Recovery Paper

Monday, October 27th , 2014

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When I was a child growing up in Southern California during the 1980's, it started to become increasingly apparent to our whole family that my dad was struggling to manage his own severe form of mental illness. He demanded absolute obedience, while reckoning himself to be G-d, the Father, from Christianity. He focused the majority of his attention and punishments on me, often to the exclusion of my younger siblings. He drilled into my head that I was the firstborn Son of G-d, the Christ and Savior of the world. He militantly cultivated me for that role, as though it were prophesied to be my personal destiny. Our whole family was subjected to dogmatic psychological and spiritual abuse by my dad. We weathered his numerous psychotic episodes, which were mostly just frightening until he also started becoming violent against my mom. He was diagnosed as suffering from Paranoid Delusional Schizophrenia, but he also evidenced the commonly associated Anosognosia as well, because he adamantly refused any form of treatment and all potential medications, insisting that he remained perfectly fine. My parents divorced when I was 11. My dad rather pitifully represented himself in the custody trial and my mom hired a skilled lawyer to eviscerate him. The judge ruled that my dad would be required to take prescribed medications before he could be awarded any visitation rights. My dad remained characteristically recalcitrant and unwilling to comply with that precondition, so he essentially vanished from our lives at that point.

Over the next few years, I developed into a seriously troubled teenager. I became forlorn, melancholy, defiant, destructive, impulsive, mischievous, and cruel. I had skipped the first and third grades before my mom made me repeat the fourth, but I remained younger than almost all of my classmates and I was already quite small for my age. This meant that I was thoroughly accustomed to being bullied, humiliated, beaten up, locked in lockers, and forced into trashcans at school. I in turn would come home to bully and attack my siblings. I tortured insects and small animals. I started shoplifting compulsively. I became a skateboard punk. I began pulling fire alarms and lighting fires recklessly, almost everywhere I went. I was often suspended in junior high school and once was expelled for lighting fire to the Principal's conference desk. The school district required me to start visiting a Psychiatrist regularly before they would permit me to attend a different junior high. I begrudgingly fulfilled the obligation, but I did not trust the doctor. We both got used to me saying very little, if anything, throughout most sessions. If that doctor ever diagnosed me as already having a mental illness back then, I probably wasn't made aware of it, or I simply didn't care.

I matured and my destructive tendencies mellowed substantially when I got into high school. I learned to play tennis competitively and made the varsity team. I started working, driving, and having steady girlfriends. I got my own computer and learned more about coding. I bought myself video game systems and played them a lot. Even though most other things were generally stabilizing for me at this time, driving was a conspicuous exception. It became an immediate and intense challenge to see what new extremes I could reach. I raced around dangerously fast and would weave through traffic with every vehicle I drove. I pushed each car to its top speed on the freeway. I would go triple the posted speed limit to jump my cars high over the railroad tracks. I broke both axles of my mom's car after much midnight racing at 130 miles-per-hour. Vehicles have always felt so empowering and speed has been so compelling that I may have exhibited manic driving tendencies from the very start.

In college, I started to excessively take every drug I could. I held jobs where I worked over 100 hours per week for multiple consecutive weeks. I also got into snowboarding as fast as I could so that I could jump as high and far as possible. I ignored caution signs at the edges of the groomed runs and would just plunge into the back-country where the terrain is typically far more treacherous and the rescue patrols are unlikely to find you if you splat. It can be harrowing to blaze a virgin path at speed and navigate successfully through areas which are densely packed with trees, rocks, cliffs, and other unyielding obstacles.

In my adulthood, I continued to use stimulants heavily and to work at jobs well beyond 40 hours per week. I also got into racing motorcycles. When I was about 25, I binged on crystal methamphetamine for one week and experienced a manic episode where the police picked me up for running around naked in the rain. When I was 29, I decided to run for President of the United States and I experienced a manic episode when I started thinking I might win, followed by a depressed episode when I became terrified that I had jeopardized my family. I saw a horrible Psychiatrist after that and I expect he diagnosed me as having Bipolar I Disorder then because he prescribed me Lithium. He should have tested my initial blood levels first. The prescription severely poisoned and almost killed me within the only three days I took it.

All of my upbringing and my entire life had preconditioned me to fully expect to be dead one way or another by age 33 (in 2010). I have had depression during several extended periods of unemployment. I have experienced lengthy episodes of mania where I believed myself to be the Messiah and another where I was only capable of rhyming everything I wanted to say in singsong. Twice in 2009 and a third time in 2010, the police forced me into Los Angeles mental hospitals because I had episodes in public places which scared people. During 2009, I was homeless for many months between hospitalizations, and mostly lived out of a broken car. Independent Psychiatrists at those three hospitals all diagnosed me as having Bipolar I Disorder, which reinforces the likely accuracy. After the final hospital in 2010, I came to the point of acceptance that I must be living with this mental illness because I keep getting forced back into hospitals when that is what I most want to avoid. This realization that something was wrong with me gradually grew to providing new insights into older episodes and the emergent pattern encourages further interpretation of other extreme behaviors, grandiose thinking, and swinging or stuck moods. The acceptance of having a mental illness brought about a new recognition that medication might actually be beneficial or essential for me too.

Many aspects of my personal life have been uplifting. Shortly after moving here to Wisconsin in 2010, I sought regular therapy sessions through the Partnership Community Health Clinic. I was able to be seen by a completely phenomenal therapist there, named Pablo Cerna, who has continued to support and encourage me through all the intervening years since then. I am totally thankful for how carefully he listens to all that I say, how excellent his memory of previously mentioned names and topics is, and how thoroughly he has come to understand me, my motivations, and my challenges. He masterfully brings all those to bear on helping me to recover and succeed.

Another potently uplifting aspect has been frequent Chess matches against a few of my friends. I think every unique Chess match challenges me to concentrate on playing as competitively as I possibly can, and it inspires me to constantly improve. Matches typically provide a curious blend of intense, and yet also casual, social activity. I find Chess to be extremely meditative and rewarding to contemplate. I also consider the game to have saved my life somewhat, because even amidst a lengthy period of depression, hopelessness, and inability I found myself repeatedly surprised that I remained able to not only play reasonably well, but to also enjoy the majority of the experience and feel some momentary hope for improvement.

My personal spirituality is an aspect of my life which is usually uplifting and social, but it can also become insular for me and unproductive, or even detrimental if my identity gets any further conflated with prophet-like figures or interpretation becomes significant just to me. I have had periods in my California past when I dedicated much time to reading and studying the Bible, Hebrew, Judaism, Christianity, and Islam in order to gain understanding and wisdom from the holy texts. I have also had seasons where I would pray weekly or daily. Reviving such practices might become more desirable and enriching for me someday ahead. I also consider the Fox Valley Unitarian Universalist Fellowship to be a purely positive place for me to engage spiritually and socially within my community. I would like to attend more UU services when possible. Heather has also kindly invited me to join her for an upcoming Sunday service at the Catholic Church which I presume her family regularly attends. I hope that can be an interesting and beneficial experience for both of us.

The following areas of the Strengths Assessment cover at least one of my identified strengths that is ongoingly useful in my recovery because each can help lead to more and better goals: “(1) Daily Living” - I have lived happily with just my cat in a comfortable two bedroom apartment for almost two years. I have nice neighbors and am located conveniently close to stores and bus routes. “(2) Financial / Insurance” - I receive about $18,000 annually from SSDI, which is sufficient for my survival, but affords me little else. I am able to earn up to an additional $12,000 (totaling $30,000) per year without losing any of my current benefits, and doing so would dramatically improve my quality-of-life. I have the potential to become my own Payee in the future, and could directly receive my own SSDI funds to manage myself. In the past, I demonstrated that I had sufficient intelligence and experience to earn $110,000 per year. “(3) Education / Vocation” - I have aced this NAMI Certified Peer Specialist training course, by always scoring well above the necessary 85%. “(4) Social Supports” - I have developed great friendships with all of my Peer Specialist classmates. I am additionally supported by each friend I play Chess with. “(5) Health” - I take my Bipolar medication daily. I see my excellent therapist monthly. I exercise by riding my skateboard or bicycle when the weather is nice. I haven't smoked a cigarette in over five months. “(6) Leisure / Recreation” - I relax by listening to music, petting my beloved cat, and programming on my hobby projects. “(7) Spirituality” - I can rely on my personal meditation practice to gain me clarity. I enjoy attending UU or other church services when possible.

The strengths I have identified above will lead me to accomplish a collection of short-term goals over the next year because such strengths reinforce my confidence in what I have done before and how much more I remain capable of. My first goal is to learn as much as I can while completing 100 hours of Peer Specialist internship work and then proceed to passing the Wisconsin certification exam. My second goal is to do CPS work, earning no more than $1000 per month, to supplement my SSDI. My third goal is to get myself a new driver's license and vehicle. My fourth goal is to become my own Payee for my SSDI. My fifth goal is to rewrite my custom Chess software to resolve existing bugs and add better features.

My above strengths will additionally lead me to accomplish a collection of long-term goals over the next five years because I will be able to chart my progress towards each of my short-term goals and learn from how my strengths will have informed and supported that earlier process such that they can all become even more impactful towards these goals by channeling whatever has already worked best. My first long-term goal is to return to making some additional income by doing professional programming as an independent contractor again. My second long-term goal is to start my own software company. My third long-term goal is to maintain a healthy and stable loving relationship with Heather and to completely support her through to graduation with her master's degree in Psychology, and beyond.

In writing this Recovery Paper, an idea about a progression of stages came to me and there may be useful parallels to the Five Stages of Recovery that we have studied, so I will attempt to connect them. I expect this will be somewhat confusing due to the overlap in terms, but I'm hoping it can still yield an additionally illustrative perspective. Let's call mine the Five Stages of Prognosis (unless you can come up with a better name).

Prognosis Recovery

1. Stability is impossible. Impact of the illness.

2. Recovery is impossible. Life is limited.

3. Recovery is possible. Change is possible.

4. Recovery is likely. Commitment to change.

5. Recovery is almost inevitable. Actions for change.

I'm thinking this way because I realize that we are becoming equipped with so much knowledge and so many tools that all foster recovery that the dynamics for estimating the likelihood of further progress and recuperation seem to be shifting to near certainty. We're empowered by identifying our Strengths Assessments in seven areas and three temporal categories. Our Personal Recovery Plans started us on defining a larger goal to be broken down into measurable sub-tasks with deliverable dates. We've got Wellness Recovery Action Plans available too. Now this final Recovery Paper really becomes a powerful opportunity to integrate and synthesize all that we have learned in order to define considerable goals that we're equipped, motivated, and dedicated to achieve. It all empowers us, as we direct our own plans, to keep recovering even more and better. Hopefully you can understand why I'm starting to think, with all of our tools, recovery itself is seeming almost unavoidable to me now, and I find this notion to be totally inspiring for what it can mean for those who still suffer, but might be reached by it. Thank you for everything about this entire miraculous class!