

# MOODS

Serving People with Unipolar and Bi-polar Illness, Their Families and Friends, since 1981

January 2017

## Bipolar: A Personal Account By Mitzi Bockmann

*Introduction by Dr. Li Faustino, MDSG Board Chair*

*There is a common misconception that “medication talk” is not allowed at MDSG groups. The truth is the opposite. For many reasons, medication discussions are vital for complete support and information. While describing the intricacies of one person’s medication adjustments is not helpful and not allowed in groups, the topic of medication IS allowed. People have endless concerns, questions, strong opinions and anxieties around medication. Many people are afraid to become a “guinea pig,” some are afraid of becoming “discovered” if people know they take them. Some people are afraid of side effects. Yet others think taking medication makes them weak and that they should be able to kick their illness with their own will power. Often these people are led to believe this by their own families and friends. So the reality is that at MDSG we encourage discussions about medications in general. In addition to those listed above, there are plenty of topics that are productive concerns that people need to talk about in a supportive environment. In this spirit, we are publishing this personal account where the writer is able to connect and contrast her feelings and experience with her grandfather, who lived during a time when medications were not yet available.*

So there I was, on ANOTHER first date. You know how those are. Kind of like a job interview, but a job interview where you must be witty and cute and a good listener. I really do enjoy first dates because I am a good listener and I love hearing people’s stories but, for me, they are fraught with hidden danger.

About 20 minutes into a first date there is always a moment of reckoning. I believe wholeheartedly in being very upfront about my diagnosis of Bipolar II disorder. It’s part of what I bring to the table and I want anyone who is going to share that table to know what he is being served. So I say “Just so you know. I have Bipolar II disorder.”

Usually there follows a moment of silence and then an “Oh. Ok.” Some men ask what that means, but mostly it’s simply shrugged off and accepted.

The next thing I say is “And I am on medication.” Those words almost always turn the tide in a new direction..

“Why do you take medication? Why can’t you just suck it up?” is some variation of what I usually hear. “America is just too overmedicated these days.”

Guys who say that to me don’t get second dates. Not if they are

*(Continued on page 3)*

## Web Sites Offering General Information About Mental Health Disorders

### Part 2

Prepared by

Tory Masters, CPS, CPRP

[www.apa.org](http://www.apa.org)

The American Psychological Association’s mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives. They have a self-help component delivered via articles and books.

[www.afsp.org](http://www.afsp.org)

American Foundation for Suicide Prevention (AFSP) raises awareness, funds scientific research and provides resources and aid to those affected by suicide. They promote and provide tools to find better ways to prevent suicide for students, educators and parents. Their on-site store provides brochures and DVDs such as “More Than Sad: Preventing Teen Suicide”, “Living With Bipolar Disorder”, “Depression and Bipolar Awareness: From Diagnosis to Remission”.

[www.bazelon.org](http://www.bazelon.org)

Judge David L. Bazelon Center for Mental Health Law’ protects the rights and dignity of people with

*(Continued on page 3)*

## Ask the Doctor with David Hellerstein, M.D. and Li Faustino, Ph.D.

### I feel better now—do I have to keep taking my medications?

One thing we doctors do every day is tell our patients things they don't want to hear. Whether it's a bad prognosis or a difficult-to-tolerate treatment, or the need for surgery, it's part of what we do. There are different ways to deliver such news, but the bottom line is you just have to say it.

So in a word, generally the answer is, "Yes. Yes you have to stay on your medicine, at least for now." If you come off too soon, especially if you stop abruptly, there's a strong chance that symptoms will return. (Of course, everyone's condition is different, so as always, ASK YOUR OWN DOCTOR!)

Assuming you've been given the right diagnosis, and prescribed an appropriate medicine, then you need to keep taking it for a long enough time to get benefit from it. "How long is long enough?" you ask. That's a matter of discussion between you and your doctor. Some disorders require lifetime medication treatment, others several years, still others just a few weeks or months.

Take Bipolar I disorder: a person with classic 'manic depressive illness,' with full-blown episodes of mania and major depression, generally requires ongoing life-long

medicine treatment, just as a person with juvenile onset diabetes generally requires insulin or related medicines for their lifetime. There are exceptions, I suppose, but they are rare.

Other disorders, like a single episode of Major Depression, may require a year or two of medicine, after which time it can be carefully tapered off. Best, of course, is to do this under a doctor's care, and collaboratively; some types of therapy (like CBT, cognitive behavioral therapy) can help you to taper medicine with a lower chance of getting depressed again.

Conditions that may require briefer treatments include transient anxiety or depression that occurs under specific stresses. For instance, insomnia before a big medical procedure may require only a day or two of treatment.

Patients, family members and doctors are all looking forward to the day that we will have treatments that are curative, whether by using medicines, brain stimulation treatments or forms of psychotherapy. When that day comes, a brief course of treatment will suffice.

Or better yet, we may be able to prevent disorders, thus not even getting to the point that treatment is required!

**Ask the Doctor** Send your questions about depression and bi-polar illness to [newsletter@mdsg.org](mailto:newsletter@mdsg.org). Questions will be answered by a psychiatrist or psychologist as appropriate and as space permits.

## New Books

Jamison, Kay Redfield. Robert Lowell, Setting the River on Fire: A Study of Genius, Mania, and Character. Knopf, February 2017. 416pp. [Lowell suffered from bi-polar illness. Discusses the relationship between mental illness and creativity.]

Miller, Dinah and Annette Hanson. Committed: The Battle over Involuntary Psychiatric Care. Johns Hopkins, 2016. 320pp.

McDaniels, Darryl "DMC". Ten Ways Not To Commit Suicide: A Memoir. Amistad:Ecco:Harper Collins, 2016. 304pp. [From an African-American perspective.]

Kalb, Claudia. Andy Warhol Was a Hoarder: Inside the Minds of History's Great Personalities. National Geographic, 2016. 304pp [Draws attention to 12 common mental health conditions.]

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**All information in the newsletter is intended for general knowledge only and is not a substitute for medical advice or treatment for a specific medical condition.**

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*(Continued from page 1)*

mental disabilities. People with mental disabilities have the same dreams that everyone else does. They want to live in their own homes, spend time with family and friends, find meaningful work, and enjoy the many small pleasures of being part of a community. At this center, the goal is to make these dreams reality. They fight against the stigma and discrimination that limits housing, employment, and other choices, and they advocate for service systems that help people achieve their full potential. Supported employment and supportive housing are essential to this goal. The Bazelon Center has also created [Supporting Students: A Model Policy for Colleges and Universities](#) to support students with mental health needs and to ensure that schools' actions toward students are nondiscriminatory. The model was developed after consultation with mental health experts, higher education administrators, counselors and students. They offer a guide, developed by [Leadership21](#), a group of young leaders, for students seeking help for mental health issues. In addition, The Bazelon Center strongly endorses giving consumers choices about services and who delivers those services, in addition to providing small but flexible budgets that allow individuals to purchase services, supports, and items/goods that help facilitate recovery. Policy

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*(Continued from page 1)*

going to judge me for taking my meds.

In 1932 there was a brilliant young doctor who was hospitalized with manic depression (now known as bipolar disorder). Over the course of the next 17 years he was subjected to the following treatments:

- \*Narcosis – narcotized continuously for 11 days and then released
- \*Straight jacketed and tied to his bed for days and weeks
- \*Constant Restraint – tightly wrapped in ice-cold sheets and then tightly strapped to his bed for weeks on end, with no food and water, being forced to relieve himself into those sheets when necessary
- \*Insulin comas – 60 1-hour insulin induced comas during which he was treated 33 times with ECT (electroconvulsive therapy)

In 1949, after 17 years of the above treatments having made him worse and not better, he was given a prefrontal bilateral lobotomy. He died in 1959, at the age of 55, drowned after having a seizure.

That man was my grandfather.

Whenever someone judges me for taking medication I want to tell them this story. This story of a brilliant Harvard educated doctor who tried desperately to prove the chemical component of bipolar disorder, but who was unable to stay sane long enough to do so. A man who lost his family, his career and, ultimately, his life to his disease. A man whose family would have done anything to save him, but were rendered helpless by the inadequacies of medical treatments available at the time.

I live a full life. I have two amazing kids and a successful career in the mental health field. I have a community that supports me and the financial means to take care of myself. I am self-aware and have learned exactly what I need to know about living a full life in spite of my disease.

I know that without my medication, it is very possible that I might have ended up in a similar situation as my grandfather, having lost everything that I held dear.

Instead, because of two little pills that I take every morning, in combination with many conscious life choices, I am able to live a life full of meaning and purpose...one with which I intend to change the world.

So don't judge me for my disease or taking my meds to live a good life. When you know someone who has been diagnosed with a mental disorder, but who has the strength of mind and purpose to embrace her treatment fully, without self-judgment, then you are lucky enough to know someone who is very strong, someone who knows who she is and what she wants.

As I always say to my dates, arms outstretched, fingers pointed inward, "You WANT to date me. I have been diagnosed AND medicated." And, yes, I am amazing.

documents such as "In The Driver's Seat: A Guide To Self-Directed Mental Health Care accompany each topic.

*Tory is a MDSG board member and a long-time West Side facilitator.*