

We deserve equal access to appropriate psychiatric care and freedom from stigma

by Barbara in Pennsylvania

I was literally the last person anyone would have expected to develop a psychiatric disorder. I've never used recreational drugs or abused alcohol. I had a good childhood and adolescence. I attended a fine undergraduate college (Smith) and graduated cum laude. In fact, I shared everyone else's belief that I was immune to bipolar or anything like it. If you're among those who still think immunity to mental illness exists, wake up (Even men can get breast cancer, you know.)

My awakening began in the spring of 1974, when I was 23 and my mother had died about a year and a half earlier. I began to have trouble remembering things and making decisions, one of which was enormous: whether to accept an offer without financial aid from a fine Ph.D. program or a very generous offer from another that was less well-known. My field was French. The job market was tough and getting tougher. Terribly worried about the debt I'd owe Yale, I took their offer nevertheless. Within days of my arrival in New Haven in September of 1974, I knew I couldn't stay. What I didn't know was the reason I couldn't eat, sleep, see colors properly, concentrate on anything, or stop crying--severe depression, which today would be treated as bipolar depression.

I went home to suburban Maryland, where I spent several months in a day hospital and under the care of a psychiatrist they had just hired, and who gave me the name of a colleague in New Haven, whom I contacted when, back at Yale the next year (with financial aid, since I applied for it early this time), I had another episode that was characterized by at least as much anxiety as depression. In the summer and fall of 1977, I had my third and last episode, which clinched the diagnosis of mixed Bipolar I.

My life hasn't always been easy or pleasant since then, but I've always been able to work, enjoy hobbies and time with friends and family, and otherwise take care of myself. This is sometimes considered the most severe form of affective illness because its episodes include symptoms of mania and depression occurring simultaneously or nearly so. There is unbearable confusion and paranoia rather than euphoria, sleeplessness, hideous nightmares, self-directed hostility, depression, even very critical visual and auditory hallucinations.

I've never made any attempts on my own or anyone else's life, but that's because I've been able to get the care I needed when I needed it--and my own experience with psychosis tells me that it does not always confer amnesia upon its victims.

In July 1979 -- by which time I'd been back in DC for a year--my advisor at Yale threw me out after my doctor there ignored my pleas for a medication review when the medication he was prescribing didn't help as it had in the past. Instead it caused akinesia, a progressive inability to move or talk. My psychiatrist learned and told me that, without lithium, I'd be at risk for increasingly frequent and severe recurrences. Having forgotten nothing, my unhappiness about taking it again might surprise you, for I had done so briefly in August 1977 until the doctors in New Haven took me off it. I told her it seemed like something "weird people" took...and watched her write the first of many prescriptions. She'll be retiring this year, and I've made use of my large network to find someone wonderful. While I took another medication for a little while

in the late 1990's, I've taken lithium ever since, and will continue to do so. Why? Well, by early 1980 I was well enough to begin work towards a Master's in Library Science, and have been a librarian for over 25 years. I've encountered discrimination on the job and in such other arenas of life as insurance. For a long time, my life at work was very unpleasant after my employers insisted (illegally) that I tell them that bipolar was the reason I was unable to fulfill a request that would have helped them in a sticky situation -- but my education, my job, my discovery (much to my surprise) that I could indeed understand medical concepts, and my determination to have the best life I can have all enabled me to have a rich, satisfying life and help others do the same.

My chief work-related interests are in the fields of French, history, genealogy and health information, and what I don't do on the job itself, I do independently and through outside organizations such as NAMI, the DBSA, and the Alliance Francaise. I spend time with friends, family, cats (mainly mine) and dogs (my neighbors'); I enjoy traveling, ice skating, swimming, cooking, eating (who doesn't!), and walking...not just walking but the real thing, for miles and miles. It saves me a bundle on bus fare, it keeps me in shape, and it's fun. I don't have children, and as for marriage, let's say I'm eligible. The gorgeous green eyes don't hurt. To me the single most vital aspect of being able to live well with bipolar is being well-informed about it: knowing what I need to do, and doing it. You can't help others if you don't help yourself, so that has to come first. It's also vital to have a network of support, friendship and education; this includes professionals who are experts in the field. I have a psychologist as well as a psychiatrist, for I consider it essential to have doctors in all fields whose areas of expertise are appropriate for our needs and with whom we can work on a basis of mutual respect and comfort. If I sound smug, I'm not. Every day I hear terrible stories about men, women, children and teenagers who suffer and die because they don't get the high-quality mental-health care they need and deserve. I thank God every day that I'm not one of them. We all deserve equal access to appropriate psychiatric and related care, and to a life free of stigma and its devastating effects on our professional and personal lives. I think the biggest problem is that there are still some of us who believe we are immune, and that what happens to others won't happen to us if we do some things and not others.