Reaction Paper

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When a person has Bipolar Disorder, there is a significant likelihood that they have also experienced some degree of associated memory loss. This may have been due primarily to episodes of mania or depression, or to having undergone particular treatments (which may have been involuntary). There appears to be a great deal of variability between different individuals as to when memory loss is experienced and what period is lost. Most probably forget about their typical self during episodes. Some forget about episodes after they have passed, while others may struggle to remember important details from events that occurred prior to episodes. Then there are medications and other treatments that may introduce their own adverse effects on a person's ability to recall significant events. I consider reliable memory to be the most critical component of any individual's self-image and identity, therefore memory loss has unique potential to be the most personally devastating consequence of a mental illness.

Instead of using three moderately sized articles for this Reaction Paper as prescribed, I've decided to include five single-page articles and intend to relate them to the broader topic of memory loss. All five of my articles come from the closing sections of two of the most recent issues of BP Magazine (Fall 2013 and Winter 2014) and each should be succinct enough to be relatively easy to read and remember, even when a person is having difficulty doing so with more lengthy articles.

The first article is titled “The urge to purge” wherein the author, Julie Fast, relates her tendency to rid herself of items in her house when she gets into her recurring state of agitated hypomania. During such times, her imperative becomes minimalism to avoid suffocation from too many possessions. This has led her to give away items that she recognizes as needed, valuable, or otherwise useful to still have once her mania has passed. Julie explains that she's made a deal with family members to receive and store bags of her items so that when she asks “Where are all of my darn glasses! Did I lend someone my glasses?” they can reply that they've been kept safe for her to retrieve. Years of this practice has enabled her to now identify similar onsets of mania and to work on managing that rather than purging more of her belongings.

My initial reaction to this article was that I couldn't relate well because I can vividly remember several of my own extended periods of mania and I have never experienced a particularly strong urge to rid myself of things I had otherwise valued. In fact, much of my mania occurred when I was desperately trying to preserve as many of my valued possessions as I could, so my comparable circumstances and impulses seem counter to those of the author. I am, however, in agreement with her that planning ahead (with family or other supports) to mitigate the damage episodes can cause is prudent and can hopefully carry us to where we can recognize symptoms and treat the mood swings preemptively.

“Keep calm and remember on” by Melody Moezzi is the second article. In it, she relates how forgetfulness is a symptom of both mania and depression for her (especially when coupled with anxiety or panic). She describes memory disturbances as being most pronounced during episodes and that her experience with many medications and other therapies is that they cause minimal memory problems when compared with episodes. Past disturbances have caused her significant grief. Treating her mood disorder with the right medications and keeping herself centered to avoid panic is the only effective way she has found to also treat her troubling memory disturbances.

Initially, my reaction to this article was that I'm inclined to agree that it can be quite difficult for me to clearly remember much from my most severe depressions, but my experience of mania runs contrary to Melody's since I have retained the ability to recall copious details from those periods, even after many years have passed. I have to concur though that taking proper medication, keeping calm, and avoiding panic is a reliable way to remember what's important.

The third article is titled “ECT & me” by Carl Brown. He shares his story of struggling and suffering through decades of incurable mania and depression until arriving at Electro-Convulsive “shock” Therapy as a last resort. He describes the treatments and mentions that memory loss can be a side effect but says “the only thing I remember forgetting was the name of the last woman who broke my heart. No great loss.” His initial eight treatments earned him four months of precious relief until depression returned. Another twelve treatments were concluded due to his doctor's increasing concern for memory loss. He concludes by describing ECT as his “crucial bridge to recovery” and a “legitimate tool” for treating the most severe cases of bipolar.

My initial reaction to this article was to be somewhat startled with disbelief to find ECT discussed in overwhelmingly positive terms. My prior impression was that the treatment was anachronistically barbaric and brutal, akin to frontal lobotomies or general torture. Carl's explanation opened my eyes to the modern reality that ECT actually helps people to recover and may even be relatively humane. While the memory loss aspect remains as seriously worrisome for me, I have become much more inclined to agree that ECT can, in certain cases, be a legitimate tool.

The fourth article is another by Melody Moezzi, this one titled “Missing memories: I did what?!?” In this article, Melody conveys how routinely she is surprised to learn about things she did during past manic episodes. She says “It's as though someone has stolen my memories” and provides a few colorful examples. It has taken her years to begin to cope with her memory loss and to gain some acceptance that her own mind is the thief. She now attempts to compassionately forgive her mind by appreciating that it is trying to save her from having to remember traumatic periods of psychosis.

Initially, my reaction to this article was quite similar to the one I had toward her earlier article in that my experience of mania and memory seems to be opposite Melody's. Something I identified strongly with in this article though was how disorienting and distressing it can be for anyone to face noticeable memory loss. I have suffered from forgetting, and having to relearn, many things that used to be familiar and comfortable to me. Maybe, like Melody, I would become better off to feel grateful to myself for what I've been merciful to forget.

“Identity theft” by Hilary Smith is the fifth and final article which discusses recurring depression and a corresponding cognitive vacancy where Hilary's normal happy self typically resides. Her depression produces a bifurcation of consciousness where her hollow and vapid self is left to inhabit her body and mind, constantly yearning for the vibrant self to return. Hilary asks how we might call or guide ourselves back from depression and concludes that we should remember our true self by saying “I haven't forgotten who you really are.” This invites the full healthy self to return from wandering and resume control from the forlorn house sitter self, and the two can be reunited again.

My initial reaction to this article was to recognize how familiar the sentiments are, from my own past depressions. I may not have perceived it quite so much as a separation of distinct persons, but I have very much felt that the happy and hopeful parts of me had been lost and I was left with uncertainty as to when, or if, they'd return. I identified with awkwardly trying to explain that the person somebody was wanting to talk to was unavailable. It also totally resonates with me that regardless of the depth of the depression, I should strive to maintain a recollection of who I have been and who I really am.

These articles have taught me about several personal accounts of coping with bipolar through experiences that are similar to, yet also distinct from, my own. I am instructed that circumstances, like individuals, are unique. I have had it reinforced that memory is profoundly important to everyone. I also already related how surprised I was to learn that ECT may actually still be warranted in extreme circumstances.

I anticipate that my work as a CPS will benefit from these articles by improving my understanding about how multifarious mania and depression can be. I have become more open-minded regarding the potential value of severe treatments for commensurate conditions. I have also identified relatively separable categories of memory loss which may inform related future support situations.

An example population that would apply to my work as a CPS is people who have a diagnosis of Bipolar Disorder. An example environment that would apply to my work as a CPS is the Fox Valley Warming Shelter because I aspire to provide support to homeless people who are dealing with a mental illness. This is a particularly significant goal for me because I personally endured several bipolar episodes during a harrowing year of my life which was dominated by homelessness or hospitalizations and I earnestly wish to save anyone else from similar suffering.

In summary, I believe recovery from memory loss is a topic of paramount importance to CPS work which warrants much further research, learning, and study. I endeavor to become expert in comprehending memory formation, reinforcement, and loss as they pertain to mental illness and prevalent treatments. I dream of developing techniques to improve any individual's mental capacity to accurately perceive reality and to reliably recall their own gloriously precious and uniquely alive place within it.

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Brown, Carl - “ECT & me”

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