make refunds to people who were misled by the letter."

The following year I worked out an agreement with a Phoenix home builder to give a new house to an elderly couple who had come to Answer Line after experiencing a year and a half of severe, unresolved water seepage through the concrete slab.

The first sign of trouble had cropped up only six months after they moved in, when they returned from a vacation to find a suitcase in a closet moldy inside and out. Later carpeting became soggy, windows steamed, and puddles collected in the sills every morning, while water dripped from a vent in the living-room ceiling. A contractor hired to install hardwood flooring in the kitchen refused to do the work because the slab was too wet.

On Dec. 25, 1984, The Gazette ran my story on this year-long saga after the builder finally told me he would give the couple a new house.

I began the story: "A Valley couple will find one of their best Christmas presents ever this year around, not under, the tree."

I was soaring as a reporter, but in hindsight I can see that mania, that element of bipolar disorder which takes accomplishment too high, was driving me. My co-workers hadn't written about a national political figure or convinced a business to give away anything close to the value of a house.

* * *

When Roger talked with Dr. Benjamin during the early months of my being at home on disability, Roger told me that my psychiatrist had explained that things were under control as long as I took my medication appropriately.

All the explanations and reassurances in the world, however, didn't stop the muscles in my hands and legs from jerking uncontrollably and almost non-stop. Dr. Benjamin had explained to me during an office visit that medication was causing these tremors, but, back at home, I couldn't recall which medication or if he had said the twitching would eventually go away.

I couldn't hold a cup of coffee, especially in a light-weight paper cup, in one hand

without the hot liquid going over the top in small waves. Even wrapping both hands around the cup didn't give me control.

My non-functioning brain had pushed me months ago into a place with room enough only for misery, and now my jerking body piled on a layer of social embarrassment each time I ventured outside. That summer when I went to the swimming pool at our townhouse complex, I knew I felt shaky getting into the pool, but when Roger told me that a neighbor had expressed concern after watching me struggle down the pool steps, desperately clutching the metal railing, I crumbled with embarrassment. I stopped going to the pool.

One evening I downed almost a dozen cans of beer before deciding I could sleep. I fell on the landing as I made my way upstairs, and I woke up hours later in the same place, sore and sick. For the only time in my life, I had passed out from drinking.

Roger told me the next morning that little Matt had had to step over me on his way to his second-floor bedroom and that Matt was noticeably shaken.

He had cried out, "Mommy, wake up, Mommy... Mommy... Mommy!"

But I didn't hear my six-year-old's cries. It wasn't until morning that Roger told me about them, begging me to stop drinking so heavily, and telling me that it wasn't good for our children.

My alcoholic husband was trying to convince me that my out-of-control drinking was affecting our children! But I didn't care; I kept on drinking, trying to keep reality from hurting so much.

When I think back about what Jason and Matt experienced while I was acutely mentally ill, I'm amazed by their resiliency and the fact that they ultimately survived, mostly unscathed. I wish I hadn't tested their strength so much. Over the years my mind has insisted on showing me scenes in which I rebuffed my children or failed to take care of them, and each mental reenactment cracks my heart in a new place. Tears run down my cheeks whenever I think about these times.

Ever since my hospitalization six months earlier, I had been taking different pills, three or so, several times a day, and Dr. Benjamin had been adjusting dosages.

"Are you taking your meds?" Roger asked.

"Yah, yah, no problem," I said.

After a while I lost track of which pills I had taken and when, although I didn't admit it. Roger quickly figured it out, however. Very soon it was hospital time again, this time a private hospital on Van Buren Street in Phoenix. It was Dr. Benjamin's choice.

I had driven by it countless times on my way to work at The Gazette.

Also on my route and closer to downtown was the Arizona State Hospital. As I drove by it, I sometimes peered through the high, thick fence that surrounded the massive gray building, and every time I did, fear engulfed me.

Knowing I wasn't well after my first hospitalization, I said to myself, I wonder if I'll end up in the state hospital, in a rundown, filthy room with violent crazies and staff people

who don't give a damn.

I remember less about my second hospitalization the following summer than the first, maybe because the scenes there didn't replay in my mind as so unreal, so incomprehensibly ugly. Maybe being admitted again because I was mourning the loss of my reporting job was a step up on the sanity scale from my state of total collapse the first time around.

That second facility has no memory of me either. As I was writing this book, the first hospital sent my medical records on request, but repeated attempts to get records from the other hospital eventually ended with a one-line note from Medical Records Services stating: "You were never a patient here." I wish.

I knew about the no-smoking regulations, but once I asked Dr. Benjamin for a cigarette. Maybe it was a throw-back to my earlier manic attitude, when I got a kick out of breaking rules or going out beyond propriety's boundaries. Without a word, he produced one for each of us, lighting mine, then his. I never figured out why he agreed to this. Maybe he wanted to encourage even the smallest sign of life and will in me. Maybe building a doctor-patient relationship gets strange when you're a psychiatrist.

I hallucinated with respect to one individual, Roger told me. A volunteer who came in evenings to play board games with patients became, in my mind, a Better Business Bureau employee with whom I had worked closely at the newspaper. Roger told me I had somehow confused the two people, that the BBB person wasn't the volunteer.

Night after night I stared at her as a group of us sat around a small game table, positive that she was the woman I knew. Yet it seemed strange that she didn't indicate she knew me, and something inside me kept me from calling her by name.

Roger visited me each day, just as he had the first time around. He was gentle and kind, but he later told me he was so visibly shaken by my condition that the nurses asked him repeatedly if he was okay, suggesting he might benefit from medication. A heavy load of worry had been piled on top of his drinking problem. I know without being told that he had stoically dismissed the idea of prescription medication when he talked with the nurses, insisting he was "okay" when he wasn't.

I remember good times at meals. A dozen or so young men in their twenties were assigned to the unit, most of them because of drugs. Each evening I'd watch them, seated on either side of our long dinner table, knowing what was coming.

Invariably one of them would complain, "I'm so hungry."

"Yah, I think I'm gonna' die of malnutrition," another said.

Someone else grumbled, "I wish they would serve more food here."

"Hey," a young man said as a server went by, "could we get some seconds here?" More food never arrived.

"I'll sell you some of my food," I said one evening.

These guys could only produce pocket change, but I had one heck of a good time selling mashed potatoes here, chocolate cake there.

"Mashed potatoes are up for auction," I said. "The bid starts at five cents." "Five cents, do I hear 10? 10 cents, do I hear 20? 20 cents, do I hear 25? 25 cents, do I hear 35? 35 cents, 35 cents, gone to the gentleman who bid 35 cents."

Staff members didn't say anything about my food auctions, didn't tell me to knock it off. I suppose they thought it was harmless. And I figured out subsequently that this little game of mine was a marker along the way to reclaimed good health, a hint of renewed humor, a bit of the ridiculous, a little fun. I had looked at life with a wink many times in the past, and I was doing it again.

I avoided going to classes for a long time, although I have no idea how long, but one morning I found myself standing in front of the big bulletin board listing classes, then rushing off to one of them.

That move, that mood, that willingness to learn and grow, was what the staff had been looking for in me. They released me soon afterwards. Thankfully I had no idea how long I would carry around symptoms of my disease in my bipolar backpack and how heavy it would get. My broken mind wouldn't have been able to handle it.

SEVEN

I WAS NEWLY RELEASED FROM my second hospitalization and still miserable.

I sat endlessly in a cheap lawn chair on our back patio in a ragged pink nightgown that clung to my sweaty body even in the mornings. Summer temperatures in Scottsdale cool, if you can call it that, to the 80s overnight, but by mid to late morning, thermometers register 100 on the way to 105, maybe 115. Despite the heat I went out on the patio many times each day to smoke cigarettes. When I wasn't smoking, I felt heavy, without energy or interest in anything. A thick cloud of numbing depression hovered over me. I felt shame. I didn't want to talk with anyone, face anyone, or be with anyone.

I can also visualize myself sitting eating ice cream in the family-room recliner with its creaky frame and fabric worn thin in spots by my children and their dogs. Smoking and eating ice cream was all I wanted to do that summer. My pain-numbed mind, choosing downtime, had killed other possibilities.

Roger sometimes said as he headed out to work, "Buy a newspaper and eat breakfast out." One day I did. The manager of a local pancake house eventually came to recognize me, greeting me warmly after a while.

Maybe I look okay again, I thought.

It took a long time, however, to read even a short news story, because comprehension and recall were coming back in miniscule increments. The words and sentence structure I had understood so well and used skillfully as a reporter had been effectively translated into a foreign language by my disease. It didn't matter, because my brain could retain information for only a few minutes. Happily, my eyesight had come back. There was no longer any need to sedate me with Navane, which had blurred my vision and injected me with a fear that, despite my doctor's assurances to the contrary, my eyes would never work right again.

I remember feeling a little better by the end of the summer, at least at breakfast-time. Dread and frustration stayed away until later in the day.

I tried to run errands. I wasn't ready. One morning I pulled the car from its parking space and headed out to three stores.

I wonder which one I should go to first, I said to myself as I drove down a familiar street near our home.

Planning three stops in logical order, however, was too much. My brain chugged and

chugged, trying to remember which stores and what errands were involved. Finally something clicked, and I remembered my small tasks, although I spent an inordinate amount of time completing them. Roger called my doctor.

"Can she drive taking all the medication she's on?" he asked.

"Yes, she'll simply have to be extra careful," Dr. Benjamin said.

Where am I going? I asked myself another day, traveling the same Scottsdale road. Fifteen minutes later I recalled what I had set out to do.

Roger later told me that this summer he had started spending more and more time with a young woman at work. It had been almost a year since my first hospitalization, and he was wondering if he had much to hope for in our marriage. His co-worker was eager to listen to him, to comfort him. She needed to talk, as well, hinting that her husband was using illegal drugs. They spent lunch hours together, taking long walks, engaging in long talks. As the talk got more serious, though, Roger moved away from her. The relationship never became physical.

I didn't know it at the time, but the illness that had battled for and won my mind had also threatened, to this small extent, to take my marriage as a hostage.

EIGHT

IMMEDIATELY AFTER LEAVING THE SECOND hospital, I saw Dr. Benjamin three times a week, but at first these visits were merely part of an indistinct clutter in my mind. "How do you feel about that?" he asked over and over, subject after subject, visit after visit.

"I'm not sure," I would say. I had no answers. I had no feelings.

He then inquired about my past, about people and events.

"I don't know. I can't remember."

Those were my standard answers, but I wasn't being intentionally difficult. I had only jumbled thoughts.

In these sessions I perched nervously in an overstuffed chair in his office while he leaned back in his desk chair with a writing pad balanced on one knee. He asked questions, and I tried to answer, but my brain sputtered, unwilling to release much information. I looked around his office, dimly lit because the single window was shuttered, and my gaze always went to bookcases overflowing with medical manuals and his desk, covered with neat piles of professional periodicals. It was as though I was desperately trying to find answers in the mere presence of the written materials that were all around me. In truth I wasn't giving him much to go on.

One day he tried a new approach: he'd ask questions, and my job was to think hard between visits, come up with answers, and bring my recollections to him in written form.

It turned out to be the most difficult writing I'd ever done, but ever so slowly, with monumental effort, I produced minute bits of information.

One of his first questions was, "What happened when you were very young?"

The next morning as soon as Roger, Jason and Matt left the house, I positioned myself in the recliner, a large spiral notebook on my lap, ready to write down responses to Dr. Benjamin's question. My mind instantly froze, and for the first 15 minutes, the pen in my right hand never touched the paper. Memories of trying to write during my last days at The Gazette swirled through my head, along with the old, familiar feeling of dread. I closed the notebook.

I'll try again tomorrow, I told myself.

On each of the next few mornings I climbed into the recliner with new feelings of apprehension born out of my failure to put anything on paper the previous day, and immediately apprehension segued into paralyzing dread. I still couldn't write anything. A

week or two later, though, I calmed down enough after a few minutes to put words to a couple of mental images which came into my mind. The phrases “father sick,” “no car,” “not much money” appeared on paper.

Another day I started connecting the dots, adding pieces of information to what I had written the day before. Unpleasant memories of my childhood came flooding back, but I managed to keep writing, even though it hurt to recall some of these things. I didn’t want to remember. I didn’t want to think about the things that came into my consciousness.

I don’t know how many days or how many hours it took to write down the answers to Dr. Benjamin’s question about my youth, but I came to my next appointment with scribbled notes based on childhood memories. Dr. Benjamin and I began to talk about what I had written, and I started to honestly share my feelings.

In subsequent visits disparate incidents in my life turned into puzzle pieces for Dr. Benjamin.

His relentless questions eventually produced a flood of memories, not only from my early years but from my entire life, that I had hidden away, even from myself, and these scattered images, viewed through the lens of the intervening years, converged in psychotherapy sessions into a portrait of me as a childhood high-achiever, but sometimes an over-achiever.

“When you are in a situation, it’s sometimes hard to see where setting high goals and working hard to achieve them crosses the line into perfectionism, compulsiveness, out-of-focus goals, and impossible workloads,” Dr. Benjamin explained, when I talked about my junior and senior high-school years.

* * *

As early as eighth grade I had known I wanted to be a stewardess, but my mother had insisted on college.

“No one can ever take your education away from you,” she said, well aware from her personal experience that the world can take away both health and wealth. Yet no money for college could be squeezed out of my dad’s Social Security disability checks, so I devised what I thought was a foolproof plan.

If I continue getting all A’s and join every extracurricular activity ever invented, it will look good on my record, and I’ll be able to get a scholarship, I told myself.

And so my developing bipolar disorder got kicked up a notch. I became anything but average.

As an eighth grader I tried out for cheerleading. In my class of 43 students, if you made it in eighth grade, you became a junior-varsity cheerleader in ninth and tenth grades and a varsity cheerleader as a junior and senior for both football and basketball.

I approached the tryout process with what I think of today as determination emboldened by mild mania. I learned the cheerleaders’ routines as I watched from the stands during basketball games during that entire season. After a while, I had them down

pat. On the day of tryouts that spring in the high-school gym in front of the varsity cheerleaders, I think I surprised them by going through some of their routines effortlessly and confidently. Girls more athletic and muscular than me paired a few motions with words, but their nervousness showed.

I wasn't good at sports. I couldn't do cartwheels or the splits, yet I think I performed flawlessly, my voice strong and confident.

At the end I heard a voice announce the names of the new cheerleaders. The other two, both friends, probably hadn't prepared for or worked toward this day nearly as long and hard as I had, but they had no budding mania in them. I was ecstatic. I wasn't popular, and my flat-chested, skinny body was on the far side of sexy, but I had made it. I was going to be a cheerleader, and that was a big deal.

As a freshman, I joined the band, deciding to play clarinet. By my junior year, I was still playing poorly and still "third chair," which meant there were two groups of clarinetists better than me.

The band teacher approached me repeatedly in study hall. "Why don't you take your instrument home and practice," he suggested.

I didn't care about the band. Practicing clarinet isn't part of the plan, I thought. I'm playing in the band for the record, because it will look good on scholarship applications. The music doesn't matter.

For four years, I cheered at football games until almost halftime, when I ran up the hill toward the school to change into my band uniform. When the marching band completed its half-time act, I raced back to the school, stashing my band uniform and clarinet, putting on my cheerleading uniform once again, and running down the hill to the football field, hoping to make it before the third quarter started.

I realized that no one else combined band and cheering. Other students went to games because they were fun, but I wasn't having any. It never occurred to me that I was trying to do too much.

I joined the National Honor Society, French Club, Future Teachers' Club, and the Girls' Athletic Association (although riding a bike was as close to sports as I wanted to get). As a junior I served as assistant editor of the school newspaper, the *Spotlight*. Each year my classmates elected me to a class office. But I didn't feel proud of my accomplishments. I felt mostly stress.

As a junior I was selected by the football team to be part of the homecoming queen's court. I borrowed a formal, and when I put it on, the effect was magical. I was known as a "brain," and now I also felt "popular." I floated on high. I had escaped momentarily from the misery of thinking the other kids didn't like me.

"I'm going to apply for the Alvin M. Bentley scholarship," I told my mother sometime during my junior year. The \$1,000 scholarship would cover room and board for a year, and it could be renewed automatically for a second year. It was a big scholarship in the 60s.

"You'll never get that much money," my mother said.

Later that year undiagnosed mania and test-taking once merged in an episode as dark as the bricks of the old, three-story school, itself. It was the spring of my junior year, and I was taking the final exam in U.S. history.

I can't remember anything, I thought as I tried to write down answers to the questions.

I found myself in a half-panicky, half-dazed state, leaving the room knowing that I had failed the test. Yet I had studied hard all year, doing well on other tests, and I had prepared for this one. Afterwards the history teacher asked me to come into the classroom to talk.

"I know you know this material," he said, detailing people and places in the history of this country that the class had discussed during the year. Puzzlement and frustration spread across his face as he looked over my mostly incorrect or non-existent answers.

Years later I would understand that this was a manic incident, one in which my mind was so numbed that rational thought was impossible and forgetfulness ruled.

As a senior, I moved up to Spotlight editor and joined the yearbook staff. I graduated with straight A's and was named valedictorian of my class. Thanks to my join-everything, do-everything plan, I got the big Bentley scholarship, along with a veteran-related scholarship covering four years of tuition, and a third scholarship from a women's club in Iron Mountain, nine miles from Norway.

But high school had been a pressure cooker. I remember feeling tense much of the time. My schedule had been grueling. I had rarely given myself time with friends, time to kick back and do nothing, to dream. Although I didn't feel particularly happy, I wasn't miserable either. Meanwhile, my tendency toward full-blown bipolar disorder was silently rolling along like a bulldozer attached to a time clock.

NINE

DURING A PSYCHOTHERAPY SESSION IN late 1986 Dr. Benjamin announced that he had revised his diagnosis, and he gave my problems a name—bipolar disorder. “It’s characterized by extreme mood swings,” he said. “The manic phase is an out-of-control high, which accounts for the tightness in your head, racing thoughts, and inability to concentrate or think coherently,” he explained. “The low or depressive phase explains your periods of severe, prolonged depression.”

Dr. Benjamin also pinpointed my college years as the onset of actual clinical illness.

* * *

Northern Michigan University in Marquette, 90 miles from my hometown, could easily have set the stage for a positive freshman experience. The city offered postcard-pretty views of Lake Superior, a busy port with the horns of iron ore freighters punctuating each day; beaches that lured students on weekends, and interesting restaurants and shops downtown and along Front Street, which connected the college with downtown. But all of it was lost on me.

“I hate it here,” I wailed into the hall pay phone after the first week of classes, echoing my reaction all those years ago to kindergarten. “I can’t understand anything the professors are saying, and I can’t make any sense out of what I try to read in my textbooks. I don’t know what I’m going to do,” I told my mother.

Week and after week I called home, misery dripping from each word.

Several times my mother suggested going to someone on the campus for academic help, but I knew instinctively that somehow I was beyond that.

“Yeah, maybe I’ll call someone,” I told her, knowing I wouldn’t.

NMU, which was experiencing rapid enrollment growth, had crammed three girls into living quarters containing a single bed, a bunk bed, three dressers, and a small, joint closet. Each room was joined to a second by a bathroom, which meant six girls shared it each morning. It was a challenge, but it logically shouldn’t have caused the level of malaise I felt.

I roomed with Penny, a high-school friend, but it wasn’t enough to ease my home-to-school adjustment. Penny must have noticed that I studied all the time and wasn’t interested in hanging out as we had in high school, but she never asked how I was doing.

For that matter, we had hung out together in high school but skipped talks then, too.

And my mother, aunts, and cousins hadn't shared feelings while I was growing up. Does bipolar disorder cause people to strike up as little conversation as possible with the person afflicted? Is there something about the illness that causes bipolar sufferers to withdraw, unable to establish intimacy or form close relationships?

Months dragged by, and I continued to walk the campus toting a huge load of apprehension, dread, and near-panic over my studies. Once as I left the cafeteria, nausea overcame me. I threw up my lunch in the drinking fountain outside.

Almost every weekend I made the 180 mile round trip along Highway 95 between the campus and my hometown.

At age 17 I brought home dirty laundry each weekend because I hadn't learned how to wash it. When I was in high school, my mother did all the chores herself, and now I didn't know how to do everyday tasks. This laundry illiteracy was a milepost in my growing illness, because imbalance was starting to show, a mental imbalance mixed with immaturity.

During the entire year I dove into my studies, never coming up for a fresh breath of fun with other students, in agony when I couldn't understand something in my textbooks or lectures.

I'm going to flunk, I said to myself in a panic before each test. Afterwards, though, I'd always read "A" from the list of posted grades in the hallways outside classrooms.

There were times when my brain failed to grasp the material, and agony engulfed me, but there must have been even more times when I thought and functioned rationally. That's the only way I can explain my extraordinarily good grades.

Penny and I had a third roommate who logically should have caused me only minor annoyance. Overweight and dressed in huge, rumpled shirts and skirts that emphasized her size, she skipped showers for weeks at a time and rarely laundered her clothes. She doused herself with cologne every day, kicking her dirty clothes under her bed and spraying them with the same cologne.

"When are you going to take a shower?" Penny asked her periodically, just to get a reaction.

Then Penny said to me with a grin, "The good thing is we don't have to worry about her wanting a turn in the bathroom in the mornings." To her it was funny. To me, it was one more cause for the dread growing inside me. My bipolar disorder, still hidden from me and those around me, effectively locked out all humor.

I ended that year with an award from the university as freshman with the highest grade-point average. I had come out of an aging, small-town high school and had competed for that award with students from wealthy Detroit suburbs in big, well-equipped schools. It didn't make sense, not counting manic-depression. During my sophomore year another high-school classmate who lived across the hall messed up clothing in my drawers one day while I was in class, knowing that I always arranged my things compulsively in neat piles in my dresser.

"How could you do such a thing?" I wailed through tears. Tears over clothes in a drawer?

One of my roommates as a sophomore was a smoker. At first I bummed cigarettes from her.

"If you are going to smoke my cigarettes, I'm going to teach you to do it right," she said one day.

I learned to inhale, to buy my own, and smoking became a friend that I clung to pitifully during later emotional roller-coaster rides.

That same year I decided I didn't want to teach young children, so I switched out of my elementary education major.

"My life would have worked out better if I had been an elementary-school teacher with hours the same as yours," my mother had told me repeatedly when I was growing up, and I had blindly followed her dream. At age 19, I didn't have one of my own.

I was too far along to move out of education, but the thought of high school students somehow seemed better, so I switched to business education. The truth was that a hundred new majors couldn't have cured my growing unhappiness, although I had no idea then that my misery was illness.

Shorthand covered the symptoms for a while. It was one of the first courses I took in my new major, and it was the only college class that I enjoyed immensely. I couldn't wait for evenings and working on page after page of shorthand practice that had been assigned.

Exhilaration! Sheer exhilaration!

Eighty words a minute, then 100, then 120.

I almost would have dared anyone to speak faster than I could get it down on paper.

For a time during my junior year, perhaps touched off by success at shorthand, I felt good, functioning to the point of being able to make a new friend, Joy. I stopped going home so frequently.

One weekend I went home with Joy to Ironwood, a city only about 100 miles from my hometown. On a sunny October day we hiked to the top of a small mountain and sat there, surveying the city. That evening we picked dandelion greens for our dinner salad, something I hadn't eaten before, and it was a treat to experience her mom's home cooking and her dad's teasing. I was relaxed and happy.

Toward the end of my junior year, I suffered a breakdown. At first I was aware that my thoughts had formed a blurry mass preventing the usual connections inside my head, but I ignored it. Later my roommates told me that I had become fearful and suspicious. They notified school officials, and a woman, whose slim, well-dressed image remains in my mind to this day, walked me to the university's health center.

My nervous system had started to short out on too little sleep. Most of my scholarship money was gone, and I had gotten a job in the school food line, working from 5 to 9 a.m. I stayed up late studying and got up early to go to work.

The only thing that bothered me about the health center was that I couldn't smoke—officially. I did it anyway, because it gave me pleasure when nothing else did.

I've got to listen for a nurse coming down the hall, I reminded myself as I puffed away, prepared to snuff out my cigarette in a glass of water.

I remember lying in bed for several days and feeling rested when I left. Nobody talked about my health-center stay afterwards, but my friendship with Joy cooled. Who would have wanted me as a friend the way I was acting!

Officials suggested that I quit my job, and I did. They never asked me to come back for a follow-up visit. I wish they had considered the possibility that my problems were something more than sleep deprivation or stress. I, myself, was incapable of acknowledging that this incident was anything more than a minor problem.

Just before the end of that year one of my suitemates got married in her hometown a few hours' drive from the university. I didn't go.

"I need to study for finals," I said.

I had reason to be exceedingly nervous. My mind was so muddled I couldn't concentrate, couldn't think straight, or study effectively. Only my good grades earlier in the year got me through my classes.

About the same time a professor in the university's School of Business, stopped me in a corridor one day.

"Would you be interested in teaching business-education classes here?" she asked.

I knew that my extraordinary college record had earned me that offer, but I also knew the professor had no idea that I was no longer up to it.

"No," I said without explanation, fully aware I couldn't handle it.

Imagine! I had an opportunity to teach at the university level, and I wasn't even out of college. The sad thing was that, possessing the knowledge that I wasn't capable of doing the job, it never entered my mind to seek help.

TEN

ONCE DR. BENJAMIN GAVE MY disease a name and explained bipolar's wild mood swings, I began to comprehend my college experiences. And in time, as my understanding grew, my lifetime of alternating highs and lows catapulted into my consciousness. Puzzling events finally made sense.

* * *

The first high that came into my mind was connected with a young man I had met at the beginning of my senior year in college, who had colored my world exceedingly happy, fending off symptoms of my then-undiagnosed disease.

I had met David at meetings of Inter-Varsity Christian Fellowship, a campus youth group I attended after Methodism's Wesley Foundation turned worldly in my eyes. He was a tall, blond, good-looking Scandinavian with a ready laugh and expressive blue eyes that told me he was a nice guy.

"I'm different than some of the other guys you've met," he wrote in a letter soon after we met. "The difference is my faith in Jesus Christ, and it changes everything. It will shape our relationship."

Wow, how could I get so lucky? I thought, even though my own faith was on a back burner at that time.

On Friday evenings we ice skated at the city arena. David and his best friend stopped by my dorm on weeknights to watch the 10 o'clock news after an evening of studying. We talked and laughed and teased more than we watched, and that was the fun of it.

David called me "Sweet Sue." I couldn't wait for his calls. He's the one, I thought, every time I was with him.

* * *

The next fall major depression, more serious than anything that had preceded it, hit when I was back at college for an extra semester resulting from changing my major. I dragged myself to most of my classes, although I couldn't grasp the material.

Each day as I walked back to the dorm, my only thought was, I can't wait to get to my room so I can lie in bed until I have to go to another class. At the end of the afternoon, my thoughts turned to, now I can lie down on my bed all evening.

My comfort level had shrunk to a lower bunk covered with the ugly plaid spread I had

had since high school. Everything turned into a chore, so I did as little as possible, avoiding homework, going out with friends, showering, writing letters—whatever I could ignore. My clothes turned into a small mountain on my desk chair. I didn't put them back in the closet or wash them. I simply wore them over and over.

I can't remember the specifics of what went wrong between me and David. I remember declining my roommates' invitations to go out and do things, and I suppose I turned down his as well. I had nothing to say to anyone, even him. I stopped phoning my friends or returning their calls.

No surprise—David phoned less and less frequently. My all-engulfing depression would swiftly and completely snuff out the beautiful beginning between me and the boy I liked so well. Simultaneously I would mourn his loss to the extent that I became even more depressed.

* * *

This low was followed by the high of student teaching the following spring in Iron Mountain, just nine miles from Norway.

I had moved out of my dorm room and back into my childhood home, riding back and forth to Iron Mountain with two other NMU student teachers, both high-school classmates. We had been out of touch, and eager conversation gobbled up our commutes.

I was assigned to a well-respected business-education teacher who gave me high grades as a student teacher, brightening each day with compliments on my work and challenging me to think creatively and aim high. Because of her, student teaching became a set of wings, enabling me to soar high above the problems of the past and all memory of them.

"I need a car in order to get a job this summer with the Head Start program," I mentioned casually during lunch one day. "Head Start teachers and assistants have to pick up the kids and bring them back home."

It was just conversation to me. To her it was a clue to start up her beyond-the-classroom machinery. She talked with her husband, and he convinced one of his friends to sell me a well-maintained 1961 Mercury for almost nothing. I would be able to take the Head Start job that summer.

At the end of the year she threw a party at her home honoring graduating business-education seniors and me.

* * *

The next semester I woke up in my dorm room one morning with a huge ugly monster standing in front of me—a low in the form of a terrifying realization that I was getting really close to graduation in January and a teaching post in Wisconsin.

The mere thought of teaching tightened something inside my head uncontrollably and uncomfortably, precluding the possibility of clear thinking. My stomach churned.

I can't stand in front of a classroom full of teenagers, I thought, yet a powerful momentum propelled me forward against my will.

Only my mother and one of her cousins attended my graduation in January 1968. If any of my old friends were in the NMU gymnasium that afternoon, it wasn't because of me, as I had cut myself off from them, intentionally or by default, during my last semester.

As a voice announced me as one of those graduating with high honors, I felt nothing. No one took photos of me, and no one planned a party for me after the ceremony or invited me to one.

A gray cloud of depression covered me, so thick, so heavy, that it allowed only misery to get through to my consciousness. I knew I was grossly unhappy, but I didn't know I was sick.

* * *

My mother drove with me to Sturgeon Bay, WI, and the start of my teaching job. The absurdity of anyone's mother tagging along to a college grad's first job never occurred to me. I was on a trip to disaster. I moved toward teaching as though I were the scarecrow in the Wizard of Oz, needing a brain.

About 10 p.m. the evening before my first day at the school, I dragged myself up the stairs to my rented room. By some miracle I fell asleep almost immediately, my mother beside me.

During the middle of the night I woke up frequently, each time staring at the ceiling for a while before drifting off again. In those conscious moments my anxiety level measured a mere 3 or 4 on a scale of 1 to 10 simply because several hours were protecting me from daybreak.

I'm glad it's not morning, I told myself each time I glanced at the clock, eyes wide open in the dark room. From 4 a.m. on I was continuously awake and consumed by a terror so huge that I wanted to run, although nightmare style, I found myself unable to move.

What am I going to do? I asked myself repeatedly.

Seeing 5 a.m. on the bedside clock, then 6:10 a.m., I pulled the covers over my head and squeezed my eyes shut as if this would postpone the start of the day. My alarm went off at 7, causing something inside my head to tighten uncomfortably.

I brushed my teeth but skipped make-up. Without even a smidgen of enthusiasm, I headed for the basement of the well-maintained old home, my mind transforming pieces of art on the walls into items of non-interest.

In the makeshift, basement-level kitchen for boarders, shadows lurked beyond the reach of light from two small table lamps, and the gloomy area was a perfect match for the darkness within me. Roomers were allowed to help themselves to a few food items provided by the owners of the house, and I tried to eat.

I'm not sure I can swallow this, I thought as I took small bites out of a single piece of toast.

I wonder if I'm going to throw up, I said a few seconds later.

I gave up on toast and took a few sips of coffee, not bothering to look for half and half, which I had always added to coffee.

Fortunately the drive to school was short, because my ability to think bordered on empty. It was as if there were no homes or businesses along the way, or as though my eyes and ears had stopped functioning. No fog came up from the harbor that morning, but my mind created its own haze. Tourists leave Sturgeon Bay on Lake Michigan, with scenic images in their minds. I saw only a blur.

I recalled that I had been assigned a full load of classes, although I couldn't remember which ones. I have no memory of what the school looked like, inside or outside, but I vaguely recall walking a dimly lit hallway to the principal's office to get directions to my first class. The principal, himself, became part of the general blur in my mind.

As I entered my first-period classroom, I focused my eyes initially at the wood-paneled walls and wooden desks, trying to avoid the students for as long as I could. When I finally stole a quick look at them, their faces multiplied in my mind until they seemed to fill the classroom.

I'll never remember the names of even a few of these kids, much less all of them. What am I going to do? I asked myself.

After a few minutes, I noticed that all the pairs of eyes in the room were taking me in, studying me, no doubt looking for clues about whether I was going to be a good target for pranks, and whether I would be an "easy" or "hard" teacher.

They know. They know that something is wrong with me. They've already figured out that I'm not functioning very well, I told myself. After all, they had just watched a zombie-like new teacher walk into the room, and now she was standing there, not doing anything, not saying anything.

I began taking roll. My eyes never left the list. Otherwise I wouldn't have remembered where I was on the paper. As each student said "here," I should have looked up, trying to match names with faces, but I didn't. I'm not going to remember anything anyway, I told myself.

I have a vague idea that a few troublemakers called out "here" to names other than their own, and maybe played other pranks on me, but my mind was too fuzzy to be sure.

I began asking questions as I concocted them in disjointed fashion. Two or three students waved their hands in the air repeatedly, eager to answer any and all questions.

A voice inside my head reminded me, I don't remember what I just asked, what answers I got, or which students responded.

The bell rang, and I left the classroom, verging on catatonic. I have no memory of other classes that day.

The second day I found it harder to play my charade, mostly because I had become panicky over my inability to retain the names of any of the students.

A girl with a blonde pony tail and fresh-looking face sat toward the front, where I could

see that her well-tailored skirt discreetly covered her knees. During a question-and-answer session she put her hand in the air that Tuesday morning and left it there for a long time, waiting for me to call on her.

How can I acknowledge her without using her name? I agonized inwardly. Finally I pointed at her.

My memories of that day are even dimmer than those from the first day. That evening, back at the house, self-realization finally hit. I'm not going to make it through the semester like this, I told myself.

On Wednesday morning, which would have been my third day, I went to the principal's office.

"I'm resigning," I said and left the building.

I had broken my contract, never considering the school or giving the kids a thought, although clearly both were better off without me. I suspect my two days as a teacher would be in the running for shortest teaching career in history, if there were such a category in the Guinness Book of World Records.

* * *

I drove back to my hometown and climbed into bed. It was January post-teaching, and I wished it was post-life.

I can't face anyone or talk with anyone, and I don't want to do anything or go anywhere, I told myself. So I didn't.

When relatives came to visit with my mom, I hid in the bedroom I had inhabited as a child. Crayons were still in the desk. Board games and puzzles were on the top shelf of the closet. Before climbing into bed at night, I transferred my stuffed animals from the bed to the floor. Each morning I shuffled them back onto the bed. I never got dressed in street clothes.

I hope it's not noon yet, I thought when I woke each morning. Somehow I had the feeling that my mother would allow me to sleep until noon but not later. Actually my mother didn't do anything, didn't say anything about how I was acting. Physical illness and mental retardation lived in her small-town world, but mental illness existed somewhere else. She couldn't recognize something she had never seen previously.

Shame — that's what I felt.

My mother often cared for the four-month-old baby of one of my cousins. When his wife arrived with him, my bedroom door became a fortress that kept her away.

She was a year younger than me and a decade more mature. As a teenager she had cared for younger brothers and sisters while her parents hung out at the bars. She had been six months pregnant with this child toward the end of her senior year of high school. She knew that a pregnant or married girl couldn't remain in school, and one day the principal asked her, "Are you pregnant?"

Focusing hard on getting her high-school diploma, she said, "No."

She put on her graduation gown in early June and later the same month slipped into her wedding dress. Her baby was born three months later. I should have talked with this young survivor.

I don't remember telling the university's placement office that I was again available for employment, but I must have, because one day in the spring of 1968, when I was still hiding out under the covers at my childhood home, an IBM representative phoned, offering me a job as support for its sales representatives.

I said "no."

Déjà vu! A year earlier NMU had offered me a teaching post, and I had turned it down. Now I had just said "no" to a multinational corporation. I had to. I wasn't functioning, and I was scared, but characteristically, I never thought about getting help.

I had shifted into a gear below low.

ELEVEN

IN THERAPY SESSIONS I TOLD Dr. Benjamin that I had sometimes felt good for long periods of time "How can that be?" I asked.

He explained that bipolar disease sometimes cycles rapidly and other times slowly. That creates times when you go from high to low and back again repeatedly in quick succession. Other times it's possible to experience a long-lasting high or low, he said.

His explanation enabled me to understand how misery in college and teaching led to several subsequent years of almost-uninterrupted happiness.

* * *

After observing me, holed up in my bedroom for several months post-teaching, coming out only to eat the meals she prepared, my mother decided she had to act. She began asking me about college friends.

"Do you know where James is?" she asked.

"No," I said.

"Remember Nell? Are you in touch with her?" she continued, knowing full well that I wasn't in touch with anyone.

I remembered that Nell was still on the NMU campus working as a residential counselor for the Job Corps, a federal program that prepares high-school dropouts for employment.

"Why don't you call her?" my mother suggested.

While I was talking with Nell, she told me that there was an opening for another counselor. "I really like this work, and I think you would, too," Nell said. "Why don't you apply?"

At some point during that conversation my mood snapped. As I hung up the phone, I noticed the change. I was feeling good, but I failed to recall how acutely miserable I had been for months. My frame of mind had swung to more or less "normal." Years later when I watched the movie, *Wag the Dog*, I saw a parallel between my moods calling the shots and the upside-down political leadership portrayed in the movie.

The next week I drove north to Marquette for an interview. I rolled down the window to enjoy the 60 degree spring weather and grabbed for the radio button. George Jones sang a few bars of "Walk Through This World With Me," and Jack Green followed with "All the Time" and I started singing along. The sunny skies overhead matched my mood.

I interviewed calmly, confidently and intelligently with Mrs. Roberts, who radiated equal

parts of kindness and mental acuity, and who headed the residential component of the Job Corps program.

"Why are you interested in this job?" she asked.

"Because I enjoy young people, and I would like to have a job that involves helping people," I said.

A few days later she called to offer me the residential-counselor job.

On move-in day I lugged my new stereo up two flights of stairs to a suite I would share with another counselor. This is so heavy, I thought about halfway up, yet I was so energized and happy about my new job that I didn't take the time to ask anyone for help. That stereo was a valued possession. I had bought it with my first paycheck from the part-time Head-Start job the previous summer.

One night a heavy, sweet scent assaulted me when I stepped into one room for bed check in the Job Corps dorm.

Oh, no! I think marijuana smells sweet like this, I moaned to myself, but here I am the only person in the universe who went to college in the 60s and never smoked even one joint, so I don't know for sure.

I asked another counselor to come to the room with me, and she verified my suspicions. These two girls were told to pack up and leave. Job Corps had a zero tolerance for drugs and violence.

I loved my job, and so I experienced rationality and a passion for living. And while I was feeling good, I stumbled onto something of immeasurable value: the personal rewards inherent in helping someone else.

Years later I would read a book by Paul David Tripp, *Instruments in the Redeemer's Hands, People in Need of Change Helping People in Need of Change*. And that's exactly where I was.

I started talking with some of the girls, really talking. I started caring. Anne, from Florida's Panhandle, where her parents were tobacco sharecroppers, hung around my office each evening when I was on duty, affectionately calling me "Cracker."

She and I chatted our way into a friendship that lasted for several years after she graduated. Letters between us chronicled her Army service, my marriage, and the birth of her first baby and mine.

One evening while I was getting ice-cream from the kitchen another girl stole my purse from the top of the desk in my office. The purse contained only a few dollars, and that's why I had left it there, but the theft of it, coupled with other infractions, translated into big trouble for this girl, when another enrollee identified her as the thief.

The next day she was waiting for me in a hallway with a knife in her right hand.

"I hate you," she hissed, waving the knife above her head.

I knew that I had to appear to be tough. I took a stance with my left hand on the wall slightly above my head and my right hand defiantly on my hip, perhaps mimicking a pose I had seen on TV.

"Drop the knife," I snarled.

Nothing happened.

"Drop the knife, or I'm going to make you very sorry," I screamed as threateningly as I could, lips curled, eyes squinting. I hoped she would react to an angry-sounding tone and countenance. I was trying desperately to muster up as much of a physical and mental façade of intimidation as I could manage.

To my surprise the knife came sliding across the floor toward me. I picked it up, and we walked together to the main office. Mrs. Roberts dismissed her on the spot from the program, and the next morning she boarded a bus for the Lower Peninsula.

I began spending time off the job with some of the girls. They piled into my car heading for plays, concerts or ball games on the college campus. These events were free for all of us and a heady, wildly exciting new experience for them.

For me Job Corps was a year-long sabbatical from feeling bad.

Roger was part of that sabbatical.

One evening, two other counselors knocked on my door, suggesting we go out to the Four Seasons, a bowling alley/lounge where lights reflected off of glasses on a rack above the bar. Almost immediately I noticed that a young man across from me kept looking my way. Then he came around the bar and asked me to dance. I liked his fresh, clean-cut appearance, and I felt a comfortable thrill to be on the dance floor with him. He walked me to my car because I was scheduled to work the night shift.

"Would you like to have coffee when you get off work tomorrow morning?" Roger asked.

"Yes," I said, knowing then that this was the man I wanted to spend my life with.

Our dates, as well as Job Corps, provided the sunshine that dried up symptoms of the disease lurking inside me.

On weekdays Roger traveled the Upper Peninsula and northern Wisconsin, calling on owners of retail clothing stores. He had a mild-mannered selling approach, the antithesis of a stereotypical traveling salesman, and buyers responded by ordering, then asking him when he'd be around next so their wives could make him a home-cooked meal.

Each Friday he'd drive back to Marquette, where I was waiting for the phone to ring. Every Friday it did.

He and I had come from small towns and close-knit, church-going families. We had both grown up as only children. Roger and I were college graduates and newly on our own, me a year out of college, and him just released from a four-year Air Force stint that had followed his 1964 college graduation.

Roger may have held back from marriage for awhile except for an event about a year after we met: the announcement of the imminent closure of the Marquette Job Corps Center.

"What are you going to do?" Roger asked me.

"If you don't marry me, I'm going to move to New Jersey and get a job at the center there," I said.

"I want to marry you," he said. "Why don't we do it soon?"

We had both been dreaming about getting married but hadn't said anything. The Job Corp closure simply put marriage front and center. We set the date—July 12.

On my wedding day, I was starry-eyed, even when it came to the letter that Roger had been demanding that I write. He had been insistent that I apply for a social-work job in Duluth, where the company was transferring him to sell its leisure line of clothing, rather than the work-wear he was selling in Michigan. I had been dragging my feet for weeks on the application.

At our wedding reception Roger whispered in my ear, "Let's leave for a little while so you can finish your job application."

In disbelief, yet wanting to please my new husband, I said a weak, "okay."

Inside my head, a little voice wanted to ask: Wouldn't it be okay to wait until tomorrow and wouldn't that be more respectful of all the friends and family members at our reception? I didn't. I simply bowed to Roger's wishes without question or complaint.

For years I had adopted my mother's opinions as my own and done whatever she thought was a good idea. It was such an ingrained habit that I suppose I instantly transferred it to my relationship with Roger. Was this a manifestation of illness?

Ten minutes later we walked out of our wedding reception, and five minutes after that I positioned myself, still in my wedding dress, in front of the typewriter, banging out the letter of application.

When we returned to the reception an hour or so later, Roger immediately explained to his friend Barry, "Susan needed to finish a job application."

"Yeah, sure," Barry replied, rolling his eyes, a wide grin spreading across his face. "A job application, that's what everyone does on their wedding night," someone else commented.

"You guys are really something." one of my cousins said, laughing.

We took up where we had left off, positioning ourselves behind our wedding cake so that the photographer could get a good shot before we demolished the three-tier delicacy.

Roger's generosity showed up during our honeymoon on Michigan's romantic Mackinac Island, where horse-drawn carriages and bicycles are everywhere, because motorized vehicles are banned.

On our wedding night we drove 200 miles from Marquette to St. Ignace on the eastern end of the UP, where Roger had reserved a motel room. From there we caught a ferry for the 20 minute ride across Lake Michigan to the island.

The evening was balmy, and as we sat on a restaurant patio after dinner, sipping drinks, Roger said, "I wish we didn't have to leave."

"Me, too," I said.

We weren't the first visitors to this idyllic spot to be struck by the magic of it, and the 1980 movie *Somewhere in Time* with Jane Seymour and the late Christopher Reeves lured increasing numbers of tourists.

That night Roger phoned several hotels, finding them full, but finally he located an available room at the Chippewa Hotel. And so we stayed on the island, ignoring the fact that we were already paying for another room on the mainland.

The birth of our first child in 1973 and the joy of watching Jason grow continued to hold my bipolar symptoms at bay. We were living in the Twin Cities area, where we had moved so Roger could help with the family store.

Taking my writing skills personal, I penned *My First Two Weeks*, a five-page essay typed single-spaced on small pieces of stationery and written in first-person as though by Jason.

"Look, world! Here I am!" it began.

Other sentences burst with illness-banishing happiness.

"Boy, did Mom look proud and happy when she first saw me!"

"And when Dad looks at me, I'm positive he is just as excited as Mom."

My eyes got big every time I stood in the entryway of our new home, looking past the living room and dining area all the way to the family room with its bright turquoise carpeting and cream-colored brick fireplace spanning almost an entire wall. A sliding door led from the family room to a redwood deck surrounded by a redwood fence. Beyond that there was a huge, grassy lawn with a chain link fence at the perimeter. I had always thought that only rich people wallpapered their homes, but there it was in each of the three bedrooms and kitchen, giving the house a decorator look.

When Jason turned one, I went back to reporting part-time. Roger arranged his time off so that he could be with Jason each Wednesday, the day I covered county board meetings, and a new statewide investigative-reporting award from the Minnesota Newspaper Association arrived each year to decorate the wall in my home office.

My routine included a daily bike ride with Jason in a seat behind me, a story before naps and another story before bedtime. I played backyard croquet with our preschool son, and I smiled when boys-day-out rolled around on my workday Wednesdays, and I watched as Roger backed the car out of the garage, the top of Jason's head barely visible in the passenger-side window.

When Roger arrived home each evening, I had a home-cooked dinner waiting for him. I had great fun experimenting with new recipes almost nightly, and often we were dining on entrees from *Bon Appetit* magazine.

I met other young women in our neighborhood when I joined a local Welcome Wagon (now Newcomers Club). Three of us, with children Jason's age, became close friends.

After a while, though, friction at the store caused raw wounds in Roger, as his father, who had begged for his help, treated him as though he were a child.

One afternoon as Roger emptied a cash register, his dad approached him and in front of two employees, said, "No, no, no, you don't count money like that."

Demonstrating a slightly different way of moving around coins and bills, he said, "Do it this way from now on."

It was symbolic of unpleasant, almost daily, episodes, all of them adding up to a father who wanted his son's help in the business but also wanted to control him. I watched as Roger became unhappy to a degree that I didn't think was healthy.

He started talking about what fellow Air Force servicemen had told him about Arizona elevations that enabled people to bask in the desert sun during the winter or drive a few hours to mountain ski slopes, and he reminisced about the beauty of the Arizona landscape that he remembered from a drive through the state.

When we considered moving, we vacationed twice in Phoenix, both times during the summer, to get an idea of whether we could take the heat. I breathed in the orange-infused scent of the warm air and noticed how it felt like a big comforting blanket. We could hardly believe there were no mosquitoes. It would be Shangri-La after living in the frigid Midwest. I knew I wouldn't miss trudging through shopping centers in heavy boots, slinging my winter coat and Jason's over one arm, and holding onto him with the other hand.

With my encouragement, Roger left the family business after four years, and we headed West with four-year-old Jason in the back of the station wagon. Roger sorely needed freedom's fresh air, and we believed we could find it in the Arizona desert.

TWELVE

STRESS IS A KEY PRECIPITATING factor in bipolar disorder. People who are well mentally don't like problems and disappointments, but they deal more or less effectively with them, Dr. Benjamin explained. I, on the other hand, had become ill whenever I faced a valley experience.

We thought we were moving in 1978 from gray Minnesota days to endlessly sunny skies in the desert, but rain fell on our lives almost immediately.

We had arrived in Arizona with only a station wagon, a few pieces of furniture, and clothing. A \$27,000 profit from selling our Minnesota home had been used to buy out Roger's father's majority interest in the store.

We found a 13-year old, two-story, four-bedroom townhouse near world-class Scottsdale shops and restaurants. Although it was in an aging, center-city neighborhood, we fell in love with it. A playground, acres of grassy grounds, so big that Jason wouldn't have to cross streets until he was much older, and a mammoth swimming pool were perfect for our family.

An uncomfortable tension filled me, however, when we couldn't get financing for the whole amount.

How could this be happening to us? I asked myself, with a sick feeling in my stomach and a sensation of tightness in my head.

Luckily the seller offered to carry a second mortgage for the segment the bank wouldn't take on. Still a 10 percent interest rate on that second mortgage, added to 8 percent on the first, made finances tight, and that translated into a layer of stress that I hadn't previously carried around.

Initially Roger sold furniture in Phoenix, but he switched to real estate just in time to see that market hit the big downturn of 1980, taking furniture sales with it.

That same year, when I was at home with our beautiful new son, Matt, born in December, 1979, Roger came in the back door to tell me he didn't have any sales prospects, and he had been in an auto accident that totaled the car.

Worries over finances had fogged his mind that morning and dulled his reflexes when another driver crossed the center line and headed toward Roger. Fortunately no one was injured.

Our bleak financial picture at this time introduced segments to a bomb ticking inside my head that would eventually explode into red-hot pieces of mental illness.

Other stressors were also being loaded onto that ticking bipolar bomb. After 10 years of marriage, Roger was downing beer after beer at home after work, and on days off also going out to neighborhood bars in the evening. Sometimes I tried to count the empty cans, estimating that on days off he was sometimes guzzling 12 to 18 beers or more a day at home.

When we took road trips, he drove and drank. I didn't confront him, because I knew it would only produce an ugly scene.

We could have an accident, a little voice inside my head said. And are Jason and Matt learning to do this same thing when they become adults?

Still I said nothing.

"Watch for the 'coppers,' " Roger told Jason, when he was in grade-school.

"If you see a 'copper,' " Roger said, "pick up all the empty cans from the floor of the back seat as fast as you can and throw them under the front seat."

"Okay, Dad," Jason would say as Matt watched.

My worries disappeared for a short time, because, after taking a freelance writing class at Arizona State University, I sold my first freelance story, a piece on the history of Scottsdale, to the local newspaper. I was now a published freelancer.

With that clipping in hand, I applied late in 1980 at The Phoenix Gazette and was hired. About the same time Roger landed an accounting job with Maricopa County. This job seemed to fit with the accounting he had done at the store and his long-time interest in government, going back to college, where his majors were business and political science.

We celebrated New Year's Eve at the top of the Hyatt Regency in downtown Phoenix, looking down at the lights of the city.

"I can't believe how fortunate we are," I said.

"Let's toast to that," Roger said, lifting his beer glass high.

This mountaintop enjoyment lasted only a few months.

THIRTEEN

AS DR. BENJAMIN REVIEWED MY history with me, he said that there seemed to be a correlation between the severity of problems I had faced and the intensity of my bipolar symptoms.

A couple of factors pushed me toward the edge.

Although Donna, the sitter we found for Matt so that I could go back to work, smoked, at first I didn't give it any thought.

After Donna had taken care of him for only a few months, however, Matt's doctor diagnosed asthma in our year-old baby. Instantly guilt took my emotions hostage.

What if we had chosen a non-smoker for a sitter? I asked myself. Maybe I should never have gone back to work with Matt this young.

Asthma ran in Roger's family and mine, so Matt's developing it might have been inevitable.

But if he hadn't been exposed to Donna's smoking, maybe he could have escaped this genetic tendency toward asthma, a voice inside my head told me. Or maybe his asthma diagnosis could have been put off until he was older and stronger.

We moved Matt into a church day-care center, but he immediately picked up an intestinal infection there that landed him in the hospital badly dehydrated.

While he was lying in a Scottsdale hospital bed, I crossed a downtown-Phoenix street one morning on my way to work, tears spilling down my face over our seriously ill son and the very real prospect that broken-down child care would force me to leave my job. I didn't look for cars as I stepped off the curb. When I was halfway across, I felt a swoosh of air as a vehicle sped by in back of me. I didn't bother to look over my shoulder to see how close it had come. I continued shuffling my way toward the opposite curb. Only a lack of other traffic at that moment saved me.

I was short-circuiting emotionally again, reacting in an out-of-bounds way to common babysitting and illness issues that a healthy mother could have handled almost as easily as milk spilled on the floor.

Matt recovered, and we found a good home-away-from-home for him with Rebecca, a woman who cared for five young children in her home. Matt and Zack, another toddler his age, became inseparable.

When Matt was about to turn three, I asked him what kind of cake he wanted, and he said, "green." Rebecca made a cake for him, complete with green frosting and scheduled a little celebration for the time we usually picked up Matt.

"See my green cake!" Matt squealed with glee when Roger, Jason, and I walked in.

As Matt's asthma raged on, we asked his pediatrician how serious it was, and the doctor described it as a 7 on a scale of 10. It turned Roger and me into sleep-deprived zombies, because we had to get up with our little boy during the night, sometimes every two hours, to give him treatments on a nebulizer, a piece of medical equipment that enabled him to pull medication mixed with steam into his lungs.

Matt, sitting on a high kitchen stool, took one deep breath after another, night after night, these breathing treatments as normal and natural to him as if he were sucking on a Popsicle.

When then U.S. Surgeon General Everett Koop issued his landmark Report on Smoking and Health, officially linking smoking and cancer, my guilt over Matt's first sitter came to the surface again.

I often arrived for work noticeably dazed, heartache and worry having registered invisible hits on my fragile nervous system, much like a computer virus attacks and corrupts a file. I buried my head in my work, struggling to comprehend the material, but when I realized I wasn't making much progress, tension mounted, threatening to commandeer my mind. It was an instance of brain freeze, a part of mania, but my illness still hadn't been identified. I was miserable. That's all I knew.

Matt seemed almost oblivious to his illness except during particularly bad attacks, when he would gasp for breath for hours at a time, but I often fought back tears whenever he was sick and even when he wasn't. There was no holding them back, however, the day my seven-year-old son said to me, "I wish I could run like the other kids."

"You can run like the other kids, just not today," I said, stroking his back gently. I gave him a good dose of reassurance, but then I sped up the stairs to the master bedroom, flinging myself across the bed and wiping my tears on the spread.

Then the U.S. Surgeon General issued a report called The Health Consequences of Involuntary Smoking, which portrayed second-hand smoke as a quantifiable health risk to non-smokers, especially children.

If only that report had come out before we started leaving Matt with Donna, I told myself. There was no end to my guilt.

Although I didn't know what was wrong with me, I was too ill to cope with a sick child. I dragged through the days, operating in a listless, one-step-in-front-of-the-other mode. More and more often my feelings turned to gray, and my problems were mounting.

About the same time it became apparent to me that Roger was increasingly losing control. He spent less and less time at home, and when he was with the boys and me,

angry outbursts became the norm. He no longer cooked dinner or watched movies with us. He stayed out later and came home drunker.

One evening Roger told me, "I couldn't find my car in the parking lot, so I went back inside the bar to get someone to help me. I told this guy what the car looked like, and he led me to it."

Roger came home about midnight another evening, opening the sliding door from the patio only a few feet from the family-room sofa-bed, where Matt and a neighborhood friend had fallen asleep after watching TV. Roger headed for the kitchen, banging the refrigerator door noisily against the metal, laundry-room door, as he poked around for a snack. As he ate, food spilled down his chin and onto his shirt. The noise woke the boys, and they watched as Roger lost his balance in the living room, falling to the carpet in a pitiful attempt to get his pants off with his shoes still on.

"Sue, Sue, where are you?" he yelled from the living room, where he was still on the floor struggling with his pants. "Help, help," he said feebly, slurring his words badly.

I climbed out of bed, more sleepy than functioning. I helped him pull up his pants and guided him upstairs to bed, but I was tired of worrying and feeling embarrassed, and my frustration increased when Matt told me the next day about his own embarrassment.

"My friend was sort of scared, watching Dad," Matt told me.

One Sunday morning that summer Roger asked me to go out and find our car. When he had left a bar the previous evening, he knew the general area where he had parked it but not the exact location, so he had opted to walk home.

I headed out on foot, stumbling onto the car quite quickly and, miraculously, walking squarely into my own awareness that things were not okay. It was not the best time for me to wise up, however, because my mental acuity couldn't push past awareness of my husband's serious drinking problem into an action plan.

Just as stress evolving from Roger's alcoholism was a factor in precipitating mental illness in me, the stress of my illness compounded his drinking problems.

My fuse was lit. My New York collapse was only months away.

FOURTEEN

DR. BENJAMIN PRESCRIBED LITHOBID, 300 mg morning and evening to fight my bipolar symptoms. Lithium carbonate, the generic name for Lithobid, is a salt first approved by the U.S. Food and Drug Administration (FDA) in 1970 to treat bipolar patients—a mere 16 years before I needed it.

According to the National Alliance for Mental Illness (NAMI), bipolar disorder affects 6.1 million American adults or about 2.6 percent of the population 18 years or older. The National Institute of Mental Health (NIMH) statistics also show that only 48.8 percent of bipolar individuals are receiving treatment. For me, one of the fortunate ones who got treatment, Lithium successfully, almost instantly, leveled my moods.

My psychiatrist said it would take a couple of weeks for it to kick in, and as well as I can recall, that was the case. I remember clearly that I felt a lot better within a short time. After all those years, it was sweet relief. All the tenseness melted, and my brain shifted effortlessly into “normal” gear, with not even a glimpse of the old brain freeze visible in its rear-view mirror.

One day, however, I looked at myself in the bathroom mirror for the first time in a long while, appalled at the sight of the overweight woman who looked back at me. My face had become noticeably fatter, but it was my non-existent waistline and much-wider hips that shocked me most. Yet I was eating sensibly, actually less than I used to, because food, like most other things, had had little appeal when I was sick.

It must be Lithobid, I thought. What else could it be?

Dr. Benjamin confirmed my fears about this medication and weight gain.

Almost immediately after swallowing my first Lithobid tablet six months earlier, I had to give away the size 7 clothes that had fit my 5’ 6”, formerly 120 pound frame, most of my adult life. Within months I had hit 150 pounds.

What could I expect from a daily diet of salt pills for medication? The weight issue, aside, however, I saw lithium as all-important to my health, still do. It stopped the craziness; it’s that simple.

Unfortunately residual depression lingered between 1986 and 1988. The lows I experienced weren’t overwhelming, didn’t cause me to shut down, but they were enough to color my mood gray and rob me of enthusiasm much of the time. To deal with this stubborn problem, Dr. Benjamin prescribed various anti-depressants. I started taking each new medication expecting it would get me out from under this cloud, but it never

happened; in fact this turned into one more reason to feel low.

He adjusted dosages, but my depression dug in.

After two, long, post-hospitalization years, Dr. Benjamin announced that he wanted to eliminate the anti-depressants and add Tegretol to my Lithobid regimen.

"It's an anticonvulsant and has been used for some time to prevent seizures," he told me in his matter-of-fact way. "Scientists discovered fairly recently that it sometimes also works on depression in manic-depressives."

"Sounds scary," I said. "It must be heavy-duty."

"If you take Tegretol, you'll have to have blood tests every few months to be sure that the drug isn't interfering with your white blood cells," he said without emotion.

Whoa! I said silently.

"Okay," I said aloud, willing to agree to almost anything to leave depression behind.

I trusted Dr. Benjamin too much to argue. He was a neurologist-turned-psychiatrist and experienced in prescribing medicine in that field, too. Besides, several medical staffers who worked with Roger at the county hospital had told him that they would choose Dr. Benjamin if someone in their family needed psychiatric care.

The new combination turned out to be an almost-immediate magic potion. The cloud of low-level depression that had hung over me soon lifted after I began taking this powerful duo.

Years later, though, when I began to question Tegretol's effects on my physical health, I would discover something that I don't think Dr. Benjamin told me—it had been approved by the FDA for treatment of seizures but not mental illness.

FIFTEEN

SOMETHING DR. BENJAMIN TOLD ME in a psychotherapy session provided an “ah-ha” moment, a point at which I began to understand much of what had gone wrong over my lifetime.

“One segment of this illness has involved your brain erasing from your memory anything that’s painful,” he said.

Dr. Benjamin taught me that if it were not for this exceedingly insidious aspect of my bipolar disorder—the eraser factor—this disease would have brought me down long before it did, long before I ended up at age 40 in a mental hospital. As it was, this giant white-out in my head eliminated memories of past unpleasantness, and you can’t fix what you can’t remember.

When good times had come along, symptoms of my bipolar disorder retreated temporarily, my nerves unwound, my brain functioned again, and happiness crept back into my life. Unfortunately I didn’t recall previous depression or inability to think straight and function normally. And so when I was feeling good and would have been able to seek professional advice, it never entered my mind to do so.

Dr. Benjamin suggested that I join a group session in his office. I did.

“It’s just like diabetes. You’re okay as long as you take your medicine,” an energetic young teacher said in one of these sessions. I didn’t believe her. Still don’t. There’s a stigma to mental illness, period.

“You can talk about mental illness,” group members had said.

Oh, yeah?

I left the group sessions.

Another part of the bipolar equation is often a traumatic childhood, Dr. Benjamin told me.

Prior to writing it all down, I had never considered that mine was anything but okay, but Dr. Benjamin’s questions got me talking about negatives that I had long ago pushed into a closet in my brain.

“All my life my dad was sick in bed, and he died when I was 12,” I told him. Dr. Benjamin stressed the importance of this family history and asked for details.

“Well, my mom told me that my dad had had a stroke when I was three months old, and shortly after that, when he was in a veterans’ hospital, employees dropped him, fracturing both hips. He had had hip surgery, but this was 1946, and it wasn’t successful,

so he became bedridden.

"When I was about three, my parents moved from Milwaukee to Norway, my mother's hometown, because she wanted to be close to her family. For a short time my dad was in a nearby hospital, but he wanted to be at home, so my mother became his nurse.

"All he could do was talk with me from his bed, and I couldn't understand what he said very well, because the stroke had affected his speech. His illness was frightening," I admitted.

"In Milwaukee my dad had been an executive at an insurance company. He and Mom had lived lavishly; and I remember seeing photos of their flat, of rooms filled with Oriental rugs and antiques, of a place every bit as luxurious as homes in magazines, but when I was growing up, my family didn't have a car, and there wasn't much money. We lived on Social Security disability checks."

And so it turned out that my childhood had contained traumatic elements, although I had not previously thought of them that way, much less dealt with any emotional scars.

The essence of what I learned from Dr. Benjamin is that bipolar disorder results from a chemical imbalance in the brain. People are born with a susceptibility to it, stress triggers it, and medication can correct the faulty chemistry, he explained.

"But what about Roger's drinking?" I asked.

"Bipolar disorder doesn't arrive full-blown at age 40; it has a past." Dr. Benjamin explained. "And it isn't caused by a drinking husband," he said. "It is true that stress created by an alcoholic, or anything else, can contribute, but it's not the cause."

According to the NIMH, there is no single cause, but because it tends to run in families, scientists have been searching for genes that increase a person's chance of developing this illness.

One publication also states that evidence from imaging indicates that the brains of people with bipolar disorder may differ from the brains of healthy individuals, noting that researchers are working to more clearly identify these differences.

SIXTEEN

GENETIC MAKE-UP A FACTOR? OH yeah.

GI had witnessed unsettling behavior in some of my relatives on my father's side of the family, but as a child, I didn't understand what I was seeing, and I certainly didn't know it could have anything to do with me.

I remember Elvira, one of my father's sisters, shrinking her world to the size of her upstairs bedroom for considerable periods of time. It was an unpredictable thing. The summer before my 10th birthday, my mother and I arrived at their Wisconsin home for a visit, while my dad stayed in a veteran's hospital back home. Uncle Charles, a small man with dark hair slicked back, moved briskly from the house to the car when he spotted us, words of welcome keeping tempo with his steps. My aunt simply stayed in bed. I never once saw her that week except through the cracked-open door to their bedroom. My easy-going, kindly uncle avoided the subject of why she stayed in the bedroom.

"There's a good place to swim here," he told me one day. "But I didn't pack my suit," I said.

Next thing I knew we were in the children's department of a small store. Uncle Charles and my mother assured me that each of the swimsuits I tried on was a good choice. He bought me a swimsuit for just a few days' use at the local pool! I could scarcely believe it.

My uncle owned an old-fashioned neighborhood grocery store occupying most of the first floor of his two-story building. Customers entered by swinging open the creaky screen door. Inside the dim interior, wood floors in what was once a living room were lined with free-standing shelves packed with grocery items. One small refrigerated case cooled milk, cream and eggs. In the evening my uncle took my mom and me downstairs for ice cream to the kitchen in back of the store. I was young, but swimming and ice cream couldn't dispel my thoughts that something scary was going on with my aunt.

Mental illness touched my mother's family, as well, although she didn't talk about it.

After I left Norway for college, two of my maternal grandmother's brothers took their own lives. None of my relatives told me about it immediately or expressed any thoughts later that there might be a family interconnection.

Interestingly, Roger and I agreed that we routinely observed low-level depression in my mother and some of her sisters whenever we visited Norway.

"Sad-sack Swedes," he would say jokingly in the early years of our marriage, unaware that it wasn't a joke.

It's a paradox. If they were clinically depressed, their illnesses were officially less serious than mine. For them many days appeared to be a dreary struggle, but they seemingly were never lifted by highs, nor did they have the level of energy, ideas, or drive that come with mildly manic phases of bipolar disorder.

For me, on the other hand, these highs, the kind that ultimately snowballed all the way to brain-freeze, started out as exciting periods of creativity and exhilaration. Unfortunately, ignoring them made them like the calm eye of a hurricane, which actually fuels its ferocity.

My mother never discussed her problems or mine, not while they were ongoing and not afterwards,

When I was a teenager and could understand adult issues, she never shared anything about how hard it must have been to care for my dad all those years while he was ill. After he died when I was twelve, she never openly mourned or reminisced over the good years before his stroke. When I had started my ill-fated teaching job, obviously distressed, she had simply said, "I'll keep you company for the first week." Talking about feelings seemed to be taboo in my home.

In my post-teaching months when I hid out, miserable, at home, she never asked me how I was feeling. We didn't discuss the happy, seemingly healthy me who subsequently worked for the Job Corps, comparing that with the miserable me who was a college student and two-day teacher. Mental illness wasn't in my mother's vocabulary. In her day folks were generally aware that "troubled" people got put away in institutions, so maybe she wanted to protect me from that fate.

In recent years I've thought about how much better my life could have been if I had received treatment as a child or teenager. I might have avoided torturous years caused by undiagnosed illness. Maybe I wouldn't have become as seriously ill as I did, and perhaps two mental hospitals would not be part of my history.

Simply talking with someone definitely would have helped, and if I had reached out or if someone had reached out to me, maybe my story would be different.

If my mother and I had communicated, maybe she would have contacted someone in my small town in the Michigan woods who could have pointed me toward help. A teacher? A clergyman? One of the two doctors in town? The American Board of Psychiatry and Neurology had been established in 1934, but I doubt its message had traveled to my hometown by the time I hit kindergarten. Many fewer people in rural America, and even fewer children, were in counseling during my growing-up years.

"Don't air your dirty laundry," people said back then.

SEVENTEEN

BETWEEN PSYCHOTHERAPY SESSIONS I STARTED studying my disease, discovering that people with bipolar disorder frequently find their way to the top. When I read the stories of other bipolar individuals, I learned that the illness has a positive side—extra doses of enthusiasm and imagination, as well as intensity and a driving force that fuels accomplishment, but the downside is just as powerful.

That was me, all right, I thought.

Patty Duke and I had met a few years before either of us was diagnosed, a timeline I base on information from her book, *A Brilliant Madness: Living with Manic-Depressive Illness*. She and I had come together in the early 1970s in Duluth, where she was filming the movie *You'll Like My Mother*. As a reporter for *The Duluth Herald*, I was interviewing her on location.

The photographer took shots of the actress and me in addition to those he needed for publication. These extra photos reached me the next morning via the city editor, who noticed my outrageously egotistical attitude in the images and added captions to reflect it.

"I'm better looking than you are any day," was one line the editor assigned to me.

I failed to grasp the underlining truth that he had glimpsed that day. I simply thought his captions were funny. Tragically, many manic-depressives develop egos as blown-up as mine was at that time.

Happily I met Patty Duke again in 2001, when she was in Phoenix on a speaking tour. By that time, both of us had been on lithium for years. Afterwards her fans gathered around to greet her, and when it was my turn, I reminded her of our earlier meeting in Duluth, as she generously autographed three of her books that I had brought to the event.

She inscribed *Call Me Anna*, her autobiography, with the words, "Keep Going, Susan."

Those are powerful words from one bipolar individual to another, and in the end, it's all any of us can do. We certainly can't, if we want to be healthy, dwell on the time when our illness held sway over our lives.

Winston Churchill and Abraham Lincoln were believed to be manic-depressives, the term for bipolar disorder in their day. Remember Lincoln's so-called "black moods"? There is also a long list of people with bipolar disorder among Hollywood actors.

In 1995 Kay Redfield Jamison, a bipolar psychiatrist, published her autobiographical

book, *An Unquiet Mind*.

Publisher Alfred A. Knopf said on the jacket cover: "A moving and exhilarating memoir by a woman whose furious determination to learn the enemy, to use her gifts to make a difference, led her to become, by the time she was forty, a world authority on manic-depression, and whose work has helped save countless lives."

The high side of bipolar disorder is cherished by many of those who have it, but some people, afraid medication will kill part of their personalities, avoid psychotherapy or lithium. In my experience, theirs is an irrational fear.

Without drugs, manic highs eventually go too far, turning into the angry, irritable, ugly side of mania. Or an energetic, highly-positive mood changes and evolves until it's out of bounds. Remember Richard Gere in the movie *Mr. Jones*? His character graphically portrayed just how outrageous manic-depressive behavior can be, starting with a scene in which he got up from his seat at a concert, assuming the conductor's role until he was ushered out of the theater. Later we saw him posing as a construction worker, walking a narrow steel beam high on a skyscraper site.

My mania fortunately didn't take me that high; it was more subdued, more along the lines of high achievement instead of high-flying antics. But my manic moods had also fueled angry tirades and turned my brain to mush, rendering me unable to think, read, concentrate, or function even on a simple level.

EIGHTEEN

RECOVERING FROM MENTAL ILLNESS ISN'T anything like bouncing back from a cold, the flu, or even surgery. People who are physically ill are often as good as new again in days, weeks, or months, and doctors can predict the length of the recovery process quite accurately.

My psychiatrist never talked about full recovery or how long it would be before I felt completely better. That was a good thing.

As I continued for several years with psychotherapy sessions, I got antsy. Dr. Benjamin's pen had been moving fast, putting my history on paper, but I was getting sick of looking at the past.

"Can I go back to work?" I had asked more than once in visits to his office. "No," he had said each time. He didn't elaborate.

Meanwhile Roger had been suggesting volunteer work at a nearby hospital, and it began to sound like a good idea, so one day I told Dr. Benjamin, "I'm going to do some hospital volunteer work."

"Tell me more," he said.

"There's not much to tell," I said. "I haven't been over to the hospital yet. I just think that maybe I'd feel better if I do something, maybe do something for someone else. So is it okay with you? Do I have your approval?"

"You've got it," he said.

I filled out the volunteer application, leaving out information such as the dates of my last employment, which I thought might lead to questions I didn't want to answer. Yet I wonder what the coordinator was thinking, because other volunteers had gray hair, while younger women were in paying jobs or at home with their children.

I started working Mondays and Thursdays from 9 a.m. to 1 p.m.

"I don't want to sit behind a desk," I said early on. "I want to be as close as possible to the patients."

They assigned me to two different nursing units. As the busy staff began to develop confidence in me, they gave me more and more things to do, including answering patient call lights. Often I could be of help.

"I'm cold, would you get me another blanket?" a patient would ask. Sometimes they simply wanted company, someone to talk with. "Do you want to see my stitches?" one woman asked, anxious to strike up a conversation.

"I'm thirsty. Would you get me a glass of water," was a frequent request, although I had to check with the nurses to confirm that water was okay for that particular patient at the time.

The secretaries also put me to work on minor parts of the paperwork that threatened to build each day into a mountain.

Volunteer work agreed with me. During the hours I was at the hospital, I emerged from the gray cloud that was still wrapped around much of the rest of my life. Even so, I had to drag myself to get ready each morning. My enthusiasm was still refusing to jump-start.

I've got to take a shower, I groaned inwardly on Mondays and Thursdays as I opened my eyes. It took incredible amounts of will to accomplish routine things.

I had once considered myself a good cook, having progressed from basic meatloaf and apple pie to more challenging Beef Wellington and chocolate mousse. In 1987, though, the planning and coordination aspects of cooking stood like giants in my kitchen, looking prohibitively formidable.

I should be making meals for my family, I told myself, full of guilt.

But I just couldn't push myself hard enough. I avoided the kitchen. It was too challenging. Inertia was strong. Inertia was king. Roger continued doing the cooking.

TV bored me. It often has, but in those days I watched it anyway. It was there, an always-available, high-tech tool for devouring the long, heavy hours. I kept going but for little reason. The gray cloud still hovered most of the time, anesthetizing my emotions and killing even little sparks of energy.



A 1983 family photo reveals a too-thin me, symptomatic of undiagnosed bipolar disorder.



Putting on a happy face during my mother's visit in winter, 1985, with my complete breakdown only months away.





My sons helping with dinner and riding bikes in 1986, untouched for the most part by my disease.



What a difference treatment makes, from 1986 skinny, sick-looking me after my second hospitalization to a healthier me the following year.



Skiing in 1988 with reclaimed enthusiasm for activities.



Recently; enjoying my grandchildren again.

NINETTEN

BUT JOURNALISM WAS ALL I thought about, but I would soon be enmeshed in a bipolar catch-22 involving no job and no disability checks.

I had thought that only my health and initiative stood between me and going back to reporting, and since my health was getting stronger, I strained to hear a newspaper starting whistle. I listened and listened, but it would be a long time before it blew.

That year a form letter from the insurance company informed me that my long-term disability checks would stop that summer. Roger and I had thought I would be on disability for as long as I was ill, and Roger told me to call the newspaper.

"Your benefits are ending," the woman who answered the phone in Human Services confirmed. "Long-term disability is only for two years."

So just before my disability status was up, I again asked Dr. Benjamin about going back to my reporting job at The Gazette, a job that was still waiting for me.

"No," he said once more.

After my disability checks stopped, and my position at the paper was no longer being held for me, he told me I still wasn't well enough to go back to work. On his advice I applied for Social Security disability and was interviewed by another psychiatrist. The bottom line? Dr. Benjamin said I wasn't well enough to work, and the second doctor determined that I wasn't sick enough for Social Security disability.

Roger was not comfortable with filing lawsuits, so we decided not to appeal the second doctor's determination. While it was a risky decision at the time, it ultimately turned out to be sound, as it left me motivated to keep struggling toward wellness and work, inch by inch, day by day. If I had been given a disability badge, would I have kept going? I think the answer is I would have given up on almost everything.

My immediate situation, however, hit me as wrong. The personal implications didn't threaten me at the time, because Roger had seen the worst and stayed to love and support me.

But what would happen to someone who is alone? I asked myself. What would happen to me if someday I end up alone and unable to support myself?

Whenever I drove by the state mental hospital on Van Buren Street in the downtown Phoenix area, I still looked through the fence, sick to my stomach because I had heard horror stories of neglect and ugliness that went on within those walls, and I continued to

be afraid that I would somehow end up there.

After a while, I pushed these worries from my mind. Since I couldn't think of any financial solutions, why dwell on the questions? I had a long-standing degree in denial and a closely related field—avoidance.

Four years after my first hospitalization things started to look up when Dr. Benjamin gave me his approval to go back to work. Getting another reporting job would be a breeze by comparison, I thought. Little did I know!

The Gazette's legal responsibility to find a reporting spot for me had ended the previous year, when my long-term disability coverage ran out. If my illness had been physical, I would likely have recovered within a two-year, long-term, group disability window, but my bipolar symptoms dragged on longer than that.

There is substantial discrimination against mentally ill individuals, and I believe that it happened at the newspaper, that people there wanted to stay far away from me in 1989 when I applied for a job. I suspect some of the staff remembered all too clearly my unsettling behavior several years prior. And I remembered that before I left in the summer of 1986, the managing editor had expressed concern about legal implications for the paper from articles I was writing.

When my new application hit, this editor had been replaced by someone from out-of-state, who probably asked around about me. How long did it take before she heard stories about Susan, the "nut case," from just about anyone in the newsroom?

Her letter responding to my application was polite, but I thought I saw between the lines the message: "We don't want you to work for us anymore. Mental illness is too troublesome."

I had never before known the meaning of the words "stigma" and "discrimination," but then "mental illness" had not previously been stamped across my employment records either. I realized I was playing by unfamiliar rules and uncomfortable parameters. I never again knocked on The Gazette's door.

Later that spring I saw an ad for city editor of a weekly paper in Carefree, a small town about an hour's drive north of our Scottsdale home. On my way to an interview there, however, I was pestered by the thought that this would be untenable geographically, too long a commute.

In the end the owner of the paper said she liked my clips, and the interview went well. "You came in second," she later told me over the phone. "I hired someone who had worked for me in the past, who knows a lot about the operation and the town."

It was just as well. The publisher had told me the job was a high-profile one with lots of public contact, long hours and night meetings. When I thought about significant time away from Roger, Jason and Matt, I was glad eventually that it hadn't work out.

Next I tried a U-Haul employee publication, but I didn't feel comfortable in the atmosphere of that office, and I sensed that the interviewer didn't feel good about hiring me. He didn't.

By this point I wanted to get back to paid employment so badly that I began considering fields other than journalism. One day it hit me: it wouldn't take much training to qualify for a job as health-unit coordinator—part of the work I'd been doing at the hospital.

Encouraged by the head nurse on the unit where I was volunteering, I went back to school at Gateway Community College to prepare for the position, the only non-clinical position on a nursing unit, the staff member who completes admitting paperwork and puts doctors' orders into the hands of nurses, therapists and other staffers.

I didn't stop to think about my 18-year journalism career or to mourn the fact that it had become a casualty of bipolar disorder. I simply looked ahead, marching forward to this new beat.

TWENTY

WHEN I'M FEELING GOOD, I'M fearless and tireless. Four years after landing in the first mental hospital, when I took on studies toward my new career in the health field, I also said goodbye, at least temporarily, to Roger after 20 years of marriage. No problem!

Just before starting my health-unit-coordinator classes in summer session, I said to Roger after dinner one evening, "It's your business whether you drink or not, but I no longer want to live under the same roof with an alcoholic. For now please move out of this townhouse, away from me and the kids. Later we'll figure out what to do next."

As he stood at the kitchen sink washing dishes, a blank look came over on his face. There was no fight left in him. I had complained many times about his drinking but never before asked him to leave.

"Okay, I'll get an apartment near my second job," he said.

There was no discussion.

Later he told me that he thought I was nervous about going back to college and that I would have more time for studying if he weren't there. But I had reached a breaking point with his drinking. I felt that something was about to shatter, and I had decided that it wasn't going to be me again. One deep descent into mental illness was enough.

Roger was a heavy drinker when I met him, although I barely knew what that was because of the culture of the UP, where I had grown up. Everyone I knew drank except my grandma and two of my aunts. When iron-mining jobs ran out a few generations back, "Yoopers," as people from that area are called, headed to the bars to drown the pain of unemployment. In my generation high-school guys guzzled beer in the woods on weekends, and grown men drank even more booze and even more frequently.

The drinking age in nearby Wisconsin was 18, so when I was at home during college weekends, my friends and I had crossed over the border to party. The border bars pulled in lots of money on weak concoctions. My girlfriends and I would put down half a dozen or more drinks with seemingly little effect. We could still pronounce the words "rum and coke" or "screwdriver" at 1:59 a.m., just before the bars stopped serving, in order to get one more round.

My first hint that Roger might be drinking too much had come, ironically, from his father

shortly before our wedding.

"I hope Roger doesn't overdo it on beer," I overheard Vince say to my mother as we left a Marquette restaurant one evening in the spring of 1969. My future father-in-law's words entered my consciousness and stayed there. That evening, though, I rationalized them away.

I know lots of guys who drink a lot, I told myself. What's the big deal?

By that time Roger and I had plans for a July wedding.

It's too late for doubts, I told myself, and besides he's a really nice guy.

The second half of that was true. His overriding quality then and throughout our marriage was that he was a nice guy, and it was a good reason for marrying him.

My mistake was all the default decisions I made regarding his boozing during the 20 year period before that day in 1989 when I finally took a stand.

I poured myself that summer into classes during the day and studying in the evening, purposely crowding out thoughts of my troubled relationship with my husband. As I sat each weekday evening in the family-room recliner, books and papers spread out on my lap, I often thought to myself, My mind is back. My mind is back.

Throughout that summer I was keenly aware that I was easily assimilating the community-college material that would qualify me to work as a health-unit coordinator by the end of the summer. My disease had stolen my mind, and now it was giving it back.

Studying was exhilarating, because I once again could absorb facts, definitions, and concepts, then recall the material at class the next day or for the next quiz. I got A's on all my tests, and my comprehension level was further affirmed when one instructor asked me to tutor students wanting help.

When it came time for the clinical segment, my classmates were assigned on a volunteer basis to a Mesa hospital, while I went to Scottsdale Memorial, where I had served as a volunteer, to do my clinical rotation for pay.

I had undertaken the volunteer work because I wanted to be of use to others, but, coincidentally, it had done healing in me. I left behind the symptoms of mental illness in large part because of a good doctor, psychotherapy, and medications he had prescribed, but success at volunteer work had been enhancing my wellness.

Meanwhile, without Roger's presence in our home that summer, a peaceful, easy-going atmosphere settled over everything. Gone were his quick-to-anger, controlling ways that I connected with drinking and which had dominated our home and charged the atmosphere with tension far too often. As Jason, Matt, and I relaxed, we found ourselves getting the chores done, laughing and teasing each other good naturedly as we cooked, cleaned, studied and talked.

"You're too old to be in school, but you seem to be doing OK," Jason said, eyes smiling, on his way to the kitchen one evening.

Jason and Matt didn't mind that Roger wasn't there barking out orders on chores like a drill sergeant, and for the first time ever they did their assigned tasks without being asked. None of us voiced it, but we enjoyed the peace that came to live under our roof that summer.

Roger wasn't totally absent, however. With his sense of responsibility still firmly in place, he came home regularly to stuff bills that had arrived in the mail into a small suitcase so he could pay them from his apartment.

He won \$2,000 in the state lottery and deposited it into our joint checkbook, even though one of his co-workers had advised, "If she doesn't want you in the house, you shouldn't have to tell her about the money."

Roger and I saw each other away from the house via a pleasant "dating" basis. I remember climbing the stairs to his tiny efficiency apartment five miles away and sitting on an ugly, brown plaid couch talking with him. It was surreal.

That fall Roger pressured me into agreeing that he could come back home, bringing up the subject every time we were together.

"I haven't been drinking for three months now," he told me.

I had my doubts, but I caved in. On big or small issues, I still reacted with an unqualified "yes" whenever someone close to me asked me to do something, believing that the good and loving thing to do was acquiesce.

Despite Roger's claims that he wasn't drinking, he shunned AA and counseling, so I didn't trust that his three-month sobriety would last, if it existed at all. We began separate lives, side by side, under the same roof, but unresolved issues continued to churn inside me. A huge chasm still separated me from healthy judgment and decisions regarding Roger and beer.

He continued to drink while telling me he wasn't. His shopping for groceries took too long, and I knew he was lying whenever he said he was going for a ride. I worried endlessly. I seethed inwardly. I sensed that the quantity of beer he was gulping had gone down, and I wondered if this was as good as it was going to get. No surprise, he sometimes still drank to excess. Once he called from the horse track, slurring his words. When I confronted him, he swore it wasn't a regular thing.

I was feeling good mentally, but I was still immature, as evidenced by my giving in, despite my doubts, to Roger's demands to move back home. Dr. Benjamin still had much to teach me, and, as things worked out, he would give me almost a decade of continuing education.

TWENTY-ONE

I WAS BEGINNING TO ESCAPE from the clutches of bipolar disorder.

Following the summer session of classes I accepted my health-unit-coordinator certificate in a small graduation ceremony. It was during the week, so Roger and the kids couldn't be there, but it was a heady experience.

As I walked up to receive my certificate, it felt good to be going on to a new career. I was bursting with happiness. I didn't stop to think that this work was less prestigious than reporting and paid a lot less. I didn't consider, even for a second, that I might falter mentally on the job. But then I'm bipolar.

That same summer Dr. Benjamin announced that I had attained "symptom-free" status, although he carefully explained that I was not cured of bipolar disorder. Once past my hospitalizations I had half expected an instant cure. Now, after years of psychotherapy, I was more than satisfied with "symptom-free"; I was ecstatic.

Dr. Benjamin delivered the additional news that not only wasn't I cured then, I likely wouldn't be in the foreseeable future. It's the same for everyone with bipolar disorder. Pending scientific breakthroughs not yet discovered, the best that bipolar individuals can hope for is "symptom free," he said.

I've subsequently become increasingly cynical. I think a cure may be a long way off, in large part because our medical system has a financial interest in treating, not curing, disease.

When was the last real inroad? Polio? Jonas Salk's vaccine in 1955 and Albert Sabin's oral version in 1962 have eradicated polio from most countries and reduced the worldwide incidence of this disease from an estimated 350,000 cases in 1988 to just over 1117 cases in 2010. But has science cured anything recently? Heart disease? Diabetes? Cancer?

I hope my cynicism turns out to be overblown, but this lengthy medical dry spell hints to me that there's some long-term foot dragging going on.

As I sat at a table filling out an application for my first job in my new field, I carefully avoided listing "bipolar disorder" anywhere on the medical-history forms. A little voice inside my head told me that my doctor's opinion that I was well enough to work might not translate into a hospital's eagerness to hire a bipolar individual. Fortunately the

Scottsdale hospital could not see inside my head or into my past. I was hired that fall, and I would be working in the same system where I had volunteered and done my clinical training.

"Don't go right into the ICU as a new health-unit-coordinator, because the doctors' orders there are complex, and the fast pace doesn't allow nurses time to answer questions or help someone who is new," an instructor had warned our class that summer. "It's too much of a pressure cooker."

That doesn't mean me, I told myself. I was used to aiming high and making the mark.

Plowing ahead, I applied for an ICU position. True to my manic roots, I pushed myself, as I had done all my life. It never entered my mind that I should cool it a bit, considering my new diagnosis and the fact that I understood how stress had contributed to my illness and hospitalizations.

My spirits were soaring. It was a heady experience to have responsible work to do again and to feel capable of doing it.

Anyone who has been out of work for any reason knows the joy of finding a job again, but, considering what my life had been like in the past few years, I was in a different galaxy, mentally and emotionally from a typical new-hire. Ever since my mind shut down totally four years ago, I hadn't been sure the gears in my brain would mesh again. Yet they were connecting now. I felt whole.

As I tackled the paperwork in front of me, I discovered that I had enthusiasm and energy to spare, and I reveled in that awareness. I had almost forgotten how enjoyable it was to feel good. I remained calm and unrushed, even though sometimes several patients came in at the same time, piling my stack of paperwork high. No tight bands formed inside my head.

Things were going well in my new career, so my disease disappeared into my bipolar backpack, where for the time being it was quietly resting. And, as usual when I was relaxed, happy and enjoying life, I forgot about its very existence.

Still an unknown at this time, though, was how my health would hold up under significant, repeated stress.

Within a few months, a horrible realization struck.

I don't know how to handle some of the doctors' orders that are hitting my desk, a little voice inside my head said.

I didn't tell the nurses about it, though. Somehow I thought that ignoring the problem would make it go away.

I carried out segments of the orders that I knew how to handle and sloughed on the rest, handing in without comment work that I knew wasn't complete. I have no idea how I thought I could get away with this, because a nurse always checks over a health-unit-coordinator's work sometime during the shift. All I knew was that orders were coming my way at such a rapid pace that I didn't have time to ask the nurses for help, and it was obvious they were far too busy to go over anything with me.

I'm malfunctioning, I told myself, hoping no one would notice. It didn't occur to me that I was repeating the same kind of hopeless cover-up that I had tried unsuccessfully at the newspaper and that had landed me on disability. The responsibility I had to seriously ill patients and the scariness of mistakes in a medical setting never entered my mind. And I didn't remember the instructor's warnings during my training that this unit was not beginner turf, not even when my ICU job became overwhelming.

Now, after only a couple months, I woke up each morning with an all-pervasive sense of dread. As I drove to the hospital, my mind focused on doctors' orders from the previous day that I hadn't known how to handle.

What did I do with that one patient's really complex orders? I asked myself one morning. I couldn't remember. I had fallen into my old pattern of trying to cover up fuzzy thinking, of freezing fearfully and somehow trying to move forward simultaneously.

Am I getting really sick again? I finally asked myself.

My problem may have been primarily an overly-ambitious choice of units as a beginning health-unit-coordinator. Yet, I wondered: Did the stress created by this overreaching kick in a new instance of inability to think clearly on the job? If so, was it indicative of lingering bipolar symptoms? My entry into illness had taken years; why would recovery be speedy?

One day the head nurse called me into her office. She reviewed my job performance, spreading out on her desk copies of doctors' orders that I had transcribed incorrectly. None of the patients had been harmed, because nurses had immediately found my errors, but something had to give.

"We would like to transfer you to one of the other nursing units," she said. Thankfully, it was a just a transfer. I cringe to think what would have happened if it had gone differently, because I think that getting fired from my first, post-mental-hospital job could have plunged me back into deep depression. I think it would have come too soon in my recovery process. I was regaining strength, yet I was still very, very fragile, almost certain to crack and break in any sort of serious fall.

I worked successfully as a floater on other nursing units for a time, but no regular positions opened up, so I moved from unit to unit, covering absences and illnesses.

TWENTY-TWO

PERIPHERAL ISSUES HUNG ON IN the early 90s including a disagreement with my second psychiatrist regarding one of my medications.

I believe in psychiatry but not in every psychiatrist who hangs up his or her license or in every prescription drug that flows out of pharmaceutical pipelines. I've learned from my own unpleasant experiences that patients must take responsibility for their own health.

Ever since Dr. Benjamin retired in 1990, I had been breezing in and out of medical offices primarily to get refills for Lithobid or the generic, lithium carbonate, which had successfully leveled my moods since the late 80s.

The drug is a miracle, a lifeline. On lithium, my recurring bouts with depression retreated, and it conquered completely my angry, manic highs with their mind-tightening grip on my ability to think, concentrate, or remember. At the same time, lithium hasn't changed my personality or replaced my naturally high spirits with bland behavior or outlook. Family members are quick to affirm that I still have immense initiative and energy and that my sense of humor still occasionally borders the outrageous. I agree: I'm still me.

I'm grateful to Dr. Benjamin for early psychotherapy sessions, as they helped me untangle old, twisted thought processes and faulty decision-making, but I'm also happy I no longer need these sessions. The seeds of bipolar disorder were in my genes, and lithium has been dealing successfully with that faulty chemistry. In the early years I also needed psychotherapy because of what I now see as immature emotional responses to people and issues, as well as weak problem-solving skills.

I remember clearly that his response to whatever subject I brought up in therapy was invariably, "So how do you feel about that?" At first I thought he was missing the point about a particular issue; later I learned that good mental health is all about living in such a way that you are at peace with your life and relationships.

When Dr. Benjamin retired, he suggested that I could get medication refills by continuing to see a psychiatrist or going to a family physician. I chose the psychiatric route because I wanted the benefits of a specialist's knowledge. I foolishly chose my second psychiatrist on the basis of convenient location. My first irritation was his receptionist, who rode herd on appointments and other business like an urban cowboy on a mechanical bull. I let his heavy-handedness bounce right off, however, but later this

psychiatrist and I tangled on an important issue—Tegretol. Over the years blood tests had shown that the amount of Tegretol in my system was consistently at the same level, and that this level was working to ward off depression.

One day psychiatrist Number Two looked at my blood-test paperwork and announced that he wanted to increase my Tegretol dose.

“Why?” I asked, incredulously. I felt good and had for several years. He, himself, in an earlier visit had commended me for the strength and courage I had mustered in dealing with my disease.

Now his answer was, “Because the lab recommends the increase based on the level of Tegretol in your blood.”

Once I got home I called the lab, discovering that a corporate restructuring had recently caused the company to change its ranges of “normal” medication levels in order to conform to those of the company which had taken it over. Incredible! The lab’s ranges had changed, not my need for Tegretol.

During my next visit I detailed my lab conversation with my psychiatrist, not for an instant imagining that under the circumstances he would want me to take the higher Tegretol dose.

I followed that up with a fax to him that included Internet research data detailing information from the U.S. Department of Health and Human Services’ National Library of Medicine stating that as of 1992 there was no agreed-upon range for Tegretol except in treating epilepsy.

To my surprise he stubbornly, almost angrily, clung to the increased Tegretol recommended ranges he had seen on the lab paperwork. I never again walked into his office. I went on to see a well-respected Scottsdale MD and holistic physician, who, ironically, on my first visit suggested getting off Tegretol entirely.

Every time I think about this drug experience and psychiatrist Number Two, I worry about the self-serving operating practices of some doctors, labs and pharmaceutical manufacturers.

I also wonder if this “range creep” is happening with high blood pressure and other conditions. For years doctors told patients that their blood pressure was okay if it wasn’t higher than 140/85 millimeters of mercury (mm Hg). Now one reputable website says there’s a new standard—below 120/80 or maybe the “gold standard”—readings below 115/75. Why the changes? Does fear of lawsuits figure in here? Who is going to stop pharmaceutical companies and labs from telling us we need higher and higher doses of their medications?

TWENTY-THREE

WHILE I WORKED TO SORT out Tegretol issues, the erratic hours that went with my hospital floater position weren't good for my family, and I transferred in 1991 to a nursing home under the same ownership as the hospital.

At first I was on a high. I was the first health-unit-coordinator hired by the facility, and the nurses told me over and over how happy they were to be relieved of some of their paperwork. And the paperwork was much simpler than at the hospital.

Here I discovered how lonely some nursing home residents are, so I used spare minutes to keep them company. .

The residents' call buttons lit up on the desk in front of me, and when I didn't have doctors' orders to work on, I'd answer them. If they didn't need a nurse, I simply hung around in their rooms. We talked about everything from the weather to grandchildren to politics. I aimed for subjects that could make us both laugh.

"I've just got a shipment of candy in the mail," one man told me when I answered his call light. "Why don't you take a box to the nursing station," he said.

It brightened my day to think about how someone who wasn't feeling well was thinking about other people.

Several years flew by, and then I met a nurse, who, through a personnel shuffle, became my new supervisor. Known all over the building as severe and unreasonable, she immediately sent me scurrying in all directions trying to carry out her impossible orders.

I wasn't ready for this. The old brain-freeze associated with bipolar disorder set in, and I became so tense and agitated that I had to stay on my feet while I did my paperwork. I stood at the nursing station, facing the hallway toward the front entrance with one knee on my chair, or I would circle the chair, or shift from one leg to the other, all the while bending over to do my work.

I wonder if the nurses are going to notice how antsy I am, I thought, but no one said anything.

Again I was somewhat manic. Thankfully I could still do the work, despite the jitters. It was 1993, eight years after I had first been diagnosed, and mental illness was refusing to completely release its grip on me. I simply couldn't handle stress, particularly stress on the job. It was the same old story.

If it had to be, this relapse came at a good time, because I had been planning to give a two-week notice. Roger and I were building a new home in Fountain Hills, near

Scottsdale, and I wanted to drive Matt, then an 8th grader, back and forth to his new school for the several months it would take for the home to be completed.

I phoned Dr. Benjamin, explaining the renewed tenseness in my head, and the fact that I wasn't thinking entirely clearly or remembering perfectly. He prescribed a tranquilizer—I don't remember which one—to get me through my last two weeks at the nursing home. I made it without incident.

As I left the building for the last time, I made a mental note to be wary of getting involved in pressure-cooker situations. I've never totally accomplished that, but that day I started living with increased awareness of little symptoms having the potential to blow up into something big.

TWENTY-FOUR

ONCE SETTLED IN FOUNTAIN HILLS, I didn't forget the nursing home residents I had met and their almost insatiable need for personal attention. A number of them didn't get visitors, and although some staff members made a point to sit down and talk, the residents had craved more time than employees could give.

Remembering these lonely people, I decided to follow up on a commitment I had made to myself while still working at the nursing home, a pledge to go back someday into that environment as a volunteer and visit.

I phoned the nearest nursing home, telling the volunteer coordinator that I wanted to start visiting residents and asking to come in and talk with her. She readily agreed. She asked me to fill out a detailed application and interviewed me at length. In the end I asked her if it would be okay for me to come in once a week for about an hour, and she said they would be happy with that.

I walked in and out of that facility weekly for about seven years, and, although my motive was to give to residents, they ended up giving me more than I could have offered them. There was nothing like volunteering to chase away my worries and put my own concerns and problems into perspective.

I made friends among the residents, and many of them seemed to look forward to our long, rambling talks. One day a minor problem was weighing me down as I walked in, but my gray mood vanished instantly when a woman seated in her wheelchair at the end of a long hallway opened both arms wide, then starting peddling toward me as fast as she could, smiling all the way.

"I was wondering if you'd be coming in today. I'm glad you are here," she said as we met in the middle of the hallway.

Another day the staff advised me that a resident had died, and her roommate of several years was taking it hard. I wondered as I started on my rounds whether I should seek her out, but it became a moot question as she rounded a corner, and we met face to face.

"Do you feel like talking?" I asked. "If you don't, that's okay."

"I really need someone to talk with and be with," she said, "but please just don't mention my roommate. I miss her so much."

We chatted for a long while, and it was one of those instances when I felt I was in the right place at the right time with the right person.

One man often sat in his wheelchair in the doorway to his room, and he sometimes stopped me to say he wanted to sell me a car. He had been involved for years in his family's dealership, and now he often invited me to look at photos of cars that lined the walls of his room while he described various models in detail.

"The Mustang is my favorite," he told me, pointing to a picture of a red model. It was wrinkled and torn because he had taken it down and put it back up on the wall so many times.

I often played Scrabble with a savvy resident who regularly beat me fairly and squarely. Other residents gathered around, giving us hints. They almost seemed to enjoy my struggle to make words with high scores.

"Look for the triple-word opportunities," my Scrabble partner advised me, but even when she gave me tips, she outclassed me. I never once won a game.

A former Chicago-area resident who had been employed in the Cook County Elections Department and I traded political stories, and her tales about Chicago politics were an education of sorts.

A former Washington, D.C., resident told me about her glamorous social life as the wife of a high-level employee in the Surgeon General's Office.

On and on it went, year after year, our lives and hearts touching.

TWENTY-FIVE

IN FOUNTAIN HILLS I FOUND my way back to God, and my renewed faith has been a subsequent, contributing factor to good mental health on a sustained basis.

I remember Roger casually mentioning that there was a United Methodist church in Fountain Hills, and that's where I headed one Sunday in 1994. I was 48 and hadn't been to church much in more than 20 years. Roger had a strong Catholic background, thanks to parochial schools, but wasn't a churchgoer when I met him. Since I wanted to be with him on weekends, I stopped going, too.

As a young adult I had stopped giving God much thought. I had a husband who loved me and a successful career as a newspaper reporter. By 1973 I had Jason, our first-born, and by 1979 our precious Matt. I was self-sufficient, relying entirely on my own wisdom and living the good life. I was a Christian, but just barely.

The pastor at the little Methodist church, more businessman than cleric, had a quick eye for anyone whom he might be able to put to work, and on my second Sunday at his church he asked to talk with me after the service.

"The editor of The Streams, the church newsletter, has just resigned, and I need someone to take over," he said.

Because I had listed my occupation as "newspaper reporter" on a new-attendee form the previous week, he offered me the job on the spot. I accepted. It had the appeal of volunteer work, which had gone well for me earlier, plus it would get me back into journalism.

Neither the pastor nor I knew much about each other, and the resultant clash down the line would be a loud one. For four years, though, I thrived on the long hours and hard work of putting out The Streams—writing news and feature stories, taking photos, editing copy, and laying out pages. I mastered "PageMaker" software and was producing monthly an eight or ten-page, high-quality publication, which served church members and also furthered the healing process in me.

Almost from the beginning, though, there was something about the pastor's sermons that didn't seem to click, but, reminding myself that I hadn't been to church much in many years, I initially shrugged it off. After all, it was good to be writing again, and it was a challenge and an adventure learning to lay out newsletter pages on a computer. Back in my newspaper days, pagination had been in early stages, and as a reporter, I hadn't been exposed to it.

After a few issues, I decided to list suggested Bible readings for each day of the month. As I looked at one list of readings, I said to myself, You hypocrite. As editor, you are suggesting that other people read these Bible verses, but you don't read the Bible yourself.

I began to read these suggested passages each morning. At first I was frustrated because I didn't have a grasp of who wrote them, or when, or under what circumstances. Then I picked up a devotional booklet that listed verses and also contained a related commentary. Within a month or so, I was reading with more understanding and eagerly looking forward to quiet early mornings with God's Word. I was learning to lean more on God and less on me.

I purchased a study Bible, which I cherish to this day, and which gave me the timelines and historical context I had been looking for, and I added prayer to my morning routine.

My faith was growing, and later I'd find out why. Faith doesn't come about via osmosis from friends or family or from attending church services. It comes from reading God's Word. That's His plan. I wish I had known that when I was younger.

I wish my faith had been stronger when I was in college and the first significant symptoms of mental illness showed themselves. As it was, I sank under the weight of my bipolar backpack, when I could have given my troubles to God.

If I had turned to Jesus in my teaching job, my mental collapse probably would have happened anyway, but He would have walked beside me, giving me a kind of peace that this world cannot give.

If I had made Jesus the Lord of my life in the years immediately preceding my 1985 hospitalization, it might not have prevented me from falling all the way down into the black hole of psychosis, but His healing would have touched me. As it was, I hadn't turned to God even when I went into my first mental hospital, and I didn't thank God when my mind began to function again.

Having said this, I don't advocate that anyone diagnosed with bipolar disorder cancel psychiatrist visits and throw away their medications. God works, in part, through things on this earth.

Meanwhile, back at the church, I watched, sick to my stomach, as the pastor moved increasingly away from God's teachings. In the late 1990s sermon after sermon, conversation after conversation, confirmed it: he had become apostate, someone who once believed but no longer did. He referred to God as "she" and expressed doubts about everything from Jesus' virgin birth to His Resurrection. When I wanted to do a Streams story based on a Tulsa conference I had attended of conservative Methodism's Confessing Movement, he angrily put his foot down. The solid Biblical theology espoused by this group didn't fit with his revisionist concepts, and he knew it.

I, along with other church members who were becoming displeased with his twisted brand of Christianity, eventually formed a committee authorized by Methodism to make recommendations to the bishop on pastoral matters. The committee eventually told the

bishop that it was willing to see the pastor go and the bishop, wanting to quiet the ruckus, transferred the pastor to another city.

I vowed to myself that I would never again become involved in church politics.

TWENTY-SIX

I FOUND ENVIRONMENTAL POLITICS BY looking out my back window. It was early 1994, and I was in the family room of our new home in Fountain Hills, still unpacking boxes, and looking out onto an expanse of desert that ended when it hit a ridge and a small mountain range which peered over the top of the ridge.

I could hardly believe how fortunate Roger and I were to have found this small town, then with a population of 13,000, which we thought would be a wholesome atmosphere for Matt. Our house backed up to almost 20 acres of public land which we had been told would not be developed. Fountain Hills with its natural desert beauty had great appeal after 15 years in big-city Scottsdale. I had fallen in love with the town, when during our first ride through it, a family of quail crossed the street in front of the car.

One afternoon as I took a break from unpacking in order to read the local weekly newspaper, I noticed a story about how the town's Parks and Recreation Commission wanted to put concrete trails in the washes.

Washes, what's that? I wondered.

Somehow it occurred to me that the beautiful desert out back that I was coming to appreciate more each day, might be part of a wash.

Old reporting habits kicked in, and I put in a call to the newspaper, asking to talk with the reporter who had written the story. Surprise! The reporter was also chairman of the parks commission. I instantly visualized a scenario in which he was conducting commission business and making public statements at meetings, then quoting himself in the paper.

On the phone, however, he was pleasant and generous with his time, confirming that the land behind our home was, indeed, a wash, and describing washes as low-lying desert areas through which rainwater that hits mountain slopes moves downstream until it reaches a river (or a concrete culvert in developed areas.)

After that conversation, I became increasingly unhappy thinking about possible concrete trails in the beautiful washes all around town, and becoming increasingly convicted that these natural areas should be preserved. One morning the idea of writing a Letter to the Editor came to me, probably the result of Roger's armchair politics and watching him write letters. Thoughts and words flew effortlessly. I ended my Letter by asking townspeople to write to me if they felt as I did about the washes.

This was a defining moment, although I wouldn't realize it until much later. I had no

idea that this was my entry into politics; my letter seemed like such a small thing. Quite a few townspeople thought it was a big deal, however, and about thirty of them wrote to me, explaining how passionate they were about preserving the washes in our small town.

I remember the evening in the spring of 1994 when this eager group gathered for the first time in my living room. Before our meeting was over, we had formed an ad hoc group, calling ourselves the Committee to Preserve the Environment (CPE) and dedicating it to protecting and preserving washes within our town. We elected officers, and I was voted in as chair.

These citizens were to demonstrate over time how broad and unselfish their love for nature was, and it was catchy. I stopped caring primarily about the land behind my house and came to respect washes in general and Arizona's one-of-a-kind Sonoran Desert, counting this land as very much worthy of preservation.

We received a less-than-enthusiastic welcome at our first Fountain Hills Town Council meeting. Because the subject of washes wasn't on the agenda, we had to speak during "Call to the Public," during which townspeople can make brief remarks on any subject, although the Council's ability to respond is limited or non-existent. As this segment of the meeting was announced, I stood, introducing the CPE as a new citizen group and myself as chair and explaining our wash-preservation goal.

I was foolishly expecting something positive to happen, but immediately after I sat down, I heard one council member mutter under his breath the words "lunatic fringe." He may or may not have intended to speak into the microphone, but his words reverberated across the room.

I had learned political lesson number one: just because something seems rational and good for the people doesn't mean it will gain favor with those in power. In retrospect, I think his name-calling was good for our cause; it kindled my naturally fierce determination and set a fire under group members that just couldn't be extinguished.

The CPE continued to strive for the government's support for wash preservation. I visited the parks and rec department head, a woman who was pleasant but clearly didn't want to talk about washes and trails. The CPE vice chair and I met individually with members of the Council. Some honestly said they didn't want to preserve washes, they wanted paved trails. Others were noncommittal or evasive. We learned early that we preferred the "what-you-see-is-what-you-get" politicians, even if they disagreed with us, because they at least opened the door to a flow of ideas and opinions.

Along the way we decided that informal petitions signed by townspeople might help convince Council members, so we set up a table outside the post office and collected names on petitions. My first hint that we had serious opposition came one noon as I left the petition sheets with Matt, then 13, and went home for a quick lunch. A man who had parked his car across the street approached Matt as soon as I left.

"Give me those petitions," he snarled.

Matt knew better, and sensing danger, quickly gathered up the signed sheets, holding

them close to his chest.

"No way," he said to the stranger. The man crossed the street and drove away. We never found out who he was, but the CPE knew if there was opposition this strong, we were onto something.

As names flew onto petition sheets, we learned how wildly popular our cause was. We arrived at a council meeting one evening in 1995 with more than 200 signed petitions and an unheard-of 150 supporters lining the walls, sitting on the floor after chairs were filled, and cramming the hallway outside Council chambers. One member of our group delivered petitions to the dais, and several representatives spoke. As each CPE member addressed the Council, the others cheered, and the mayor pounded his gavel fiercely, again and again, yelling, "Quiet, quiet down!"

He appeared more intent on squashing our cause than keeping order. No one on the Council acknowledged the petitions in any way as they landed in front of them. It was obvious: they wanted us out of the room as fast as possible. Large numbers of citizens are a threat to politicians. Control is the issue. They had it and wanted to keep it.

The CPE decided after that fateful meeting that working with government wasn't going to be successful. As Arizonans, however, we knew we had another option: an Initiative or law initiated by the people. We understood it would be difficult and time-consuming, requiring thousands of signatures, an attorney, fund-raising, and public-relations efforts in advance of an election. We ignored all the potential difficulties.

One of our members, a community-college department head with experience in political campaigns, offered to serve as campaign manager. We hit the streets late in 1995 to get signatures on petitions needed to get the issue onto the ballot the following May. The town clerk told us we needed 1,300 valid signatures, and we had only weeks to get them, so we assigned teams of our members to stand outside the Town's new post office and a local grocery store. Thankfully large numbers of Christmas shoppers came to the post office to mail their cards and packages. We also went door-to-door.

Supporters emerged from all corners. Hundreds of people became dues-paying CPE members and workers, and we located a Phoenix attorney with a love for the land to write our law. On weekends we stood at business locations around town, as people stuffed money into our containers and stopped to urge us forward.

The campaign manager and her husband threw a New Year's Eve "party," inviting a crew of workers to validate signatures. In January 1996 we proudly turned in petition sheets containing almost 2,800 signatures—more than twice the number required by law. Now we had to convince the voters before the May election.

I remember chairing meetings and asking for volunteers but sometimes seeing no hands in the air. The next day I got on the phone asking for help from the same people and getting it. I learned something in this process: people want to feel that they are important, and asking them personally, rather than at a meeting, made all the difference.

One of my jobs was to supply Letters to the Editor of the local paper. A small army of

us started in the spring and turned up the letter volume until preserve-the-washes voices dominated the editorial pages in the weeks before election. We planned numbers of letters per issue and the basic theme of each of those letters. The CPE had become a fine-tuned political machine.

One of our most vocal foes was a member of the Parks and Recreation Commission who favored the plan for wide, concrete trails in the washes. He wrote his own Letter to the Editor one week, accusing me of “whipping the voters into a frenzy.”

Little did he know that frenzied could easily have described me during the years when I was acutely mentally ill. Highly motivated would have been a more accurate description of me in 1996.

On May 21, 1996, a total of 3,278 Fountain Hills voters, or 69 percent of those who went to the polls, cast “yes” votes for wash preservation. The local newspaper described the victory as “resounding.” A new mayor and three new council members, all of whom had anticipated our victory and endorsed wash-preservation, were swept into office. Incumbents who had fought against the washes found themselves out of office.

Our efforts made history as the only successful municipal initiative in the state of Arizona.

We had preserved hundreds of acres of town-owned washes, and the Initiative became part of the Fountain Hills Town Code. Only a vote of the people can change that, and it hasn’t happened in the intervening 15 years.

“Your washes are safe,” the Community Development director told me.

Equally important my health was safe. The wash effort had taken two years, and my mental health hadn’t once faltered. I had stood up to exhaustion, vicious political attacks, major stress, deadlines, financing issues, and the general challenge of chairing the effort.

Throughout the campaign I had felt great and was symptom-free no matter what was going on around me. This was the first really big test of my mental health, and I had passed!

TWENTY-SEVEN

ALTHOUGH PUBLIC LIFE AGREED WITH me, I never intended to become a politician. When I wrote the Letter to the Editor that was the genesis of the Wash Initiative, I didn't think about where it would lead. Yet no one in town would have identified me as anything but a politician during that two-year effort, and I was naïve not to have realized where it would take me.

Once the washes were protected via the 1996 election, I went back to writing and sold two freelance stories to national magazines in the late 1990s.

I was enjoying my much-quieter life when a political friend phoned toward the end of 1997, asking if I was going to run for Town Council the following year. With the wash victory still fresh, she assumed I would want to parlay that into a try for elective office.

"No," I said. "I think I've had enough politics."

"Then I'll run," she said emphatically.

Two years later she, then a Town Council member, phoned again, this time pushing me hard to run in the 2000 race. "This time the mountains are at stake," she said simply, knowing that was the best way to pull me in.

She didn't have to convince me. "I'll run," I told her.

For some time I had been watching political threats to preserving public acreage in the McDowell Mountains along the Town's western border, and I was concerned that the government would not be willing or able to establish a mountain preserve.

Earlier that year I had organized a second ad-hoc citizen group, "Save the Mountains." It brought together numerous citizens and two local environmental groups—the CPE, the wash group, and the McDowell Park Association (MPA), a group dedicated to the interests of a regional county park adjacent to Fountain Hills and the McDowells.

In June 1999 I had posed for a front-page photo in the local paper along with four other preservation leaders, all of us concerned about proposals by master developer MCO Properties for building in the mountains and failing to plan for enough open space.

By July the tide had turned in favor of preservation, but just barely. The Council voted 4-3 against MCO's latest plan, the majority able to see that the open space created would provide no access for citizens but would merely protect the backyards of future mountain homeowners.

With the MCO plan nixed, the battle for the mountains was only beginning. In the 2000 Council race, I, along with two other preservationists, were elected in the March primary.

Shortly before I took office in May, Roger was stopped on a major road connecting Scottsdale and Fountain Hills by a law enforcement officer who told him he had been driving erratically. Roger had been bar hopping all afternoon, mixing booze with high-blood-pressure medication, and he later told me he couldn't remember anything between the last bar and the officer stopping him.

Roger told him that I had just been elected to the Council.

"Whatever you do, I hope she doesn't get hurt. She doesn't deserve that," Roger had told the officer.

The lawman drove him home rather than to jail, and Roger thinks that, in the small town culture of Fountain Hills, it was because of his pleas not to ruin things for me even before I was in office.

I'm exceedingly thankful he didn't hurt himself or others that afternoon, but I'm not sure I'm happy he wasn't jailed. In all his years of drinking, he had never once been stopped and charged with DUI. I think it might have had a positive effect.

My first year and a half on the council was dominated by volatile mountain politics.

When MCO proposed building 550 homes scattered throughout the mountains, the Town came back with a stronger hillside building code. MCO filed a referendum over that new code and later a lawsuit.

Finally I suggested at a council meeting in 2001 that the Town of Fountains Hills file suit to get the Preserve it wanted via condemnation. Our attorney thought it was a good idea, and we voted to go ahead. Immediately MCO tried to sway public opinion through full-page newspaper ads and mailings.

Eventually the two sides agreed to mediation, and in June, 2001, the Council voted 5-2 for a Settlement Agreement that would allow the developer to build 415 homes in two McDowell Mountain subdivisions and enable the Town to buy 354 acres for its mountain Preserve for \$13.5 million.

Looking back, I wonder if perhaps it was as good a deal as the Town could get. At the time I voted against it.

Just before casting my vote, I said, "The Agreement is a reason to celebrate and a reason to weep. The good news of the Agreement is a Preserve, complete with access road and trails; it's just that we gave up too much to get it. The agreement will defile twice as many pristine mountainous acres via relaxed Town ordinances as the Preserve will protect."

It was a huge preservation victory, yet I thought the Council could have held more tightly to Town ordinances governing land development.

The final verdict probably won't be in until all the homes are in place on the slopes, and

townspeople can see what they look like from below, but that's years into the future.

During the next 2½ years of my term the Council seemed to do little more than get hung up on fire and police issues.

A long battle erupted over who should provide law enforcement, the local Marshall's Department or the county Sheriff's Department.

My philosophy was that essential services—police, fire, water, and sewer—should be under the Town umbrella. The mayor, who agreed with me, was recalled after he fought for a local police force.

I initiated the idea of hiring a consultant to help us decide, but the town manager asked the consultant in a letter to be "kind" to the Sheriff's Department. So it was hardly a surprise when the report was pro-sheriff, the sheriff emerged the winner on a 5-2 vote.

Fire protection turned incendiary. The Council, on the recommendation of the town attorney, voted in October, 2001, to take over fire and ambulance services, removing them from control of a long-time independent Fire District. I voted "yes" for the same reason that I favored the local Marshall's force in the police issue—local control.

For more than two subsequent years the former District filed multiple suits against the Town, took up seemingly endless hours at Council meetings, and organized a petition campaign to reinstate the District. Its supporters put a mayor and two council members into office in 2002, and they attempted to recall me and another council member who had voted to dissolve the District. I wasn't worried that I would be recalled, but I was thankful when the effort sizzled and died for lack of signatures.

There were small victories along the way during my Council term. I was on the winning side of a vote to enact impact fees on new construction, fees aimed at ensuring that new residents and businesses participate in the cost of new government buildings and services. A long-time town attorney, whom I suspected of favoritism toward the master developer, lost the support of the Council majority, and we replaced him with a younger, more unbiased attorney. We built a new community center and adjacent library/historical society museum.

We approved construction of a Target shopping center, which for small Fountain Hills, was a big deal. I voted for the store but against \$1 million in tax incentives, although in the end taxpayers' money was funneled into the development on a 4-3 vote.

Toward the end of my term, another preservation issue came up, this time involving two sections of State Trust Land along Fountain Hills' northern boundary. A group of citizens wanted to spend enormous sums of public money to purchase it, but their voices went largely unheard, perhaps because many of them owned homes abutting this land.

I tried unsuccessfully to convince my council colleagues that it would be wise to compromise, obtaining a small amount of that state land for trails and a municipal park. It was to no avail. The prevailing winds in Fountain Hills were no longer from the preservation direction.

I left the Council at the end of term in May, 2004, with a plaque in my hand, great

memories in my head and heart, and a plan for a new life with Roger in another state where Jason and Matt were living.

My ten years of politics in Fountain Hills had been an incredible test of my mental health. The wash-preservation campaign had demonstrated that I could withstand considerable sustained stress, and my four years on the council without any symptoms of illness was further evidence of good health over an even longer time period. I had weathered easily the high pressure, contentious nature of politics on a long-term basis.

Someone with bipolar disorder who enters politics, emerging without bending and breaking, is someone who can withstand almost anything.

TWENTY-EIGHT

NOT ALL MY CHALLENGES WERE behind me.

While I had withstood political victories and defeats, fierce criticism, ugly battles, phone calls from early morning until late evening, and angry citizens, an even bigger test of my health was looming, one involving Roger.

He began making stops at the bars on the way home from work in Tempe and honestly telling me about it. Initially it was a breath of fresh air, but when he began asking for my approval regarding when and where he drank, things turned sour again. He was drinking more, stopping more frequently and supposedly doing it with my okay. Yet, if I suggested 45 minutes, he would sometimes get home three or four hours later.

A Florida vacation in 2004, the year I left office, gave me a good knock on the side of the head. Recently Roger had said that he wanted to have one drink before dinner with me. I had agreed because it sounded pleasant. It wasn't. He still went out to the bars, and one drink at dinner was simply a way to squeeze in an extra beer-a-day.

I blew.

In a lengthy soliloquy in our hotel room I announced, "I just want you to know that I'm not okay any more with your drinking. You can't control it, and because I can't control it either, I don't want to know anything about it."

After taking a breath, I added, "And I don't want to find any more beer bottles hidden in the garage or the kitchen cabinets. You are free to do what you want, but I'm also free to respond to your drinking decisions and actions in any way I choose," I said.

My only regret about that evening is my loud, shrill, accusatory delivery.

In the end what I conveyed—that the responsibility for his drinking was now his alone—was the right message. It came from clear, healthy thinking in me, and it demonstrated that symptoms of mental illness had released their grip on my thoughts and emotions.

I ended up thinking, If he controls his drinking, that's great. If he doesn't, that's between him, law enforcement, and God.

It's not possible to talk with drugs. I had learned that through one of my sons when he was young. Now I realized that I couldn't talk with Roger's beer either. My commitment not to try to do so anymore was indicative of good mental health.

I realized that Roger's drinking would continue, but I decided that it could no longer touch me emotionally. I now understood that I could live with an alcoholic and remain free of bipolar symptoms. It was up to me.

With his retirement in January, 2007, and a part-time job to provide group health insurance, Roger sometimes stopped for beer after work, or went to the bars on his days off, but it became obvious he was drinking less.

He decided again to drink with me when we went out. This time I was wise enough not to approve or disapprove.

The bottom line is that in the last year of his life he rarely went out drinking for hours at a time or for a whole day. He said that he couldn't drink more than three or four beers in any evening.

This is great, I thought.

No, it wasn't great. It was a rare carcinoid cancer at work in his body, probably for years, although he didn't find out about it until six months before he died.

Almost 20 years had gone by before my mental flaws metamorphosed into psychosis, and it took about 40 years for Roger's drinking to bring down his health.

Over the years he spoiled me in numerous big and little ways. He was a nice guy when I met him, and he still was after 38 years of marriage. As someone who routinely thought of others before himself, he was a rarity in this world populated with "me-firsters."

Matt has repeatedly told the story of how he got into trouble with his father for putting water and dog food in the "wrong" partitions of the dogs' divided dishes.

Whenever Matt finished his tale, Roger said, "Yes, there was a correct side for the dogs' food and water, but it had only to do with teaching my sons to obey orders and building self-discipline and nothing to do with dog-dish compartments."

Roger succeeded in what he tried to do with our sons. They are intelligent, hard-working, rugged individualists.

Roger used to say with a chuckle, "Matt is even more of a principled conservative than I am." Recently Matt said, "Dad is my hero."

Jason, who remembers more or differently, has over the years attended Adult Children of Alcoholics meetings. He says, however, "Dad did what he thought was right when we were growing up."

In April 2007, shortly after Roger was diagnosed with cancer, I was out running errands, and he left this message on my cell phone. "I love you a lot. I just think you are the greatest. You take very good care of me. Just take good care of yourself."

I have four other loving voice messages Roger left on my phone during his last few months, now captured on CD, thanks to my cell-phone provider. Even as Roger struggled with pain, agitation, sleeplessness, extreme weakness, and severe digestive symptoms, those messages contained nothing but loving, caring, thankful words.

Only Roger's cancer was a good enough reason to dredge up my aspirin incident and talk about it.

It was about 11 p.m. one evening that summer, and Roger was alternately pacing the floor and flopping down on the bed, holding onto his stomach. An hour earlier he had taken pain medication, as his doctor prescribed, but the pain hadn't subsided. It hurt just

to watch him.

“Remember years ago when I took all those aspirins?” I finally asked. “And you kept me on my feet, walking the floor so the aspirins wouldn’t put me to sleep?”

“It’s kind of the reverse with your pain meds,” I said. “If you lay down, they’ll work better. You need to stay in bed and allow them to work.”

“I guess that makes sense.” he said, climbing into bed and laying much more still than he had before. In a few minutes he was sound asleep.

It felt good to be able to use this incident from a time when bipolar illness raged in me—an incident so repulsive, so embarrassing, so deeply buried in my mind—to help my husband.

TWENTY-NINE

MY DISEASE, ONCE DIAGNOSED AND treated, no longer runs rampant through my life. I still wondered and worried, though, about how people would treat me if they knew, so I until this book was published, I stashed my secret in my bipolar backpack.

Close friends knew that I was writing a book, but when anyone asked what it's about, I said, "It details the ugliest part of my life, a story that I think could benefit others who find themselves in the same black hole."

Until now I was the secret bipolar person next door. I represented people whom no one would have guessed had a mental-illness ID tag attached, maybe an energetic co-worker or a trusted teacher or banker. I could easily have been described as an "average American." I came out of a Midwestern small town, and my experiences involving college, marriage, family, and career would resonate with many people.

My physicians say I've had no major symptoms for the last 25 years, and not even minor ones since 1993, when I was at the nursing home, yet I wonder if people who know me can make it through this book and still have confidence in me. Knowing what's between these covers, would they still have hired me? Trusted me to write stories for a national magazine or edit the local church newsletter?

Would voters have put me into office had they known I was taking medication for mental illness? How would my political enemies have reacted to my diagnosis? A former Fountain Hills mayor, defeated because he fought the preservation issues I championed, would likely have salivated over opportunities to use this tidbit against me, had he known about my illness.

Our world gives lip service to accepting the mentally ill, and laws protect employment rights, at least on paper, but on the streets where we live, many people can't work up an acceptable level of trust in us, so we hide our illness, hoping no one will notice it.

Remember the late U.S. Sen. Thomas Eagleton, George McGovern's running mate in 1972? When news reports disclosed that Eagleton had been treated for depression, he was out of the race. Scrutiny of candidates for local office in a small town is much less intense, and I waltzed in and out of my town-council position without anyone outside of my immediate family and my physician knowing my secret.

Only with my term of office behind me do I feel safe to tell my story. And only now, when Roger can no longer be hurt by what I write, do I think it's appropriate to talk about

the external contributing factors to my illness.

It goes without saying that I have no desire to be ill again. The memory of what it was like to be psychotic scares me, repulses me, sends literal chills through me. The abject misery that engulfed me when I was in that state still haunts me. I would never do anything knowingly to risk going there again.

It's also a given that I don't want to experiment with throwing out lithium. I have felt so good for so long, that I'd be scared to risk falling into a manic frame of mind once again without lithium. One psychiatrist advised me on my first visit that bipolar individuals who decide to stop taking lithium, then develop symptoms again, find that this medication isn't nearly as effective as it previously was.

To this day I still see a psychiatrist and take lithium carbonate morning and evening. One psychiatrist suggested dropping my dosage, saying seniors often don't need as much medication as younger people. I decided to remain on my initial dose. No use messing with what works.

I've experienced enough years of good health that I sometimes now think jokingly as I head for the medicine cabinet, I've got to go get my crazy pill. It's no joke, however; it's the potion that levels my highs, preventing them from turning angry and interfering with my ability to think. At the same time, it pushes aside depression.

Almost every time I swallow one of these capsules, a niggling concern that this medication could eventually produce side effects pops into my head. Potential damage to my thyroid is at the top of my worry list, because psychiatrists order routine thyroid-function tests.

"Usually problems with lithium show up early in treatment," one psychiatrist told me in a 2007 office visit when I brought up my concerns. "And even if a problem developed with your thyroid, we could switch you to another medication," he said.

A retired registered nurse, whom I met in Florida in 2008, confirmed for me that there is something to fear in prescription medication.

"I don't take any prescriptions," she said, "because I've seen that every one of them makes people sick if they take them long enough. I recently hurt my shoulder in a car accident, but I'm not taking pain meds," she added.

She and I seem out-of-step, because consumer-crazed Americans fearlessly ask their doctors for the "magical" pills they see in TV ads, and their doctors are only too happy to prescribe them and profit from it.

I had always known theoretically that good health is a precious commodity, but prior to my mental crash at age 40, I hadn't grasped the importance of paying attention to small health problems. My mental illness got my full attention only when it became so large that it plunged me downward precipitously.

I had no idea at first how agonizing and slow the climb back from psychosis would be. I like to think that if I had known, I would have sought help before I hit bottom.

Dr. Benjamin had given me his gauge for wellness many years earlier.

“If you do not fall back into mania or depression even though people and events in your world are providing large doses of stress, then you are mentally healthy, symptom-free, although not cured” he had said.

When I see my current psychiatrist every six months, he asks how I am, and I say honestly, “great” or “fantastic.” He writes a prescription for lithium and sometimes orders blood tests, mainly to confirm lithium levels or thyroid function. My visits are down to 10 minute med checks, not the 50 minutes of psychotherapy that was a part of my life in the 80s.

At one point I wished I were thin again, that I could fit into the size 7 clothes I wore in pre-lithium days. For many post-lithium years, however, a matronly looking size 16 fit my 168 pounds. Then 25 pounds dropped off, my body’s reaction to Roger’s illness and death, bringing me down to 145 pounds and a size 12.

I’d never stop taking lithium, but I’ve got an understandable love-hate relationship with it because of potential weight gain, which I fend off through diet and exercise.

Recently I compared my food intake with that of a girlfriend who is much shorter and thinner than I. We were both amazed at how much less I ate in a day. She couldn’t understand it; but I could. The difference is lithium.

Now I work out at the gym three mornings a week and hike at least one additional day. This medication has not changed my uniqueness as a human being and my bold, exuberant tendencies. I believe that God intentionally made me the way I am.

Yet I wonder if some items in my bipolar backpack might be mysteriously linked with my high levels—although well within healthy boundaries these days—of creativity, tenacity, enthusiasm, drive and accomplishment. Does this illness alter personality? Or does the illness and these kinds of personality traits exist side by side in some people? I don’t know the answers. I don’t even know if these are the right questions.

My late husband’s comments were telling.

“You wear me out,” Roger said, hour after hour, day after day, year after year. Other times he’d comment, “Give me a break. I just can’t keep up with you.”

Or he’d ask, “When are you going to rest?”

Often, when I told him in the morning about multiple projects that I was planning to tackle, he moaned, “Does it all have to be done today?”

I can’t help but wonder whether his comments and questions are somehow connected with my disease.

A friend recently e-mailed me priceless pieces of humorous folk wisdom. “Since it’s the early worm that gets eaten by the bird, sleep late,” the first advised. Another quipped, “The second mouse gets the cheese.”

These wonderful reminders to slow down are sound advice for just about everyone in our fast-paced culture, but they have special value for me and others with bipolar disorder. I’ve transferred them to paper and given them a prominent place on my desk.

These days God is the only medicine besides lithium that I need. Thank God!

APPENDIX A

My Hopes for My Story

AS I BEGAN WRITING THIS story, I was sitting on the patio of our Fountain Hills, AZ, home watching a September rainstorm develop in the desert. A ragged, dark cloud was forming over the McDowell Mountains.

The mountains represented a dividing line that went far beyond geography. They also sectioned off parts of my life and health, because it was over the crest of those mountains, at home in Scottsdale and at work in Phoenix, where I became acutely mentally ill, and it was in Fountain Hills where I reclaimed my life from bipolar disorder.

I can still visualize, just as though it were yesterday, that September afternoon when vertical rain shafts developed to the northwest. As the minutes passed, more and more nearby mountain peaks became wrapped in low-flying clouds. Rain hit the edge of the patio.

I pulled my chair closer to the house, carrying a pile of books inside, although I held back one book, continuing to read outdoors, continuing to take in the colors, smells, and feel of the storm. Rain spilled over the edge of the patio cover. It came down hard, at a slant. Twenty minutes later it stopped.

Those who have spent time in the desert yearn for these summer storms. They nourish and renew our dried-out world and parched spirits, and rainbows appearing after the downpours point toward brighter days ahead.

Storms and mental illness evoke easy comparisons. Bipolar disorder, my brand of mental illness, sometimes builds slowly, becoming powerful in acute phases. Then symptoms may go away, even after violent explosions, thanks to psychotherapy and medications developed in the last half of the twentieth century.

My hope is that by telling my tale, by revealing things about myself that during a large chunk of my lifetime I carefully, fearfully, concealed from the world, readers who share my illness might be able to see, even dimly, the perspective of brilliant rainbows possible after bipolar storms, even those that build and rage for decades as mine did.

In these pages I've been candid about how Roger's alcoholism, also a disease, collided explosively with my bipolar disorder, but I want to be clear about this: ours was a great love affair, and I lost my best friend, as well as my husband of 38 years, when he died in 2007.

For those watching bipolar tempests in people they love, I hold out the lifeline of increased understanding, and with it, the ability to get beyond merely watching helplessly.

For mental-health professionals and members of the clergy, I hope my tale will help them better understand their bipolar clients and parishioners.

I also hope that my book can contribute to ending insurance and employment discrimination against those whose symptoms are controlled by medication and psychotherapy. Bipolar is not a one-size-fits-all disease.

If this book also puts a dent in the unfortunate myths surrounding this disease, that would be a giant step forward. Is it too much to anticipate that the “crazy” stereotype can and will shrivel? I’ve grown weary of stuffing my illness into my secret bipolar backpack and lugging it around. I want to put down this heavy load, becoming open and honest about it.

As a former newspaper reporter, I’m linked to the literary/artistic world whose members are touched by bipolar disorder with inexplicably higher-than-average occupational frequency. Unfortunately I have this story to tell, but fortunately I know how to tell a story.

APPENDIX B

My Sons and Mental Illness

Is Jason Bipolar?

JASON STARTED WALKING DOWN HIS own rutted road in the mid-1980s, about the same time my mental health crashed.

Ours were parallel paths, simultaneous stumbling. Was his an act of will and mine, inescapable illness? Were the genes he inherited from me pulling him into bipolar disorder? Or was he simply dressing himself in teenage attitudes of rebellion and invincibility?

There is connectedness within families, and one weak link affects the strength of the entire unit. Mental illness, while not catchy in the traditional sense of the word, is transmitted via genes as a tendency toward illness, and I'm convinced that mental illness leads almost inevitably to malfunctions in other family members. It did with Jason.

In 1986, when I entered my second mental hospital, our finances dictated that Jason start 8th grade at a Scottsdale public school, after having thrived since kindergarten at a private, college-prep school.

Early in his 8th grade experience, he came home telling us that his math class was using the same textbook he had used two years earlier at the private school. It was an early omen, a sign that he was unhappy in the new school. As a freshman his academic performance and attitude nose-dived, although it brought little response from school officials.

"He's sleeping through my first-hour class," one teacher whined to me over the telephone. "I don't care that he's sleeping. I gave up trying to teach him anything a long time ago. It's just that now he's snoring so loudly that it's hard to project my voice over it," she said without emotion.

The school put Jason into a program for low-achievers that sent him for part of the day to an elementary school to help teachers and students. At the end of the year he received a certificate as "Most Improved Student" because he had raised his F's to D's. Roger refused to attend the ceremony because of his strongly held belief that it's wrong to give

rewards for near-failure.

The idea of the program was to build self-esteem, but Jason told me on the drive home from the ceremony, "I'm ashamed," he said. "They gave me an award for screwing up."

Much later Jason told me that he was embarrassed that he wasn't driving a vehicle to school, as did many of the children of doctors, lawyers and businessmen. "When my bus arrives at the parking lot in the morning, I duck down so nobody can see me," he said.

He cared about what the other kids thought of him. Quintessential teenager!

Meanwhile, I was one mind away from mothering ability; I was in the house, but I might as well have been in a foreign country. After a while Jason didn't try talking with me. At the same time Roger's strict discipline was losing focus after too many beers.

Jason ran away.

When he had been gone three days, the mother of a neighborhood boy appeared at our front door, announcing that Jason had been staying with them. We thought that she and her husband were often high on drugs, and we suspected that he, a cab driver, was dealing drugs out of his taxi. This is the home our son chose when he wanted to get out of ours.

Jason soon ran away a second time to the same friend's house. It was much less traumatic, because we knew where he was.

Jason, at 16, needed far more parental strength and health than Roger and I had in the summer of 1989.

"Is it okay if I get an earring?" Jason asked one day in a phone conversation. He chose to approach me, rather than his dad, knowing I would be more likely to approve.

"Okay," I said weakly, no questions asked, no statement that I wanted to talk with Roger or time to think. I simply gave in to my teenager and something I worried would blur the lines between masculinity and femininity for him.

The earring was prophetic, but we weren't looking for clues. Although we had noticed Jason's slipping grades and poor choice of friends, we failed to see early enough the seriousness of either.

Roger sent Jason to his room to study when he wasn't in school. Jason loved it, we later found out, as it was an opportunity to tune in to rock music on the radio or tapes. The one thing he didn't do in his room was study.

His attitude toward Roger and me shifted to hostility and rebelliousness, which he covered over opaquely by shutting us out of his world, but it took an explosion, literally, before we grasped how troubled he was.

Unknown to us he was also using time in his room to build what he would later tell us was a "firecracker" by stuffing strike-anywhere matches into a length of plastic tubing. He and a friend who was also building one of these devices planned to explode them in a neighborhood park. In 1989, however, Jason's blew up as he worked on it on this 16th birthday. Ten-year-old Matt and a friend were on the couch downstairs watching TV.

"What was that?" Matt asked after a loud noise rocked the house.

"I don't know, but I'm scared," his friend said.

Minutes later Jason flew down the stairs, a white towel covering his head to protect his little brother and his friend from seeing, as he had in the bathroom mirror upstairs, that his nose had been nearly blown away.

"Everything is okay," Jason said as he headed for the back patio and his bike. He miraculously navigated city traffic to a hospital emergency room two and a half blocks away. Later Roger and I watched helplessly in the ER as staff took several hours to decide whether a couple of fingers would survive the explosion. Luckily they did, although plastic surgery was required to reconstruct his nose.

The surgeon asked me if I had a photo of Jason, and I said "no." I was so upset that I didn't remember the photo that was in the purse on my lap and had no idea that he needed it to reconstruct a new nose that would look like Jason's old one. The result? Jason's nose is distinctly different from all the other noses in our families.

Meanwhile, the state bomb squad evacuated some of our townhouse neighbors, and firemen hosed down the roof to prevent a possible fire from exploding chemicals they thought Jason might be storing.

Following a court appearance on a pipe-bomb charge, he was sentenced to community service at the local Boys Club.

A few months later a police officer knocked on the back patio door.

"May I come in and look around in Jason's room?" he asked.

He didn't have a search warrant, but even in my weak state of mind, I knew it was right to let him in. He pulled out a pair of walkie-talkies marked "Scottsdale Center for the Arts Property" from an opening into the attic in the ceiling of the closet. The officer didn't say much, but he left with the walkie-talkies.

Roger and I had only a few months to worry about the outcome of this incident before Jason got himself into trouble with the law a third time, and even more seriously.

Unknown to us he had been drinking one day at the home of friends, and that evening the other boys broke into a local church, stealing electronic equipment. Later that evening the young thieves, emboldened by even more beer, went back to the scene, inviting Jason to go with them. He did. He went inside.

A couple of the young hoodlums moved with their families out of state, and another told police that Jason was the guilty party. He was charged with breaking-and-entering and theft.

I came to. Maybe it was mother-love and the peril my "baby" was in. Maybe my health had improved to the point where I could function even in the midst of trouble. Perhaps it was a combination of the two. It was a good thing, because Jason, as a high-school junior, was heading for the juvenile corrections system.

I studied him one day in the summer of 1990 as he leaned on the kitchen counter with Roger standing next to him. I was in the recliner in the corner of the family room. We were discussing Jason's situation.

I hadn't been planning to say anything or do anything, but that afternoon I heard myself say, loudly and clearly, "military school." Roger had brought it up previously, but when Jason heard it from me, he paid attention.

He said quietly, head down, "Okay, I think it's time."

Jason got probation on the breaking-and-entering and theft charges when we told the judge that we had enrolled our son in a Missouri military school. All Jason had to do was check in with a Scottsdale probation officer when he was home on vacations from school.

It was the right decision. Jason soared during two years in the military-school environment, winning a promotion to executive officer, second in command in his company, in his second year. He graduated with an all-A academic record, and went on to get a college degree.

He subsequently succeeded in supervisory and managerial positions and is presently working in his own small business. Jason introduced me to downhill skiing, cross-country skiing, and snow shoeing. One Christmas he bought me a pair of snowshoes, then showed me snowshoe and hiking trails all over the Reno-Tahoe area. He skied with me, although my skills were so poor that he and I were often on different slopes. He lovingly cares for a large family, including my precious oldest grandchild, age 8.

Jason does not have bipolar disorder, but in the end I still don't know, and probably never will, exactly how the troubled chapters in his life were connected to my bipolar disorder.

What About Matt?

Matt went through a rebellious period just as threatening as Jason's, and for the second time I wondered whether my illness, combined with Roger's alcoholism, had been major factors in our child's troubled youth.

I had foolishly thought that small-town Fountain Hills, with its approximately 13,000 residents when we moved there in 1993, would be good for Matt, that we would be removing him from big-city problems in our Scottsdale neighborhood and schools.

Initially this was true. In their free time he and his new 8th grade friends wandered desert washes endlessly, building a tree house in a huge cottonwood and sometimes staying overnight in it. I remember vividly when he came home about noon after one of these overnights.

"Did the rain get you?" I asked, eyeing his soggy clothing.

"We couldn't get out of the tree until now," Matt said. "When we woke up, there was water swirling underneath us, and we had no idea how deep it was, so we waited until it drained off."

I smiled to myself. He wasn't really complaining; it was more like bragging about his adventure, and it was the kind of outdoor experience that parents want for their children.

The first week of school one friendly classmate showed Matt around. I found out that this kid was active in a local church youth group and that his father was a teacher. Matt didn't pursue this friendship, and at the time I wondered why. Roger and I hadn't yet caught on, but Matt was drawn to kids who were on the edge, academically and socially. He intended to be a rebel.

His eighth-grade graduation was a source of pride.

"Could we shop for a collared shirt for the ceremony?" Matt asked. I was surprised and happy to see this interest in clothing that wasn't oversized and sloppy. Matt listened to the salesman's advice about what was "in" and chose a purple shirt with a button-down collar. The photos I took on graduation day showed a kid who was bright-eyed and beaming, obviously proud.

His first three years of high school were a downhill slide, however, although changes in Matt crept in almost imperceptibly at the beginning. Some of the boys who came home with Matt were decidedly rough looking, and his grades started slipping.

"I think I'd like to get a part-time job at one of the restaurants in town," he said when he turned 16.

"That's great!" Roger said. "We're all for it." He was thinking of it as work experience as well as lessons in handling money and managing time. We had no idea that some of the kitchen staff were involved with drugs and eager to sell to anyone, even the teenagers who worked with them.

We also didn't see the red flag in Matt's complaints that police officers sometimes stopped him as he walked home from work about midnight, asking to look at the contents of his backpack. We thought we were seeing small-town cops with a grip on teenagers in general; we didn't realize it was our teenager, specifically, that they had their eyes on.

During Matt's junior year several teachers asked for a conference about his failing grades. As Roger and I sat in a classroom facing these teachers, who were lined up behind a table, I felt myself going numb.

"Matt is off in another world when he's in my class," the first one said. "He sits staring at the floor, doesn't turn in homework, fails tests, and is unresponsive when I call on him."

The others gave us similar dire reports. In the end they offered to communicate with us weekly regarding Matt's grades and effort.

Years later Matt told us that these teachers knew he was on drugs, yet Roger and I didn't know it then, and they didn't mention it when they met with us. Why not? In the late 1990s this country had declared a war on drugs, but this high school had apparently decided to use a slingshot, to fight drugs only with academics.

The school's weekly reports were a minimally-effective strategy for a short time, but then Matt decided to avoid classes entirely by hanging out in the library. School officials didn't notice, or if they did, failed to notify us. I assumed that the staff checked kids in and out of the library, just as they do books, ascertaining that they are not "overdue" in

class. I was wrong.

Matt went to Municipal Court that year on a charge of smoking a cigarette on the school grounds. We didn't know that he was also smoking marijuana and had been since 8th grade. Sometime during his junior year he began using methamphetamine or "speed," then selling it. From that point on, it became harder and harder to recognize our son.

Matt seemed to be in fast gear but moving nowhere. His sleep patterns became erratic. He was often wide awake in the early morning hours, sometimes out in the front yard with other young people. Roger was a light sleeper, so he witnessed this middle-of-the-night activity.

"Something is all wrong with Matt, and I'm worried," Roger said almost daily as soon as my eyes popped open in the morning. "I don't know what's going on, but it's not normal, it's not okay for teenagers to be up for hours during the middle of the night. Please stay up some night and watch what's going on," Roger pleaded.

I didn't. Somehow all this didn't register with me. Just as I hadn't recognized my own illness a decade ago until it became catastrophic, I couldn't immediately see the seriousness of Matt's deterioration.

During the day he scratched his skin with such a vengeance that it appeared he wanted to crawl out of it, and that was my wake-up call.

A friend from church phoned one day. Two of her teenagers went to school with Matt and had clued her in about his drug use. She subtly discussed kids, then drugs in general, and then made a point to mention "speed" and scratching.

That evening I met Roger at the front door as he came home from work, telling him about this connection between "speed" and scratching, and we finally faced it together: our son was on drugs.

We had thought that drugs got into homes on the "wrong side of the tracks," and we had assumed that Fountain Hills was on the "right" side. A former police officer set me straight.

"Drug dealers are locating in Fountain Hills and other upscale communities because young people there have more money than kids in other parts of the Phoenix area," he said.

I immediately thought of Matt's part-time job at the restaurant and how what we thought was positive work experience had turned out to be an introduction to drug peddlers and a source of money to buy them.

Once we grasped what was going on, Roger and I didn't have the opportunity to try to talk with Matt, because the school year had ended, and we woke up one morning to discover that Matt was gone, and our Suzuki sedan was missing from the driveway. In desperation we filed a police report, knowing full well that it was Matt who had taken our car. A few days later he was back, explaining nonchalantly, "I went to California with a couple friends."

"But you took our car without asking," Roger said in disbelief.

"What's wrong with that?" Matt said.

This was not our Matt.

One evening that summer as he and I sat across the kitchen table from each other, I gave him an inspirational book I had purchased, thinking it might be helpful to him, but I saw that his eyes were glazed over, his pupils big. He took the book in his hands for a few seconds and then handed it back to me. I was talking with drugs, not Matt, and I didn't know yet that no one can converse with drugs.

When he failed to sign up for senior classes, we sent him in 1997 to summer school at a Tucson boarding school for underachieving students. He immediately straightened up, got good grades, and was well-liked by the faculty and staff. Very simply, he was off drugs.

When he came home afterwards, we were thrilled to have the old Matt back. He protested loudly, though, when we said we wanted him to go back to Tucson for his senior year, because he wanted to be in Fountain Hills with his old friends and drugs. We enrolled him anyway in Tucson, but he never made it to the first class; he ran away in the middle of the night, just hours after we had dropped him off.

We got the call early the next morning from the headmaster, who said, "Most of our runaways come home in a month or so after they get sick of being broke, homeless and hungry."

Roger and I turned into zombies. We didn't know where Matt was or if he was okay. As days, then weeks, went by, Roger became inconsolable, unable to keep his mind on his job, or eat or sleep normally. I was somewhat calmer, because I was spending huge chunks of time reading my Bible and praying. Miraculously no symptoms of mental illness appeared in me during this, the most heart-rending time of my life. I had passed another huge wellness test.

Our one shred of hope was the headmaster's initial comment about most runaways coming home after about a month. In other conversations he advised us, "If Matt does come home, don't allow him to live under your roof. At this point, he would benefit from getting a job and an apartment and supporting himself, taking full responsibility for his life," the savvy headmaster advised.

His words were prophetic. After six agonizing weeks, we got a phone call from Matt, asking to meet at a local restaurant. He told us as we sat tearfully in a booth that if we didn't call the police (we had reported him as a runaway), he would come home. We told him that was okay but only for a short time.

"If you don't want the education we are offering you," Roger told him, "then we don't think you should have all the benefits that go with living at home. We love you with all our hearts, so we hope you do well and come home often to visit."

Matt, days short of his 18th birthday, got a job bagging groceries in nearby Mesa, an apartment two miles from the store, and a bike given to him by a friend that would take him back and forth to work.

It was the beginning of his climb back up. He later told me that he stopped taking

drugs because he was afraid they would affect his job performance, and he knew that without a paycheck, he would lose his apartment. The headmaster's tough-love strategy had worked.

At the grocery story he met a pretty, young fellow-employee, and over time she convinced him to get a GED and then to take classes at Mesa Community College, where she was enrolled.

After two years in Mesa, Matt asked Roger and me if we were still willing to help him with college tuition, specifically at Portland State University in Oregon, where some of his high-school friends had relocated. Our "yes" couldn't have been louder.

Matt graduated in 3 1/2 years with a solid B average. During most of that time, judging by our phone conversations with him, he almost seemed to be running away from co-eds there. In the end we discovered that he and the young woman he had met in Mesa were continuing to phone and e-mail each other. They are married, and he is an exemplary husband and father to their two young children.

I've watched Matt and his wife love and support each other in troubled situations and a challenging economic climate. He's an intellectual who reads even more than I do, so our discussions are lots of fun. With a beautiful mixture of love and responsibility that he learned from his father, Matt phoned me every day when we lived in different states. Now he and his family are only 17 miles away, and I spend lots of time with them.

When I consider his youthful troubles, I don't know, just as I don't know with Jason, how much my mental illness and resultant parental inattentiveness contributed. I am sure, though, that I have never seen in him any hint of bipolar disorder. Matt lives with inner strength and high moral values, not a mind manacled by mental illness.

APPENDIX C

Insurance and My Scarlet Letter

IT'S BEEN 25 YEARS SINCE my first psychiatrist proclaimed me fit for employment, but for much of that time I wore a modern-day scarlet letter whenever I approached an insurance company. Although my symptoms were long gone, and I had experienced a number of personal successes, the mark refused to wash off completely.

When insurers saw my bipolar-disorder mark, they treated me like a second-class citizen or, more likely, denied me coverage altogether. Viewing me through discrimination-colored lenses, they saw me as damaged goods, and the cost to me and my family has been staggering.

Why do all of us with a bipolar diagnosis have to be lumped together for insurance purposes? Some—those who are seriously ill on a long-term basis, hospitalized often, and at risk for suicide—understandably pose a high risk, but what about those of us who have been symptom-free for many years? Can't the insurance industry learn to differentiate between people who are very ill and those who are on medication and fully functioning?

My insurance problems started with disability issues.

As I detailed earlier, I went on long-term disability at The Gazette, naively assuming that my checks would continue until I was well. Ordinarily I would have read the insurance policy and gotten a grip on its terms, but I wasn't well, wasn't capable of reading a novel, much less an insurance policy. Roger, meanwhile, was overloaded by responsibilities at his job and taking care of a sick wife and two young sons. By the time evening rolled around, he wasn't reaching for insurance policies as reading material.

When the newspaper announced after two years that there would be no more checks, it rocked our world, especially since my doctor said I wasn't well enough to work, and a Social Security examiner said I wasn't sick enough for disability under that program.

We had been sacrificing to send our sons to a private, college-prep school, depending heavily on my paychecks to pay tuition. We valued a good education for our boys so much that we had purchased an old townhouse rather than a new, single-family home with a yard, and we had been doing without countless frills. Even then, decades before parents in large numbers became disenfranchised enough with public schools to begin

home-schooling their children, we, especially Roger, believed that public schools were seriously declining.

When my disability checks ended, we had no choice but to transfer Jason and Matt to the public schools, and fortunately for our sense of well-being at the time, we didn't know that their experiences there would turn out to be horror stories. In the end, both of our sons graduated from college and as young adults are succeeding occupationally, despite their negative public school experiences. My family could have avoided much of this educational hardship if the newspaper's disability insurance had continued until I was well enough to work.

As it turned out, I got the green light from my doctor to go back to work in 1989, the year after my disability ran out. The newspaper then had no legal responsibility to rehire me, and it didn't. Although I put in applications at other papers, I never again worked as a reporter, and we survived financially only because of my husband's steady employment. Without him, what would have happened to me in the late 1980s?

Disability-insurance underwriting was a huge factor in ending the successful reporting career that I loved, one that had started back in 1969. I'm not bitter. I went on to satisfying employment, although for much less pay, at the nursing home. And I subsequently sold free-lance stories to national magazines and enjoyed ten years of public service, including four as an elected official. God doesn't close one door without opening another.

Along the way Roger and I applied for long-term-care insurance, thinking that although premiums wouldn't be cheap, the coverage would help pay for medical expenses later on and preserve assets to pass along to our sons.

One insurance source suggested we apply at a large, well-known company on the basis of corporate stability and automatic annual increases in monies available under the policy. The company wrote us a letter explaining its decision not to issue me a long-term-care policy.

This communication said I didn't meet established underwriting standards, noting that my "bipolar history" affected its decision. The company didn't bother to follow up on the application with a phone call, so it denied me the opportunity to relay information about my many years of mental-health wellness.

In more recent years health coverage was our family's biggest insurance challenge. I sometimes worried about my financial status if the worst happened—if Roger died, and his group health insurance evaporated. During one of those periods of distress, I called an insurance agent, asking about purchasing high-deductible health insurance on a private basis. Two minutes into the conversation, he told me I was uninsurable. I had answered

a medication question with the word "Lithobid" and a diagnosis question with "bipolar disorder."

Nothing else mattered, including my explanation that I was in excellent physical and mental health, had been free of bipolar symptoms for many years, and was serving in elective office.

For many years, however, we were secure with regard to health insurance because Roger was employed full-time, and we were insured under his employer's group policy. After his retirement, we were covered under COBRA for 18 months.

After that, we started searching for a source of private health insurance.

I again talked with an insurance agent, who gave us hope by informing us of the Health Insurance Portability & Accountability Act (HIPPA). This federal law requires states to insure people with pre-existing conditions if they can jump through eligibility hoops and are willing to pay high premiums. Information sent by the insurance agent pegged premiums for a large-deductible plan at about \$1,000 monthly for us as a couple.

It was much too expensive, and one eligibility requirement tripped us up, a stipulation that we could not be eligible for any other health insurance. Roger was receiving a small pension as the result of employment with an Arizona county, and he was eligible for group coverage through that system, although out-of-state premiums for the two of us would have been \$1,600 a month.

When Roger went onto Medicare, we choose the Arizona plan, because the premium for me had dropped to \$871 a month. When he died in 2007, and the economy went downhill, however, I could no longer afford this amount.

"Please help me," I said to the Nevada Insurance Department in 2009, although I didn't have much hope.

A woman there referred me to an insurance broker, who said that she thought one insurer might take me on and suggested that I submit an informal application, one that would give the insurance company vital information but not my name. "That way if they turn you down, it won't show as a negative when you apply at another company," she explained.

In April, 2009, a miracle happened. The private insurance company approved my application. I had a \$3,000 deductible, and the company charged me a 25 percent premium on rates because of my bipolar diagnosis, but it was about \$500 month less than I had been paying. The following year I went onto Medicare, which doesn't discriminate, and a good Supplemental plan. Obama Care was still an unknown commodity for all of us.

APPENDIX D

Medication Woes

LITTLE DID I KNOW THAT I would eventually feel threatened by one of the medications I took to treat bipolar symptoms.

In 2001 my general practitioner began focusing on my lipid blood-test readings, including cholesterol, asking me to provide her with lab results in the years after I went on Lithobid and Tegretol.

As she put it together, I got scared.

When I had been on these medications for only four years, a blood-test showed a high cholesterol reading of 289 (standard range 100-199), although at that time my triglycerides squeaked in at 148 (standard range 0-149).

Ten years later my LDL cholesterol was at 249 (standard range 0-130), total cholesterol level had soared to 371, and my triglycerides, measuring 332, were heading for the stratosphere.

My doctor tried to convince me to take cholesterol-lowering prescription medication, but I refused. To me, this would have been treating the symptoms rather than the underlying problem, whatever it was. Additionally, I feared that adding another prescription would simply pile on a new set of potential side-effects.

Early in 2002, the doctor suggested Red Yeast Rice, which can be purchased at health-food stores, and I gave in. After two months my lipid readings were up further, not down. Expressing surprise and frustration because other patients were having success with this product, she simply said, "Just quit taking it right now."

In July of that year my total cholesterol was sky-high at 416, and my triglycerides measured a whopping 1,390. The lab slip reported that no VLDL cholesterol number could be computed with triglyceride levels greater than 400, and an LDL cholesterol calculation wasn't possible either. My lipids were literally way off the charts.

In August my doctor noticed that my glucose measured a little high, diagnosing my problem as "impairment of glucose tolerance," and advising me that this condition sometimes leads to diabetes. She suggested dietary changes as an initial approach.

That same year my optometrist referred me to an ophthalmologist for a glaucoma evaluation, because pressure readings in one eye were high. The eye doctor got the same high readings and put me on "glaucoma watch."

I couldn't take any more of this. Tests were indicating that my body was malfunctioning in multiple ways, yet I felt great. For some time, I had been searching the Internet, looking for clues about what could be causing my way-out-of-bounds lipids. Now, with additional symptoms, I sped up the pace, spending huge amounts of time searching for information on the symptoms I was experiencing and medications I was taking.

In the process I came to suspect that Tegretol was a likely culprit. I located an Internet research report from the February, 2002, issue of the American Journal of Physiology detailing pertinent research findings from the Department of Clinical Pharmacology at the University of Bonn in Germany. The article's title grabbed and shook me as I read, "Carbamazepine (the generic name for Tegretol) increases atherogenic lipoproteins..." The body of the report stated, "Treatment with carbamazepine (CBZ) affects cholesterol concentration, but little is known about the precise nature and underlying mechanisms of changes in lipoprotein metabolism." Other Internet medical journal reports also indicated that there is a relationship between carbamazepine and lipid levels. Bingo!

Meanwhile, I found a 1999 article from the American Journal of Psychiatry entitled "Elevated Frequency of Diabetes Mellitus in Hospitalized Manic-Depressive Patients." The article didn't use cause-and-effect language, but rather listed "possible reasons" including "the effect of psychotropic medications." This, I thought, was a possible link to the glucose lab results that had caught the eye of my physician.

Internet material also hinted that there was a possible connection between Tegretol and glaucoma, although I wasn't able to locate much information.

My research wasn't scientific or conclusive, perhaps not even entirely accurate, but it was enough to cause me to tell my holistic physician that I wanted to re-evaluate my medications, particularly Tegretol. She recommended switching to a psychiatrist to consider that, and I found a doctor on my insurance company's in-network list whose profile with the Arizona Board of Medical Examiners, showed he offered "medication management."

It was a good decision. On my first visit in September, 2002, I told him I wanted to explore dropping Tegretol and gave him a thick packet of papers detailing my research related to this medication.

He immediately outlined two options: taper off Tegretol or switch to the newer, closely related, Trileptol, which he said goes directly into the bloodstream instead of being metastasized by the liver, so it doesn't interfere with cholesterol and triglycerides.

I jumped for the Trileptol option.

Here I was with a doctor telling me that I could dump Tegretol—just what I had hoped for—but I didn't do it. It seems strange, but I remembered how sick I had once been and how good I had felt for so many years on the combination of Lithobid and Tegretol. I just couldn't face the risks associated with rocking the medication boat too much.

In November this doctor explained that it was going to take months for my change to Trileptol to affect lipid lab results, and the change to Trileptol couldn't be expected to

return my readings to normal.

In January, 2003, I asked him what he thought of gradually going off Trileptal in June, 2004, when my Council term was over and any resultant setbacks would be a private, not public matter. He said okay.

By March, however, unable to wait any longer, I told him that I was ready to be weaned from Trileptal. Each month for three months I took a lower dose, until by July 1, I was off this medication.

That's all there was to it. While I was going off Trileptol, there were no changes in how I felt, and there have been none subsequently. I simply continued to feel great.

Lab results tell much of the rest of the story, one with a predominantly happy ending.

Five months after switching from Tegretol to Trileptol, my lab results showed improvement. Total cholesterol had gone from 416 to 346. Triglycerides went from 1,390 to 656, and HDL cholesterol from 42 to 48. LDL cholesterol still couldn't be measured because of too-high triglycerides.

After two months of lowered Trileptol dosages, there was more good news. My total cholesterol was 289, triglycerides were 168, HDL or good cholesterol was 55, and LDL cholesterol at 200 was no longer off the charts. It was unbelievable. I wasn't even completely off Trileptal, and my triglycerides were not too far out of normal range, while my HDL or good cholesterol was "normal."

Results of lab work eight months after I had stopped taking Trileptol, were not as good as I was expecting, but I was okay with them. My total cholesterol had edged up to 299, my triglycerides were up to 205, and my HDL good cholesterol was 53, still in the "normal" range. My LDL (bad cholesterol) had inched up to 205.

Two years later total cholesterol was 255, triglycerides were at 183, and LDL cholesterol at 163, all still high but continuing downward toward normal. HDL was normal at 55, and my total cholesterol/HDL ratio was 4.6, slightly higher than the upper end of the normal range. My glucose was 99, within the normal range.

No matter how professionals might interpret these lab results, I'm very happy to be off Tegretol and Trileptol. To me, less medication means less risk of side effects, serious and otherwise.

What's more, some doctors from the holistic or naturopathic branches of medicine, question whether cholesterol and triglycerides are the true culprits in clogged arteries. I'm happy that my lab results have improved, and I don't plan to obsess over future tests that may or may not have a significant bearing on my health.

Coincidentally, I discovered another reason to be off Tegretol that's huge as far as I'm concerned. I read on the Internet that the use of carbamazepine (Tegretol) in treatment of serious mental illness had never been approved by the Federal Drug Administration (FDA).

Sure enough, Tegretol's packaging label, said that it is "indicated for use as an anticonvulsant drug" and also "indicated in the treatment of pain associated with true

trigeminal neuralgia.” There is no mention of use in treating mental illness.

And only two months after I had been completely weaned from Trileptol, my ophthalmologist announced that the pressure in my left eye, which he had diagnosed as borderline glaucoma, was normal. He said he was taking me off “glaucoma watch.” “You don’t have it,” he said.

Unfortunately, damage to my optic nerve from the earlier high pressure can’t be reversed, although, happily, it was only one measurement away from “normal” in that visit.

Did Tegretol that I took for 15 years and/or Trileptol that I took for one year cause or contribute to the high eye pressure and nerve damage? My eye doctor said there might have been a connection if narrow-angle glaucoma were involved, but that I had been heading toward wide-angle glaucoma. He said there is no information he knew of connecting wide-angle glaucoma and Trileptol.

As a layman, however, it seems that it’s more than coincidence that my high cholesterol, lipid, and eye pressure readings all dropped significantly or fell into the normal range when I went off Tegretol and Trileptol.

I think that Tegretol helped me at the beginning of my treatment, killing the small amount of depression which Lithobid seemingly couldn’t at that time. I kept taking it for 15 years, however, and I wonder at what point it became unnecessary.

I’m happy to be rid of Tegretol. I can’t speak scientifically, but if others with bipolar disorder see similarities between their Tegretol experiences and mine, and if it leads them to explore with their doctors strategies for lessening or avoiding problems with this medication, then inclusion of this chapter will have served its purpose.

AUTHOR BIO

“Unfortunately I have this story to tell. Fortunately I know how to tell a story.”

~ Susan Ralphe



FOR YEARS JOURNALIST SUSAN RALPHE cranked out newspaper feature stories, unaware that her own tale of misery lurked around the bend. She wrote about a 12-year-old girl whose evil stepfather's treatment propelled her to live under a highway bridge. She interviewed a poor elderly woman who resorted to a regular diet of canned dog food. And then the writing stopped. Susan fell precipitously at age 40 into the

black psychotic depths of bipolar disorder.

Susan's disease delivered her to the edge of suicide. A tension-filled kind of mania installed ever-tightening bands in her head. She could no longer think or function.

My Bipolar Backpack traces the start of her disease to kindergarten, where she was haunted by the fact that her father was bedridden, and scared that something awful would also claim her mother, so she ran home from the playground each recess, covering the block and a half before the teacher noticed she was AWOL.

On a manic high in high school, she got straight A's while joining almost every extracurricular activity. In college her depression became noticeable to roommates and school officials, but unfortunately doctors didn't connect the dots. Subsequent normal demands of marriage and children brought on bipolar symptoms alternating with happy times as a family. Added into the volatile mix was husband Roger's alcoholism.

It took four years, two hospitalizations, intense psychotherapy, and trials and failures of one prescription medication after another before Susan's first psychiatrist got her diagnosis right, treated her with lithium carbonate, and announced that she was "symptom free." He told her she would never be cured, but her symptoms would stay at bay if she took her meds.

She was never again able to get a newspaper job but found a cause to believe in via desert preservation in Fountain Hills, AZ and service there in elective office on the Town Council. Still later she served on a water advisory board in Reno, NV.

Susan holds out hope to others who find themselves in that same back bottom of bipolar illness and don't believe life can get better. "Insist on getting psychotherapy, take your meds, and throw away the heavy bipolar backpack where you have been hiding your disease," she tells readers. "I'll tell you how I did it."

The author grew up in Norway, in Michigan's Upper Peninsula, and graduated from Northern Michigan University. She lives in the Portland area, has two sons and nine grandchildren. Her husband died in 2007 after 38 years of marriage.

www.susanralphe.com