

To Cure or Not to Cure?

Tony Hays

Like many people who find themselves for the first time in the throes of a manic state of imbalance, I had no wish to be medicated and “helped.” I felt somehow in a better state of awareness, even when my mood swings shifted from paranoia to anger. As one might feel with the charge from a clean hallucinogen or the confidence instilled by a narcotic, I was quite pleased with how I was in a state of mania.

I do not know how things might have turned out had I not been placed in an asylum by the local police in 1993. It seems that walking down the evening streets of Hopewell, Virginia, in a tuxedo wearing a large black cape and carrying a cane umbrella was behavior both suspicious and unsettling. I was taking large, hurried, and exaggerated steps under a cheap top hat, headed toward a historic church to stop some imagined unholy rite I believed to be taking place. I was overly odd by local standards. If I had been able to squeeze by and display what people felt was acceptable behavior, I do not know if I would have been willing to lose the amped-up feelings associated with mania.

It was in the early nineties when I first became fully unglued, unhinged, and ultramaneic. In April 1992, in the heights of my first bout with imbalance, my former view of reality evaporated. I saw my former pattern of thought as a single breath within the vastness of all Earth’s atmosphere. My old ego was nothing, and I felt that I walked as a part of all awareness. The limitations of my lifelong

belief structure collapsed like the thin skin of a soap bubble. No longer could I hold to the comfortable notion that anything was explainable with my limited vocabulary, sentence structure, and small awareness. I was once again a newborn, pulled from the womb of my former misconceptions, an infant with the capacity of speech and nearly 24 years of life and memory, now taking in a new awareness. I was one with my creator.

But within a short time my feelings of bliss were bombarded by the fears and concerns of my loved ones and my soon-to-be-distanced friends. Having seen what were to me miracles and wonders, and having experienced the separation from concrete moment-to-moment reality, my behavior was startling and fearsome to my family. As my chemical balance shifted, my metabolism increased and my body fat melted away. My eyes obtained that look given to maniacs, lunatics, and crackheads alike. It is the look of Dennis Hopper in the film *Blue Velvet*—the wide-eyed stare that repels and absorbs everything and all in its path. It is fearlessness and the gaze of a wild animal spying its prey. I felt within me power and strength. The broad new realizations were rolling through my mind, and my body was lean and wired with energy. There was no need for sleep or food. I was prepared to bring new truths and light to the throngs of Earth’s denizens clamoring about in the dark.

What I could not see and did not know was that my body would eventually burn itself out of this seemingly endless energy. What was not apparent was that no one would either understand or wish to hear my rapid speech and disjointed thoughts. Where my insights were new and astounding and powerful to me, they

were confusing and threatening to most others.

Eventually being forced to find balance was both unpleasant and beneficial. The unpleasant part I noticed right away and for many years afterward. It is only recently that I began to see and feel the benefit. What I enjoyed in mania was the speed of the thoughts that ran through my head. The free association gave me a false sense of heightened intellect. My ability to bounce from subject to subject in what I thought was a well-connected flow but that sometimes confused anyone who bothered to listen was proof to me that my thinking capacities were superior.

My main liability and my saving grace was that odd behavior from a 180 pound, six-foot-tall male is perceived by most people as threatening. Society demands that its adult men refrain from highly emotional behavior or outbursts. If the emotional content remains sappy or comedic, people may laugh. If the content becomes paranoid and irate, people may become fearful—and people do not like that.

Not once did I strike man, woman, or beast during the five episodes of mania that I thundered through. Yet I was given to ranting, strange, and unfounded accusations of perversion and molestation. I was in the face of people frozen with fear by my animated tirades, the content of which I believed most sincerely.

If I refrain from crime, I cannot easily be put in prison. But bizarre behavior without a camera crew present demands correction via TDO—temporary detention order. When met with fear, I became suspicious. When the fear in others increased, I felt that my suspicions were proved before my glaring eyes. To the institu-

Mr. Hays resides and writes in Hopewell, Virginia. Jeffrey L. Geller, M.D., M.P.H., is editor of this column.

tion I would be sent, escorted, in cuffs and ankle bonds.

I would fight for my mania. I did not use fists or elbows, knees or heels. I stood my ground and glared and demanded my rights. I sparred, using a variety of phrases against the repetition the nurse would use to request that I cooperate ("Time to take your medication, Mr. Hays. Time to take your medication, Mr. Hays. Time to take your medication, Mr. Hays . . .").

At first my refusals were absolute. After losing what little composure one is afforded in a state of imbalance, I shifted to roaring rage and obscenities. This tactic was inevitably met by a team escort by nurses or orderlies to the seclusion room for a syringe full of calm and lethargy. The wind taken from my sail, my frantic pace would drop away. I would find myself slowed and simple. I would hold to treatment for a while after release from the hospital, but soon seek out once again the freedom and fantasy of a mind on fire.

I was becoming selfish in my determination to hold on to mania. I wanted the world around me to allow my behavior. I wanted to be treated with the same respect—or more—that I had received before my departure from mental normalcy. I wanted my family, my dwindling circle of friends, and strangers to listen to anything and everything I had to say without interrupting and asking questions. My delusions were to be treated as royal proclamations—until, of course, I changed my mind. I wanted to be a thorough pain in the rear and to be thanked for my efforts. I was long in the refusal to accept the need for treatment or to recognize the dignity in having to receive treatment for what I saw as a straightforward miracle and an unrecognized potential blessing for all.

With each progressive slip into the reckless behavior induced by mania and each new group of frightened and disgusted people, I began to find it more and more difficult to justify my right to disruption. I was alienating myself from people I had known for years. I could no longer point to the prejudgment associated with being ill-informed.

I started to be careful to notify faithful associates and each new acquaintance of my condition. Yet I would still grow weary of treatment and risk misadventure by abstaining from it. The cost of my thrill ride was exclusion from company and an accumulation of institutionalizations that began to spill over into the judicial system. A ranting and raving maniac can easily be deemed a threat to the safety of the citizenry. In mania, I do rant. In mania, I do rave. In mania, I am one scary-looking S.O.B.

While it is also a scary prospect to face admitting that one has a chemical imbalance, it is a necessary bridge to cross. The submission to treatment may feel like a personal insult or failure. To let go of the extremes of feeling generated by a chemical imbalance is tantamount to ending an addiction, or to ending a love affair. Mania is a condition so fraught with intensity that it is difficult to relinquish. In my varied, albeit limited, experience with recreational drugs, I have

found none that provide the sheer range and depth of manic elation. As the alcoholic will think fondly of the feeling imparted by the very substance that destroys his life, so I reflect on the fire of mania.

I know that it may seem an insurmountable task to face and accept the stigma of insanity. Yet I also know that insanity did not destroy me. I know that it will not destroy me. A bout of it may have broken me down initially, but the different awareness that it offered has been a blessing of expanded understanding. In time my balance may become excellent or simply OK, but I will never be the same. I am not the person I used to be. I have lost my access to being adorable. Even with mild tranquilizers, impulse control medication, and years of therapy, I have a slight glower of madness. Perhaps it is merely the path I have taken from child to man. Perhaps I am truly just born again. Perhaps I've just fallen and am starting to stand, but most surely I know that I am. ♦

Reviewers Needed

Psychiatric Services seeks expert reviewers in the following areas:

- ♦ Treatment and practice guidelines
- ♦ Water intoxication
- ♦ Pathological gambling
- ♦ Cognitive-behavioral therapy
- ♦ Outpatient commitment
- ♦ Work with the police
- ♦ Psychiatry in other countries
- ♦ Experiences of patients and former patients
- ♦ Telemedicine and telecommunications
- ♦ Outcome and clinical measurement scales

Prospective reviewers should send a curriculum vitae, specifying areas of interest, to John A. Talbott, M.D., Editor, *Psychiatric Services*, American Psychiatric Association, 1400 K Street, N.W., Washington, D.C. 20005 (e-mail, psjournal@psych.org).