

Psychiatric and emotional illnesses: an invitation to openness

Adapted from "Accepting Differences" by Dual Recovery Anonymous

A variety of symptoms are possible with emotional and psychiatric illnesses. For example:

- Some of us use prescription medications to control our symptoms, while others have symptoms that need no medication.
- Some of us have struggled for many years with our psychiatric illnesses, while others have just begun to experience the onset of symptoms.
- Some of us have experienced changes in our ability to perceive reality clearly and have experienced hallucinations, whether they come in the form of hearing voices or seeing visions.
- Some of us have felt increased energy or have experienced change in our ability to think and make judgments. We may have also found that our thoughts sometimes race and seem to go out of control.
- Some of us have felt a loss of energy, a loss of enjoyment of life, and have perceived life from a negative perspective. Perhaps our sleeping patterns and appetite have changed as well. We may have become suicidal. We may find that we have difficulties with our thoughts and concentration.

This list is far from complete, but it points to a common bond: both men and women are affected by different type of no-fault illnesses whose symptoms can disrupt the ability to function and relate to others effectively.

Some of us feared that we were becoming hopelessly impaired. We came to believe we would never be "normal" again. Many of us have experienced great shame and guilt. We believed that our emotional or psychiatric illness were our fault. Some of us have become secretive. We felt our psychiatric illness must be kept secret, especially if our recovery program included prescription medication.

We seemed to run out of ways to protect our feelings and self-esteem, and to protect ourselves from the attitudes of those around us. Many of us gradually went into a closet of denial. If there are any among us who have felt as though they were living in that closet, we want you to know that fear, isolation and secrecy no longer need be a part of your life.

Bill's Story

I have experienced the symptoms of Bipolar Disorder for over 40 years. That's longer that the symptoms have been called Bipolar Disorder. That name or medical term was first used in 1980. For over a century the term has been Manic-Depressive Illness. Starting in college, under the stress of exams and with the excitement of being away from home, I began to experience cycles of elation or acceleration, alternating with depression or deflation. I also discovered a great way to deal with these cycles: Booze.

Starting my sophomore year in college, though graduate school, into my first ten years of marriage, I spent more time drunk than sober, and never had to face the cycles of depression (because of the “Dutch courage” aspect of alcohol) or mania (because alcohol is such a fine depressant).

In 1980, as a result of an intervention by my family, I decided to stop drinking. In the mid 1980’s, I was in Kenya doing village development work. During the great famine of 1984, I found myself in the impossible situation of trying to do future-oriented development when everybody else was worried about just staying alive. I first responded with manic over-activity, working 20 hours a day, trying to do the impossible, and then went into a severe depression, sleeping 20 hours a day, for several months. Fortunately some co-workers recognized this as a pattern of Manic-Depressive symptoms. I found a good psychiatrist and eventually began taking Lithium, which—24 years later I still take—and found myself able to recover a reasonable level of daily life.

Recovering a reasonable level of daily life, however, does not mean, and has not meant, an absence of symptoms. Over the years I have come to call the episodes of returning symptoms “break through depression” and “breakthrough mania”. Something happens and there’s a “break through” the therapeutic level of the medications. Then I have to go see my psychiatrist, and we have to adjust the meds, one more time.

In January of this year, I felt myself entering a severe depression. Don’t ask me how, but I knew I was entering the third worst depression of my life: #1 in 1984 in Kenya, #2 in 1999 (when I was unemployed, my family situation became unstable and was elected President of this congregation) and #3 this January. Let me simply say that January’s episode led me—not only to a change of psychiatrist—but also to a lot of research about Bipolar Illness and mental illness in general. I have discovered and gotten connected to mental health support groups. I have learned that there is more to caring for my mental illness than taking medications, including therapy, counseling, diet and exercise. And it led me to believe that openness and awareness about mental illness is extremely important to create a healing environment. And here we are today. Thank you for being here.

Peter and Chris, husband and wife of 20+ years:

Chris shared how her Borderline Personality Disorder affected her, including the use of alcohol to self medicate, resulting in her becoming an alcoholic. Peter pointed out that in spite of this and his own Clinical Depression and addictions, history of mental hospitals and even jail, they had been clean and sober and together for over 23 years. They shared a message of hope that even when symptoms continue, life can be fulfilling, rewarding and yes, even “normal.”