

THE QUARRY

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Bipolar Disorder:

One Woman's Story

I've grown up around mental illness. My mum worked as a teacher's aide in a class of severely mentally disabled children when I was a kid, and my sister and I would often spend Take-Your-Daughter-To-Work days there. To us, the kids were funny and harmless, often pretending to be tigers or elephants and playing silly games with each other. But then Mum would come home with stories of colleagues having to go to hospital when the games got out of control and the 'tiger' got angry and scratched the teacher hard enough to draw blood.

American feminist and writer Rita Mae Brown once said, 'The statistics on sanity are that one out of every four people are suffering from some form of mental illness. Think of your three best friends. If they're okay, then it's you'¹. That's pretty accurate. According to Sane Australia, an award-winning national charity that focuses on campaigning, education,

and research relating to mental health, ‘around 20% of adults are affected by some form of mental disorder every year’ and ‘nearly half (45%) of the population will experience a mental disorder at some stage in their lives’ⁱⁱ. Only 3% of adults are actually disabled with mental illness thoughⁱⁱⁱ, some like the kids I grew up with. Most of the time though, you wouldn’t even know if your neighbour, colleague, or sometimes even friend had a mental illness.

Earlier this year, I found out one of my close friend’s mother has bipolar disorder, which really shocked me. My previous experience with mental illness had all been so obvious, but Anne Naylor was a whole different story. I had always admired her strength and ability to juggle work and raising a family including a son with serious mental disabilities (including Down syndrome, mild autism, a severe speech and communication disorder, a mild hearing loss, obstructive sleep apnea and depression), and yet I had no idea that she had been in that 3%. Most people had no idea.

Anne Naylor is a teacher, a mother, an artist, and an author. But about ten years ago she was diagnosed with Bipolar Disorder. It wasn’t out of the blue; bipolar is a slippery slope, and it took four different psychiatrists and multiple diagnosis before reaching bipolar. You’d think a correct diagnosis would be a good thing, that she could be treated and get on with her life, that’s what I thought at least, but you’d be wrong. It’s much more complicated than that.

Sane Australia defines bipolar disorder as ‘an illness, a medical condition’ that ‘affects the normal functioning of the brain, so that the person experiences extreme moods – very high and over-excited or very low and depressed’^{iv}. These mood swings can vary in severity, but generally however high one becomes, the individual will experience an equal low. Usually, it’s the lows that lead people to seek help, presenting with severe depression, unable to go to work, look after their family, do the grocery shopping, or even get out of bed. According to Anne, you’re so depressed you’d commit suicide ‘if you could be bothered’. It’s the highs that are the truly destructive part of bipolar though.

Anne got off pretty lucky with her behaviour when she was spiralling out of control pre-diagnosis. ‘For me, it didn’t start with photocopying, but looking back that was one of the indicators. I was planning a party for my son’s eighteenth birthday and decided it would be very creative to display large photographs of him in a continuous border at eye height around the room. I chose the photos I wanted and took them to work. Every day after my colleagues had left the office, I enlarged, copied and laminated photos, 200 of them in total, in what I recognised later as a ‘frenzy of photocopying’’. She would stay up until 3am every night,

doing the washing, ironing and folding, cleaning the house, working on the computer, never tiring. She asked her husband for a lime green Holden Monaro for her birthday, and if she couldn't have that then she wanted a tattoo ('a big one with beautiful flames of red, orange and yellow, flaring up my right arm from my elbow to my shoulder'). She decided, in her 40's, that she wanted to be an ice-skating champion, taking classes and confident that she 'would be great'. She even began writing erotica, leading to a very inappropriate flirtation with a male colleague.

Others suffer much greater consequences from their mania though. In the book *Mastering Bipolar*, one woman tells of the financial consequences of her mania:

'It becomes a devilishly expensive dance. I lose control over the purse strings. I need a new outfit; it must be black and sultry. I love it so much I don't take it off for days. And always, the music. I have been known to buy twenty CDs at a time whilst high. All bought randomly, for their cover or some weird connection to something else that I can't remember in the end. I love books too. And don't the booksellers love me. I choose books on colour or because they contain quotes I like or maybe they just smell good. I am unable to stop at just one or two. The only thing that distracts me in the bookshop are all the men. All these gorgeous men seem to be shopping with me. I am admiring eyes, necks, beautiful hands, and even their glasses or the way their hair is parted. I have truly become part-woman and part-werewolf.'

Another woman tells of her husband losing control: 'Receiving a phone call from him on his mobile at 30,000 feet in first class informing me that he is Neo from the *Matrix* and that I am to arrange a Porsche to collect him from Heathrow Airport is not a call I wanted to receive, nor could have ever anticipated'^{vi}. After being released from hospital, he then went shopping and 'clocked up an extra \$3000 (on top of the \$15,000 he had already shelled out pre-hospital when he was en route to his £400-a-night suite in London's Park Lane)'^{vii}. Whilst in hospital, the husband was also unwittingly allowed unsupervised access to email 'which sent him straight back into attempting to develop a network for his reality TV idea, and enabled him to denigrate many colleagues for their lack of support, via a global email in which he also lovingly included many a personal detail about our relationship, and espoused our love story as the ultimate in blockbuster epics'^{viii}.

The things people do when manic can ruin lives. You lose sight of what's important, think you're indestructible, and many become sexually promiscuous. According to Anne, the

philosophy of a person under the influence of mania is ‘always surrender to temptation for it may never pass your way again’. ‘Some [people] have spent so much money that they have lost their homes. Some have slept with people they shouldn’t have and become pregnant and/or lost their families because of it. Some have driven way over the speed limit and crashed their cars, or been caught driving under the influence, once, twice or three times. Some have found God, or thought they themselves were God,’ she explains sombrely.

Getting a correct diagnosis of bipolar can take years. For many people, bipolar does not develop until later in life, and there’s usually a trigger. For Anne, it was the onset of menopause. For others it’s puberty, pregnancy, or any other shift in hormone levels, and for others it’s not known what the trigger is. Anne was diagnosed with ADHD at first and put on Dexamphetamines, a central nervous system stimulant whose actions resemble those of adrenaline. It’s supposed to calm those with ADHD, but for Anne it was ‘as if someone had plugged me into an electricity socket and switched me on,’ she laughs. She could concentrate, lost her appetite and consequently lost weight, and had plenty of energy. There was a sparkle in her eye and she became quick and witty (or so she believed), and her sex life became mind-blowing. But all this was just kindling for the fire that is hypomania, making her ascent even faster and more exhilarating, and her descent into depression even more crushing.

There are countless stories in books and online of people’s manic episodes. Anne suggests that this is because ‘in hindsight, the ups can provide some hilarious stories, and a great way of coping with the mood swings is to laugh about them,’ as she does when recounting the stories of her sudden passions for cars, erotica, ice-skating, and tattoos. No one wants to talk about the lows though. Sane Australia describes the lows as ‘feeling helpless and depressed, with difficulty making decisions or concentrating’^{ix}. That’s an understatement. This is how Anne describes it in her book *Art From Adversity, A Life With Bipolar*:

‘I couldn’t do much. The only thing I could do was sleep. Every morning I would wake up and think, ‘not another day, another long, awful, agonising day that I have to somehow endure until it is time to close my eyes again’. The only respite I had was when I was asleep and yet, during the day, I kept going, forcing myself to do the things I had to do.

I was tired, desperately, achingly tired, with absolutely no energy at all. My limbs were strangely heavy. I saw everything through a fog. Literally. I couldn’t see properly. I

was sure there was something wrong with my eyes, even though two optometrists told me otherwise.’^x

Anne was unable to make decisions on what to wear, what to eat. She couldn’t even read or watch TV. ‘Every single thing I had to do was impossibly difficult,’ she says. ‘I felt like I was climbing Mt. Everest without oxygen.’ She couldn’t even remember what it was like to feel happy.

Though her family were generally supportive and caring without being overbearing, her friends’ reactions, though well-meaning, were not helpful. They would say things like ‘what can we do to help?’ and ‘I’m surprised you have no resilience. Can’t you control it?’, but there was nothing they could do to help, and she was trying to control it.

It ultimately ended in her bipolar diagnosis and a stint in a mental institution.

A correct diagnosis and treatment does not fix everything, however. For some people, the diagnosis offers relief and an explanation for their behaviour, but then there’s always the question of who to inform of your diagnosis. Many people only disclose their bipolar to close friends and family, and only those who must know in their place of work or study. There is still a stigma surrounding mental illness, and disclosing your bipolar diagnosis to people who do not need to know can often lead to uncomfortable situations. In *Mastering Bipolar Disorder*, one person explains that, ‘sometimes the knowledge burdens others or, worse, is titillation. Sometimes no matter how much you explain, people will never understand.’^{xi}

When Anne was first diagnosed she took an extended period of leave from work and then resigned due to her illness and side effects from the medication she had commenced. She told only a few close colleagues of her diagnosis and received mixed responses. One refused to believe her and Anne had to try to convince her that she really was mentally ill, another became very embarrassed and suggested this was ‘personal information’ that she should have kept to herself, and another, whilst initially supportive, gradually distanced herself from Anne, and their relationship became uncomfortable and strained. Ashamed and embarrassed due to these reactions from people she had considered friends, Anne never told her boss of her illness. Though her rights should have been protected by legislation, she didn’t want her professional reputation to be compromised due to confidentiality not being respected and people finding out about her being mentally ill.

Once she had stopped working, Anne, who has always been a passionate and motivated woman, was determined to get a handle on her bipolar. She found out as much information as she possibly could, found a psychiatrist that she trusted and saw him (now her) every week (now every few months). She followed his/her advice (such as eating well, exercising, not over-exerting herself in any way), and took her medication religiously.

‘Having to take medication is the pits,’ she says with a resigned laugh. In her book, Anne says that ‘approximately forty percent of people who have bipolar disorder take three or more psychotropic medications and eighteen percent take four or more.’^{xii} Everyone is different in what medication works for them, and what works is always changing.

The side effects of medication can be horrendous, and they can’t be predicted. ‘Except in my case,’ says Anne dryly. ‘I seem to get almost all of those so helpfully listed on the information sheets from the drug companies.’ Here is just a sample of some of the side effects listed for Anne’s various medications:

Fatal skin rash, vomiting and nausea, dizziness/unsteadiness, headache, drowsiness, double vision, blurred vision, tremors, trouble sleeping, memory loss, irritability/aggression, joint/back pain, constipation, dry mouth, runny/stuffy nose, fainting, uncontrolled movements of the tongue/mouth/cheeks/jaw, sudden increase in body temperature with sweating or fast heartbeat, restless leg syndrome, seizures, allergic reactions, diarrhoea, excessive and rapid weight gain, inability to control the bladder or bowels, slow or irregular heartbeat, slurred speech.

To many people, these side effects would be too much to bear. But, as one woman puts the choice between sanity and side effects, ‘it scares me, taking a drug to control my mind. But the thought of another episode scares me more.’^{xiii}

Personally, I think the hardest thing to lose would be the creativity so often associated with bipolar highs. Some people, mostly with less severe degrees of the illness, suggest that the creative highs can be harnessed to advantage. Most, however, refuse to allow their mood swings any leeway, knowing how quickly they can get out of control.

When Anne was very ill, she took up painting. Before the onset of her bipolar, Anne had no interest, experience, talent or training in arts. ‘The idea came upon me suddenly, out of no-where. I knew in my mind exactly what I wanted to do, and that was to paint large works and hang them all through my house,’ she explains. She started taking private art

lessons, and then enrolled in a TAFE art course specifically for people with mental illness. She went on to study at an art school, and would lock herself away in her studio for hours to paint, often ignoring all of her other responsibilities, finding it soothing and addictive.

Bipolar has affected so many artists, musicians, writers, and other creative's throughout history, so much so that John McManamy, a renowned mental health journalist and author, has pointed out that this list reads like an 'honour roll'^{xiv}. He also says, however, that this runs the risk of glamorising the severity and seriousness of bipolar disorder.

So what is it that connects bipolar with creativity? Apart from the fact that a bipolar high makes the world a brighter place (you can see colours more vividly, feel the music, taste the sunshine. One woman even suggests that you can understand what the frogs are saying), Kay Jamison says that 'individuals with bipolar disorder ... possess the rare ability to think along unrelated tangents, then put the pieces together ('making connections between opposites') into a grand visionary whole'^{xv}, and that 'unbridled self-assurance and manic energy fuel the creative fire'^{xvi}. What I wonder, though, is whether the tunnel-vision and manic energy of a mental illness unburden a person of their other responsibilities enough to allow them the time and inspiration to give an outlet to the creativity they have always had within but never had a chance to express, or whether mental illness creates something within a person that was never there before. Medication makes the world grey though; music is just music, sunshine is just sunshine, and the frogs go back to just making noise, but what if it didn't?

As hard as living with a mental illness can be at times, those with any mental illness should not be pitied. As Anne will tell you, pity only makes you feel worse. And a woman like Anne Naylor should not be pitied. She is an incredibly accomplished woman with a beautiful family and (now back at work) a job she loves. 'I take every opportunity to educate people who don't know anything about bipolar disorder or mental illness and I do my best to empower those who do,' she says with such passion it gets everyone around her excited by her cause. 'I am lucky. I have a supportive, loving family and a few very close friends who understand and don't care about my mental illness. ... I am courageous and strong and I am continually surprised by the hidden talents and strengths I find within myself. I celebrate every day, because however long I live, my life will be over in a flash.'

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ⁱ Naylor, 2013, 1

ⁱⁱ Sane Australia, 2010

ⁱⁱⁱ Sane Australia, 2010

^{iv} Sane Australia, 2010

^v Eyers and Parker, 2008, 2

^{vi} Eyers and Parker, 2008, 26

^{vii} Eyers and Parker, 2008, 27

^{viii} Eyers and Parker, 2008, 27

^{ix} Sane Australia, 2010

^x Naylor, 2013, 51

^{xi} Eyers and Parker, 2008, 83

^{xii} Naylor, 2013, 136

^{xiii} Eyers and Parker, 2008, 137

^{xiv} McManamy, 2012

^{xv} McManamy, 2012

^{xvi} McManamy, 2012