MY FIVE ATTRIBUTES OF MANIA

SHARON A. LEWIS, Ph.D.

Associate Professor, Department Of Chemistry, Langston University, Langston, Oklahoma 73050, Usa
E-Mail: 4225sal5@Gmail.Com

ABSTRACT

This paper is a first person account of experiencing the highs and lows of bipolar disorder while medicated and un-medicated. This account covers obtaining a Ph.D. in Chemistry to becoming a tenured Associate Professor of Chemistry. The title says it all. My five attributes may not be the average person’s experience with bipolar disorder I. I am sharing my personal experience knowing that most people choosing not to take their medication with the diagnosis of a severe mental illness will not obtain a Ph.D. let alone become a tenured professor. Most people who don’t take their medicine will go through these attributes and a few others and may not be able to maintain a job let alone their minds. I’ve been there. I would like this paper to inspire some and educate some medical professionals so that they can understand what someone like me may be thinking. My thinking may be flawed in which case when they encounter a patient and remember this paper, they will know what’s on that patient’s mind.

Keywords: bipolar disorder, personal account, mania, depression, manic depression

In 1994 I started graduate school. In 1996 I was diagnosed with bipolar disorder. I did not start the medication until 2005. Despite my ignorance, please read my story. Since I am a researcher, I have identified myself as being bipolar I, yet I received my Ph.D. from the University of Oklahoma in October 2002. I started working in March 2003 and have been able to maintain a job ever since. I am a tenured Associate Professor of Chemistry at Langston University in Langston, Oklahoma. I teach many chemistry classes, but I also have two research labs (Molecular Biology and Asphalt Chemistry).

I have collaboration with Carnegie Mellon University’s Pittsburgh Supercomputing Center which funded me starting an Introduction to Bioinformatics class and resulted in two publications. I have association with the University of Michigan Medical School’s Bioinformatics Department identifying genes implicated in susceptibility to bipolar disorder and learning to use various tools on at their website. I have partnership with Oklahoma State University which bridges undergraduates into doctoral programs or professional school. I have a collaboration, which is an equipment grant, with the University of Oklahoma’s Health Sciences Center, which allows me to receive funding to supply the biology and chemistry laboratories with equipment for teaching and research purposes. I have completed five grants with the University of Oklahoma’s Department of Engineering, which have resulted in the submission of four technical reports and one publication.

I read proposals for a computer scientist at Jackson State University and am a paid consultant. I read proposals for the National Science Foundation funded Louis K. Stokes Alliance for Minority Participation to select schools to continue their bridge to doctorate programs and support scholars with $30,000 during their first two years of graduate school. Each school I help select is given $5 million dollars over a five year time period. Again, I am a paid consultant.

I am an advanced placement reader for the subject of Chemistry for the Princeton Review which administers the test for high school students who want to test out of General Chemistry. I receive a stipend for my participation. I was selected by my peers to be one of two faculty members to be on the Presidential Nominating
Committee to select the 16th president of Langston University. Last fall I was selected as scholar of the year by the president.

I am one of the lucky people diagnosed with Bipolar disorder I. There are people who collect monthly disability checks because they are bipolar disorder. According to the book, “Weekends at Bellevue,” written by, Julie Holland, there are people who are escorted by police to be admitted to the mental ward at Bellevue Mental Hospital so that they are forced to take their medicine. The prisons are filled with inmates with mental health issues. The homeless in big cities are walking around talking to themselves. You can smell them ten feet away. They look like ghosts. They have paper bags covering some private parts. You put money in their cups but they have been down so long, they can’t look up to say “Thank you.” During the summer months, they sleep on the concrete in Las Vegas. I hate to think where they find shelter in the Windy City of Chicago during the winter months. They definitely should be diagnosed for mental illness if not for protection from the cold weather.

Many individuals in the penal system get diagnosed while incarcerated. Family members should have been able to detect at least some unusual activity and odd ways of thinking. I have a nephew who has been incarcerated for at least six years for shooting a shotgun at a proprietor for absolutely no rational reason and then walking across the campus with the shotgun in his hand. While in prison, he was diagnosed with schizophrenia.

Mental illness and especially bipolar disorder is very real, yet most people mask the symptoms with alcohol, prescription medication, or just suffer through the highs and the lows thinking that life is normal or will eventually return to normal.

FIRST MANIFESTATION OF BIPOLAR DISORDER- DEPRESSION

Now, I must be honest. I was diagnosed with the illness in 1996. However, I did not take the medicine until 2005. In 1996, while in graduate school, I was not feeling normal. I was sad and distracted while enrolled in 9 hours of biochemistry, conducting research, working as a teaching assistant, and commuting 1.5 hours to and from school. Around that time I concluded that paying my tuition in graduate school would benefit my two children more, later on in their lives, than continuing to pay their catholic school tuition, while they were in second and third grade.

Aside from that, I knew something was wrong with me, but I did not know what was going on mentally or emotionally until I went to the Greater Mount Olive Baptist Church in Oklahoma City, Oklahoma one Sunday in August 1996. Pastor A. Glen Woodbury announced that the title of his sermon would be “Defeating Depression.” Pastor Woodbury, who had at one time worked in social work, began to describe my emotions. I started crying and could not stop. He was talking to me if nobody else in the 600 member congregation. Now I was armed with the term “depression” which was the first manifestation of my bipolar I diagnosis.

So while I was crumbling beneath this stressful life that I created, I decided to go see a psychologist who quickly recommended a psychiatrist. After listening to me for an hour, the psychiatrist prescribed Prozac to be taken 3 times a day and told me to visit him once a week. Today, that seems extreme but it tells you the condition that I was in at the time of diagnosis. He told me that I was a manic depressive, which was a term used in the 80’s and 90’s. As all of you know, today we use the term bipolar disorder I or II or cyclothymic disorder.

My husband saw the Prozac that I placed on the bathroom counter and told me that he would divorce me and sue me for custody of the kids because I was taking that medicine. I took his threat very seriously because he was a judge. My children were young, and I wanted to be in their lives. Immediately, I threw the bottle of Prozac away. Today I wonder whether it would have taken eight years to complete the Ph.D. if I would have stayed on the Prozac. But I could not take a chance. I loved my children. Eventually, he threatened to put me out of our home two more times, but I kept thinking of the children. Presently, my children are 22 and 23 years old. I asked for a divorce once the first child graduated from college. Last year my daughter asked me how her father reacted when I told him that I was bipolar. I finally told her that he threatened to take you and your brother away from me. She asked me why didn’t I just hide the pills and just continue to take them. I told her that I was not as smart at that time.
While at the end of my Ph.D. program when my major professor told me, “You’ll get your degree over my dead body.” I did not fantasize about killing him. I simply wanted the shovel to dig the six foot hole to put his body in. It amazes me when people with lesser character feel an obligation to develop my character.

Because I threw the medication away, my depression lasted from May 1996 until April 1997. During that time, somehow, I successfully defended my Master’s thesis while fantasizing about how to kill myself.

As you know, with untreated depression, 50% of the people commit suicide and I was no different. I wanted to die. I would think to myself that if I drove into a specific tree fast enough then I would die. Well that theory proved to be false. After arguing with her mom, my first cousin Debbie did just that. Her plan did not work. She did not die. Instead she became paralyzed from the waist down. She remained in the hospital for one year. She lost custody of her twin boys and her daughter. She was confined to a wheel chair and became a heavy burden on her parents. When she lost circulation in her body, my uncle had to make the tough decision to amputate one of her legs. I talked with him and asked him, “What is Debbie going to do when she wakes up out of this coma and find a leg missing?” Six months later, the other leg was amputated. A year later she died of a heart attack. Previously, Debbie’s maternal grandmother and an uncle had committed suicide. Debbie was previously diagnosed with bipolar disorder and because of the side effect of sexual dysfunction, she would not take the medicine.

In my first year of college in 1983, my boyfriend, Kairl, committed suicide because he knew his father’s death was imminent and he did not want to be alive when his father died. Until then, I never knew anybody who committed suicide. In 2011, my second cousin Michael hung himself with a dog collar. Kairl and Michael had undiagnosed mental illness.

Now if I am to give a non scientific visual of depression it would be this: You are in the bottomless pit of Hell playing spades with Judas. You are losing every book. Occasionally, you have to sweep up the ashes of those who are in Hell with you, but they are not as far down as you have descended. That accurately describes my depression.

During that one and only full blown depression that occurred in my life, I can remember one day having no gas to travel to work and mindlessly sat on my sofa with my leather jacket on with my keys in my hand from 9:00am until 12:00pm. I was stuck, unable to move, concentrate, or make a decision. I knew I had depression when I would go to the mall, park my car and not remember where I had parked. I would spend forty-five minutes trying to figure out where my car was. Other times, I would sit through my son’s football game and at the end, have no clue what team he just played. When my husband would ask where I wanted to go to dinner I would change my mind three times within the twenty minutes it took to get dressed.

My thoughts were scrambled if I had thoughts at all. I was a shell of myself. I could not concentrate. After all the preparation I had for success, I could not get it together. I attended Catholic school in my formative years. I attended the Philadelphia High School for Girls, which was a prestigious high school in Philadelphia. Also I attended Howard University for undergraduate school majoring in zoology/chemistry minor. Since the Army paid for my schooling, I was a second lieutenant in the Army and functioned very well. Afterwards, I worked at an oil and gas company in Oklahoma City before starting graduate school. But within two years bipolar disorder was destroying me.

**FIRST ATTRIBUTE OF MY UNTREATED MANIA, FIRST PHASE**

So I thought that after having that depression for so long, that I had bipolar disorder II in which depression dominates. No, I had bipolar disorder I. My next manifestation of bipolar I, after a year of untreated depression was the mania. Now, I was in for the ride of my life for the rest of my life. I will describe my behavior that lead to my five attributes of mania that existed when I was not medicated. Clinically, I had heightened energy, acute awareness, originality of thought and increased concentration. To make this first attribute absolutely clear, I want to break this mania into two phases. Part one of low lying mania was that I was very keen and could think beyond my peers. I was easily the smartest person in the room, or so I thought. I was able to write my dissertation and
another book at the same time. I recently completed this second book, which ended up amounting to 820 pages on the day my divorce was finalized, March 1, 2013.

**FIRST ATTRIBUTE OF MY UNTREATED MANIA, SECOND PHASE**

The second phase of my first attribute of mania suddenly appeared once the low lying mania escalated. Before I explain the second phase of the first attribute, I must digress here for a moment. Untreated mania is like walking up a set of steps. As I progressed through my five attributes, the untreated mania caused my symptoms to get worse and worse until I was at the top of the staircase. Right now, I want to also explain that I was a rapid cycler. I would have a week of mania and a week of depression followed by a week of mania and another week of depression.

One doctor told me, “You are throttling to fast.” Hind sight is twenty-twenty. I now know what he was referring to. I was moving really fast. I did not need food therefore I lost weight coupled with the ability to run ten miles without any fatigue. After some time, I looked like a crack addict. I was driving at 100 mph and wondering why everyone else was in my way. After all, it was a work week and people were driving like they were out on a Sunday drive.

I was paranoid and hallucinating because of the lack of sleep. At a family reunion, I thought that I heard my aunt make a pass at my husband. I was livid. I told him to come outside. I asked him was he flirting with her. My sister, who was in the same room, came outside and said that she did not hear anything like that. I was hallucinating and about to make a really big fool of myself. My first intuition was to have that conversation in front of the entire family since I thought they all heard what I thought that I heard. I was still not medicated because of the threat of losing my children. I was using alcohol to mask the symptoms.

**SECOND ATTRIBUTE OF MY UNTREATED MANIA**

Next came my second attribute of mania: financial ruin. Presently, I owe guaranteed student loan $243,000. I actually borrowed $125,000 to pay for my eight years of graduate school, but since I used forbearance and deferments for ten years after getting the Ph.D., the interest compounded. I owe about $15,000 on three credit cards. I just paid off a $52,000 five year loan, which I got to consolidate eight credit cards that I accumulated during graduate school. I have spent so much money on overdraft fees, that money could have financed a European tour. I had the grand notion that I would hit the lottery. The more money I spent on lottery tickets reduced me to being as stupid as I was previously “intelligent”.

People with bipolar disorder have filed for bankruptcy a few times in their lives. Fortunately, I have never had to file for bankruptcy. Now I did keep a new Pontiac until it had 196,000 miles. Smoke was coming from the engine when I finally surrendered it. Next, I kept a brand new Honda Accord until it had 291,000 miles until the transmission went. The dealership assured me that they could fix the car for $4,200. Since I bought the car in 2003 and it was 2011, I rationally thought it served its purpose.

**THIRD ATTRIBUTE OF MY UNTREATED MANIA**

The third attribute of my untreated mania was a little more seductive. Sexual promiscuity, just pure LUST, was the word of the day. Anybody, Anywhere, Anytime... No consideration of HIV. I’m too smart for that. No condoms. Recently, I read in two separate journal articles that people with bipolar disorder have a 13-30% higher mortality rate compared to normal people. I quietly understood why. No explanation needed.

**FOURTH ATTRIBUTE OF UNTREATED MANIA**

God spared me from the fourth attribute of untreated mania, which is prison or some interaction with the penal system. When my first psychiatrist discontinued me as a patient because I refused to take what I thought was an excessive dosage of the medicine that he recommended he flat out told me that, “He expected to see me on the news having made the headlines from doing something entirely destructive.” At this step of the staircase you are totally out of your mind. You are shoplifting stupid stuff and getting caught and going to jail. You have accumulated a few DUIs
and begged family to bail you out of jail.

But by this time, family cannot mortgage their house to pay for a lawyer because they have been supporting you up to this point by bailing you out and helping to feed you and giving you a place to sleep during those times when absolute sheer exhaustion from mania overwhelmed your body. You can’t keep a job because you oversleep and therefore go to work too late; can’t concentrate on what you are doing; and think that your next promotion is as CEO. I may have been spared the legalese but I have experienced that sheer exhaustion from untreated mania. I have always thought un-medicated and medicated that I deserved a higher position with better pay. I know that I am better since taking the medicine especially since I did not apply for the university presidency.

FIFTH ATTRIBUTE OF MY UNTREATED AND MEDICATED MANIA

The fourth attribute may actually contribute to the fruition of the fifth attribute. My fifth attribute of untreated or medicated mania is religiosity. I may not have personally experienced the fourth attribute but nobody knows the Bible like I do. After taking 8 years to complete a Ph.D.; after staying in a controlling marriage for 23 years; after working at a university where I function more as a high school teacher instead of an associate professor; and after having two children turn against me once I asked for a divorce, I do know how to preach to myself especially since I taught Sunday School for fifteen years. And if that is not enough, I delivered a speech during the Black History Prayer Breakfast when the president of my university had a time conflict.

There is a scene in the movie, “The Great Debaters,” when Forrest Whitaker tells Denzel Washington that mental wards are full of people who think they are Jesus. I felt that I had a calling to the ministry. After all, I’ve listened to an extreme amount of good preaching in my life since Kairl died in 1983 until 2013. I evaluate preachers. Presently, I write sermons thinking that at any moment, the Pastor will monums me to stand in his place in the pulpit. What is even more interesting is the reaction I receive when I share one of these sermons with others. I all but want to pass the offering plate.

Every Sunday in every church across the world, the worship leader stands there trying to arouse the members of the congregation by asking them, “Are you thankful that you got up this morning?” Of course everyone says, “Yeah!” Question#2 is “Are you excited that you have the activity of your limbs?” Of course everyone says, “Yeah!” Then here comes the question that I can’t wait to here. Question#3 is “Are you excited that you are in your right mind?” Well, to win a trifecta, you have to get all three answers right in Vegas. Just once I would like the worship leader to say, “Are you excited that you are in your right mind so long as you take 200 mg of Lamictal, 50 mg of Seroquel, and 2 mg of Clonazepam.” If I don’t take my meds, then I will not sleep at all. I won’t even yawn. All it takes is a couple of sleepless nights and my ability to concentrate or deliver a lecture is hindered.

Still taking about my fifth attribute of un-medicated and medicated mania being religiosity makes me vulnerable at times to have a pity party because of having the diagnosis of a severe mental illness. When I invite a “super saint” to that pity party, he or she wants to “lay hands” on me to shake the demon out and “tell the devil that he is a lie.” Now, let us look at this. A person with high blood pressure should probably take his medicine or he runs the risk of having a stroke. A person with diabetes should take the insulin shot or the pills or he runs the risk of ending up in a diabetic coma and/or later having a body part amputated. Rational people without a diagnosis of bipolar disorder, want to “lay hands” on me. They were not with me in the depth of Hell in 1996 during that glorified depression. They have not rapidly cycled through mania and depression and can’t imagine the highs and the lows. They don’t know about all of my loved ones who have committed suicide because of this disease, yet, they want to “lay hands” on me. So if religious people wrongly assume that I am not depending on the Lord because I have made it my essence of life to keep those pills (Lamictal, Seroquel and Clonazepam) refilled, then I say, “You come walk that staircase of my five attributes of mania with me.”