

LETTER TO A FRIEND

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My dear friend –

I am both sorry and grateful to hear of your recent diagnosis. It is a painful experience, I know, but this might also be a turning point, the way out of much mental chaos and pain.

I have some ideas that may be helpful as you set out on the path of living life with a diagnosis of manic depression, but I should start with two disclaimers. First, of course, I'm not a doctor—none of this is medical advice. Second, every person with bipolar disorder (I usually call mine manic depression) has a different experience. Our symptoms vary; our experiences with diagnosis, hospitalizations, and recovery vary. Please understand that what happened to me may be nothing like what has happened to you and that what has helped me get well might not work for you. We each find our own way.

Having manic depression is hard, but you can recover and connect with your joy. You can feel good and live life fully. Hold on to that hope, because it is real. Alongside the suffering, you have and will continue to gather wisdom and insight that few others on this planet have. So hang in there and work and study how to become well.

I have a few tips that might help along the way. They break into two basic categories: the practical, day-to-day care of body and mind, and the spiritual, philosophical, existential quests and questions of identity, self-acceptance, joy and despair. Because I'm manic depressive and get annoyed by easy categories, I'm going to mix them up and just try to tell you what I know.

Have you had to walk out the doors of a hospital or a doctor's office with this new diagnosis—"manic depressive" or "bipolar" or "mentally ill"—emblazoned on your chest? Have you come back to earth from a manic episode wondering how to return to daily life once you've been up that high and out that far? How do you fit yourself back into the straight and

narrow after your mind has taken you to such strange places—the ragged outer reaches of depression and mania? Even if it was all delusion, how do you set that aside, become “normal?”

My simple answer: You don't. You can't. You find another path between those two extremes. You find a third way out.

The difficult reality is that no one can do this for you. No medication, no counselor or partner or guru or parent or friend can find that third way, because it is your way, your quest, the answer to your riddle; it is deeply personal, deeply yours.

I am a strong proponent of medication being part of that third way, in large part because manic depression is a progressive disease; it gets worse; it is unpredictable; it has an extremely high rate of suicide. Please do not risk your life by rejecting medication.

Doctors may tell you that you will need to take medication for the rest of your life. And then in the next breath, they'll explain that medical science still doesn't really understand what causes manic depression or by what mechanisms medication helps to stabilize a manic-depressive brain. So be aware that the future is wide open—who knows what new treatments and understandings will emerge in our lifetimes?—but for now, medications are among your most powerful tools for recovery.

You will have to work to find your way through the pitfalls of treatment. Medications can dull and numb the wild, careening, creative senses of hypomania and mania and may take a long time to chew through the bleak, dead weight of depression. However, I know from experience that **it can be done**, that medication can provide stability without turning your life into a dull gray blur. I *feel* and experience as deeply as I did before my diagnosis; my moods are as wild, weird, and sometimes difficult as ever, but they do not take over my entire body and being. They do not drag me beneath the waves until I cannot breathe.

I wish I could tell you that I found that balance quickly. In reality, it took years of experimentation and stubbornness to figure out the medications and lifestyle that allow me to feel in touch with myself and in love with my mind again. But that's life, isn't it, really? Everyone has to struggle and search to find what works for them, for their health, for being happy and alive. You and I are not so different.

I also won't pretend that my life is all stability and ease now. Bipolar disorder is difficult—sometimes it is extremely difficult—and every day is a balancing act. My point is simply this: don't reject medication out of hand like I did early on. If your symptoms are milder,

medication can give you a stable base to work from. If your symptoms are severe, medication can save your life.

Lithium saved my life; no doubt about it. I am a huge believer in lithium. My psychiatrist refers to it as “the gold standard” for treating manic depression. Lithium has the longest and best track record of anything else that’s available. It’s also an element on the periodic table, so it truly is natural medicine.

Unfortunately, many doctors hesitate to prescribe it. I am speculating here, but I see two major reasons for that. First, to be effective, lithium blood levels have to stay within a fairly narrow range. A person taking lithium has to get periodic blood tests to check lithium levels; in the first months of treatment, the tests must be fairly frequent. I think doctors worry that patients, especially during those fragile early months, won’t follow through.

The other big reason that doctors don’t prescribe lithium, I believe, is that no pharmaceutical reps are promoting it. Lithium carbonate is a salt; you can dig it out of the ground or evaporate it from lithium-rich waters. Since lithium can’t be patented, no one makes big money when doctors prescribe it. Meanwhile, pharmaceutical companies put a lot of time and money into promoting their newer, not-as-well-tested drugs, and I think some doctors get swept up into trying out “the next big thing.”

I had a terrible experience with this before getting hooked up with my current psychiatrist. My previous doc put me on a brand new drug and had me take it in a way that had not been tested or approved at the time. It did *not* work for me, and I spent a miserable, sometimes-suicidal year before finding an ethical doctor.

Speaking of which, if you have the flexibility, find a good doctor! Few things were as important to my early recovery as finding a doctor who treated me as a competent, capable, insightful, intelligent human being with a challenging, often bizarre, but also treatable medical condition. I have the same doctor now and feel incredibly fortunate: he listens to me, returns my calls, and respects my assessments of my health. When I go to a new doctor now for some other health issue, I ask a lot of questions; if a doctor is too rushed or arrogant to answer them, I don't go back.

This brings to mind another huge challenge facing people with mental health conditions of all kinds: equitable access to health care and treatment. This is one of multiple justice issues surrounding mental illness, and there is a vast amount of advocacy work needed. For one example, when you feel better, take the time to learn about people with mental illness in the

criminal justice system—how many thousands of people who belong in treatment are instead incarcerated.

Having limited access to health care can create immense challenges. For instance, you may have less flexibility with regard to accessing good doctors and locating one who will work well with you. Hopefully the doctor who diagnosed you will have provided guidance to resources, but if not, look for community health groups, wellness centers, free clinics, etc. Virginia has community services boards. Some hospitals run support groups. Check the internet, get on the phone. This is a time to ask for help, even if you're like me and you despise asking for help.

If, for whatever reason, you have a crappy doctor and you don't have the option of switching to another one, your best bet is still to learn as much as you can about your illness and your meds and your body. If you have a doctor who is abusive in their behavior, bring a family member or friend with you. It can be tough to stand up to a bad doctor. We're taught to think of them as infallible, and bad doctors will exploit that concept. We've got to talk ourselves into thinking differently. You or your insurance or taxpayer dollars are paying your doctor to help you get better. The goal for both you and your doctor is full remission of your condition. Psych yourself up and don't settle for less.

Psychiatrists have a tough job—they're supposed to treat symptoms of a mental illness, but they can't tell how you feel inside your head and inside your body. Be honest with them. If you feel horrible, especially if you feel suicidal, tell someone!! If you feel like you're skating onto jittery, manic ice, then call for help! I didn't want to do it either, but I am so grateful that I finally spoke up, asked for assistance, took the lithium, etc. And if your doctor proves unwilling to listen or does not treat you with respect, *please* try to find another doctor. Their role is to help you get well, to put your illness into remission. Do not settle for less.

Still, even the best doctor will only see you for short periods of time every few weeks or months, so you will have to self-advocate. I cannot overstate this. You need to understand your condition in order to effectively address your problems. School yourself in manic depression. Please! Do your research. You are your best advocate. The more you understand your brain, your diagnosis, the medications, the needs of your body, the better off you will be. There is so much information out there—on-line and at the library. Keep an eye out for legitimate sources: there's a ton of free, scientific literature and lots of personal stories of recovery. Some of those stories may seem scary or discouraging. The bottom line is that, while you may not be in total control of your destiny (no one is), your choices have a heck of a lot of influence on your destiny. You can recover.

Sadly, many people with mental conditions settle for half-measures. After my diagnosis, when people asked me how I felt, I remember thinking, “I don’t know. Apparently I’m mentally ill, how am I supposed to feel?” And in reality, I felt awful. Depressed and self-conscious and ashamed and awful! It was a terrible time in my life.

In hindsight, I’m disappointed in myself for not taking a more active role in trying to get well. In those early days, I didn’t read about the medications I was prescribed; I just took them without question. Huge mistake! Please read the information that came with your meds from the pharmacy. Look them up on the web and get familiar with what they are supposed to be doing. What kind of drugs are they? Mood stabilizers? Atypical anti-psychotics? Anti-depressants? Learn about what those are and what they do and why your doctor prescribed them.

Be aware, however, that the internet has many discussion sites where people share stories of terrible side effects and misery caused by one medication or another. Don’t get freaked out—everyone’s experience varies. I have a friend who cannot take lithium because of the side effects it caused for her. Instead, she takes a medication that I tried and could not tolerate. Every experience is different.

Medication regimes for treating bipolar disorders are changing all the time. For example, more recent research shows that most standard anti-depressants are not appropriate for treating bipolar depression—they may trigger mania or simply be ineffective. I took an SNRI anti-depressant for nearly five years that never really did anything for me, but at that time, studies were unclear. Once I got off the anti-depressant and onto a second mood stabilizer, everything turned around for me.

That’s a good example of a painful reality of treating manic depression: to a real extent, medication is prescribed by trial and error. There is no one-size-fits-all treatment, and it can take a long time to find the right combination. In the process, you will invariably encounter difficult side effects—some will subside as your body adjusts; some may be intolerable and require you to change medications. I wish it wasn’t like this; I wish treatment was easy and straightforward, but at this point in history, it’s not. You have to be very patient, especially right at the beginning, while you wait to see if the meds you’ve been prescribed will work on your symptoms. And then—this is the really hard part—you may have to try again to find what works best for you.

There are some day-to-day physical tools that may help you during these difficult times and throughout your recovery. In essence, they are the same health practices that benefit everyone: good sleep, exercise, diet, social interaction, meditation, meaningful work or other activities, etc. It's just that for us they have an extra layer of importance: they are tools for stability, methods that allow us to pursue lives of joy and meaning. Indeed, exercise and sleep *are* medicine, crucially important for the health of a manic depressive mind.

As a central part of my on-going health and stability, I *try* to exercise every day (I don't, but I try!). Even in the worst hurt of depression, I would drag myself outside to walk most days, and it helped. In hindsight, I wish I'd pushed myself further into full-on, sweaty, out-of-breath, elevated-heart-rate, aerobic exercise. For me at least, that type of exercise is most beneficial for helping regulate my moods.

Any kind of exercise, however, is good for us and our brains. It lifts my mood when I'm depressed and helps me work off excess energy when I'm a little hypo or anxious. Not to mention that exercise can help keep off the weight gain that seems to accompany just about every psychotropic drug on the market. My best days—physically, mentally, and emotionally—are always days when I've gotten some kind of exercise.

I do my best to eat healthy and whole foods. I take some supplements too that might be helpful: fish oil supports mental stability; n-acetyl cysteine (NAC) helps diffuse lingering, low-grade bipolar depression; B vitamins and vitamin D may lift moods and energy levels. Look them up, read the studies, talk to your doctor. Fish oil and NAC require specific dosages to be effective. Make sure to check with your doctor and/or pharmacist to make sure they don't interfere with your medications. These supplements have worked very well for me in complementing my medication regime, but like all these things, may not work for everyone and could be harmful for some.

What else? I *try* to sleep at least seven hours a night (I don't, but I try). Regular sleep is critical; it is crucial; without it, you will get sick again. Read up on circadian rhythms and their role in manic depression. Read about cortisol and stress and try to find time to chill—meditation, quiet wandering outside or gardening, or just being in silence. These times help me stabilize my addiction to stress and ground myself and remember who I am. One of the most helpful things for me in terms of mental self-care is to remember that my life is bigger and wider than whatever mood I'm experiencing in the moment.

Speaking of addictions, for many years I self-medicated my manic depression with marijuana. It accelerated manias and eventually tore up my brain chemistry. You may have

been told that pot is harmless, but the reality is that any chemical that interacts with your brain chemistry can be dangerous for bipolar people. This includes alcohol, hallucinogens, narcotics, stimulants, depressants, etc. All of it. Even sugar and caffeine, crazy as that may sound, if you ingest enough, can rattle your stability.

I was well and truly bummed to give up cannabis. I loved the stuff. But over time, using it damaged me. Since giving it up, my life has only improved. Spending time in 12 Step rooms helped me so much in my early recovery. Meetings got me out of the house and into the company of others who faced serious struggles, helping me to keep my challenges in perspective. I also had the chance to be of service, and that went a long way in helping me slowly rebuild a sense of self-worth.

I have been fortunate to have friends and family who would not accept my extreme self-pity or my sense of weakness. They refused to allow me to use my illness as an excuse not to grow and flourish as a human being. My husband is particularly strict about this, which sometimes pisses me off. I whine, “But you don’t understand!” And then I realize that he is right. He may not understand the vagaries of living inside a manic depressive brain, but he certainly knows the challenges of living in this difficult world. Mental illness is a hell of a big challenge—disorienting, disturbing, self-eroding—but it did not erase me, and thus my responsibility to live bravely and ethically remains, and perhaps increases.

You should know that even with treatment and without illegal drug use, I still often have very intense and volatile moods. Meditating can help to calm that down. A counselor once gave me a very helpful meditation—to view one of my wild moods like a train passing by—it comes in loud and dramatic, but then it keeps moving, passing me by; I can let it go.

That said, I am grateful for the strong and powerful moods, even if they can be jarring. I welcome the ability to feel intensely. For a time, as I adjusted to medications, my mind and thoughts often felt flattened, a feeling that I hated. I’d rather have the occasional jaggedness of being too up or too down than feel flat. I am grateful to have a doctor who supports that. He works with me to keep my medications at a level where I can feel deeply and thrive.

I try to have a good social life, though to be honest, that remains my biggest challenge. During my first two years of unfettered manic depression, I developed serious social anxiety. I was terribly afraid of what people would think of me, and I just hurt all the time, especially when trying to interact with people who I’d just met. I didn’t know how to relax and be myself because I had no idea who I was.

In over a decade since then, that anxiety hasn't entirely gone away. Sometimes I have to fight with myself to go out to a party; once I'm there, it's fine, I have fun, but there is a deep-seated anxiety that I must overcome first. I love my family. I love the friends I already have, but I struggle to make new ones. That concerns me, and I'm not sure how to remedy it. The upside is that I love my own company; solitude suits me; I really do love my own mind.

Still, there is a fine line between being solitary and isolating. Most of all, I would challenge you to not be afraid. Try not to hide out. Most people will not judge you nearly as harshly as you judge yourself. Indeed, what I felt as a crimson "M.D." scrawled on my chest, most people—friends and strangers alike—never noticed. It is so easy to self-stigmatize; I still do it. And it is so unnecessary. People who stigmatize mental illness have probably had little contact with people who have our diagnosis. Being open about who you are and about your strength and goodness can be a transformative thing. It can change peoples' hearts, minds, and lives. It can also be hard as hell.

Your family and friends will probably be key parts of your recovery. Try to be honest with as many of them as you can. I know that too can be difficult. Help them understand what symptoms of manic depression look like. They can help you recognize if your moods are starting to go haywire. That is one of the weird phenomena of manic depression—we don't always notice the symptoms. Especially hypomania, because it can feel so good! And, frankly, *you* have to figure out where the line is—when are you in a really good and productive mood and when are you hypo? My line is when the symptoms become disruptive: for example, when I cannot sleep or when I cannot fully control the words coming out of my mouth.

Work with your family and friends to set up a contingency plan describing what they should do if you get really manic or really depressed. How do you want them to help you? If they have to take you to a hospital, which one do you prefer? Make sure they have phone numbers for your doctor. I felt embarrassed as hell to have to do this, but in reality, you're creating safety and a degree of control for yourself in case your ability to reason and make decisions becomes compromised. It's worth it.

Expect to hit rough patches. For example, I have found that consistently, when we set our clocks forward and back for Daylight Savings, it rocks my world for a few weeks. I don't know why—some combination of disrupted sleep and circadian rhythms, I suppose. My mood goes dark, anxious, raw. My life is all sandpaper on my bones, and my husband is a jerk, and my friends secretly hate me, and I am tired of being alive. Or, I am jittery as a boiling kettle, rattled, off-kilter, fighting to sleep.

On those occasions, and in other times when moods dip and swirl in ways that cross the line, I do several things. Talk to my doctor, and if he concurs, take a bit more or less lithium. Become more disciplined in taking care of the basics: sleeping enough and well, eating enough and well, and exercising, always—my advice for every occasion—get hot, out of breath, tired. It brings immediate relief. Getting outside in the daylight is crucial too, I've found, to help my body adjust as seasons change.

Mostly though, getting through the rough patches is a matter of being patient. Trusting that the painful moods will pass, that I will re-stabilize back into my own strange mind. There is always fear though—I can't help it—a fear deep in my gut of again losing myself and my mind, fear that the medications will stop working, and I will be unable to find my way back to self and sanity and joy.

But in the midst of that terror, what is there but to continue, to try and go on unafraid? Everyone on the planet is born into a particular set of circumstances, specific challenges, dangers, and fears. As people with a mental illness in 21st century America, we have a great many more options to help create a good life. Our predecessors with manic depression had no real treatment options and most lived terribly difficult lives.

Throughout much of western history, people with mental illness have been treated horribly—confined, experimented on, lobotomized, sterilized, killed by neglect or by targeting. But the same types of things have happened to so many other groups! The list of human cruelty is horrifically long. Mental illness really is just one more way of being human in the world. We help others by being open, by not denying our existence, and by trying to live good lives.

Here are two final thoughts for you before I wish you luck and good fortune as you seek your third way out. First, I encourage you to cultivate a deep and healthy respect for the power of manic depression to harm your health, turn your life inside out, potentially kill you. But I also encourage you not to live in fear and not to reject this condition; it is so deeply a part of you.

Second, once you are stable and if it feels safe for you, consider exploring the delusions and insights and weirdness of your extreme experiences. I believe that manic depression is indeed bipolar—it has two realities. One is that the disease is devastating and dangerous. Another reality is that this madness brings new perspectives, new insight into the world. There are often pockets of wisdom within the dangers of insanity. Just be careful.

My personal goal is to find methods of healthy madness—to keep my balance and be a generous, good person within this day-to-day world while also exploring the mysteries of my mind and the broader human experience. For me, these are components of a worthy and meaningful life, a way to be of service to human understanding of the world.

We have a unique perspective, you and I. Most people on the planet don't have minds like ours that periodically go out of control and lead us into strange places. They don't have the endless distraction of keeping a mental balance either, but every human being has their own difficulties and their own path. If that path is an escape route out of the destruction, cruelty, and domination that haunts human existence, then we are headed in a good direction.

You and I have no choice but to find our third way out, and so, you and I can help lead the way.

Peace to you, dear friend. I wish you the best.

With love,
Christina

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