

A Fragile China Doll

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I am a 51-year-old Chinese woman, born in Hong Kong, who was given a formal diagnosis of bipolar disorder at the age of 27. My manic episodes have been triggered mainly by emotional ruptures in relationships, both personal and familial—in particular, my relationship with my mother. My first episode occurred in Hong Kong when I was 21 years old; a psychiatrist gave me a diagnosis of having an “acute hysterical reaction” to the situation I was in.

Research shows that developmental, societal, cultural, and genetic factors can lead to bipolar disorders. My parents and my paternal grandparents do not seem to have had a mental illness. Because my mother was adopted, I have no knowledge of the psychiatric history of her biological parents. It is my contention that in my case, developmental, societal, and cultural factors play an important role in my illness.

Developmental factors

Coming from an extremely overprotective Chinese family, I was told to suppress my emotions. The educational system in Hong Kong and the values of Chinese parents emphasized academic success. I went to an elite girls' school. I was totally ignorant of sex, relationships, and marriage. I graduated summa cum laude from the University of Minnesota in two and a half years with an honors degree in English literature. I did odd jobs during that time, and I enjoyed the independence and the freedom of living in the United States—for example, I traveled to Europe on my own after my graduation.

I met my boyfriend, a graduate of the same university, after I returned to Hong Kong. I naively believed that I should marry my first boyfriend. In April 1973, when I was about to take the examination for my diploma in education, I had a fight with him. A doctor at the university's health center prescribed some pills for me, and I was able to sleep and concentrate on my studies. However, not knowing much about medication, my mother snatched away the pills and would not let me take them. After that, I could not sleep, and I would lose my temper, yelling in English. My mother called a Chinese psychiatrist, who could not communicate well in English. Against my will, I was sent to the psychiatric ward of a general hospital and had private nurses for a two-week observation period. My telephone line was cut. My only constant visitors were my boyfriend, my parents, and my nanny. I was like a Chinese bird kept in a cage.

I was not taking any medications when I immigrated to Toronto in 1974, and I was able to survive very well without them.

My next episode occurred in 1978 when I had emotional trouble with my husband—my former boyfriend. Being new to Canada, having two teaching jobs, and taking a graduate course as well, I did not have any friends to rely on. It was during this episode that a psychiatrist gave me a diagnosis of manic-depression and prescribed lithium for me.

Another episode occurred in 1980, after a trip to Hong Kong. I stayed there for three months. I had conflicts with my parents and my husband. I came back to Canada by myself and signed into the North York General Hospital. A psychiatrist gave me lithium, methotrimeprazine, sodium amytal, haloperidol, and chlorpromazine. Yet he wrote that my “be-

havior remained very active and uncooperative and demanding,” that I had a good relationship with my parents, and that my husband appeared to be extremely tolerant and supportive. He did not notice that I was unhappy in my marriage. I divorced my husband in 1982.

My next major episode occurred in 1992, when my relationship with a black colleague ended abruptly. I was hospitalized at Mount Sinai Hospital and given heavy tranquilizers. My mother deserted me after my discharge.

In 1999, I was in a coma for two weeks as a result of receiving the wrong combination of neuroleptic medications from a psychiatrist at Mount Sinai to “calm my manic state.” I had been given perphenazine, divalproex, clonazepam, cogentin, and haloperidol. My friends who visited me told me afterwards that I was already faltering and confused. Yet the next day I was further given gabapentin and olanzapine, after which I became unconscious. A tracheotomy had to be performed.

In August 2002, I faced a tremendous emotional trauma. Yet I survived very well without having to take any tranquilizers. I was receiving a minimum dosage of divalproex (600 mg a day). I functioned well, traveled to Hong Kong alone, and did not lose any sleep.

Societal factors

My first episode in Hong Kong was a result of societal factors. Having been exposed to the United States, I found it difficult to readjust to the lifestyle, the congested environment of Hong Kong, and the overprotection of my parents. I was disappointed with its educational system and the quality of its university courses. My girlfriends did not understand my “Americanization.”

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Societal factors also come into play when I experienced my episodes in Canada. I was seen by white male psychiatrists, except on one occasion. I did not know what to say to them. I did not know what “bipolar disorder” meant in Chinese. Not knowing much about the hospital system in Canada, I was shuffled from one hospital to another. Given that English was my second language, it sounded jerky and accented to the psychiatrist’s ear, especially when I was distressed.

Perhaps, the stereotyped attitude of some psychiatrists led them to believe that I was in a “manic” phase. One admitting psychiatrist wrote in 1982 that I displayed grandiose thoughts when I told him that I would like to be a great American-Chinese writer—a journalist, a professor—and that I wanted to learn French. Yet, 20 years later, I have almost achieved most of my “grandiose” ambitions, with publication of my memoir, publication of articles in the *Toronto Star*, my admission to Yale University’s creative writing department, and my study of French. I have also given guest lectures at different universities in Toronto.

Cultural factors

The social stigma and ignorance surrounding mental illness in the Chinese community left me with little emotional support and understanding from my parents or my friends. My mother, who did not understand English, did not get any professional support either.

Psychiatrists tend to overlook important aspects of the Chinese culture. As a Chinese woman, I could confide my emotions to my close friends, but not to a doctor. I had been brought up to respect doctors and not to talk back to them during my visits to them. Talk therapy was new to me. Besides, I was intimidated by the psychiatrists.

Although research shows that Asian women should receive lower than usual dosages of medications such as haloperidol, many psychiatrists tend to ignore these findings. The medications had negative effects on me. Between 1982 and 1989, I was given lithium, perphenazine, trihexypheni-

dyl, and triazolam. I did not have a relapse. My family physician wrote to the psychiatrist that there was no disturbance of mood. Yet I also seemed to have lost my passion for plays and concerts. I seemed to function fine, but I could not think. I could not write. I could not play the piano well. I just listened to what other people told me. The independence and the freedom that I had so enjoyed when I was in the United States were all lost.

Safety, freedom, and friends

I believe there are several reasons that I survived so well in August 2002 when I had my emotional trauma. I have an understanding psychiatrist at the Center for Addiction and Mental Health in Toronto whom I see regularly. He appreciates my creativity and is encouraging and supportive. He sees me as a human being. My family physician is equally as understanding. I also had a mental health nurse who encouraged me to exercise and maintain a good diet.

My memoir, *The Tormented Mind*, edited by Richard Selzer, M.D., of Yale University, which was published in 2000 and which describes my experiences as a survivor, has opened many avenues for me. All my friends have accepted me once again. I am also making new friends—understanding psychiatrists and social workers. They have provided me with positive emotional support. I receive e-mails from survivors. Various organizations have invited me to give presentations. And I received the 2001 Courage to Come Back Award from the Center for Addiction and Mental Health. In addition, the social work departments of the two universities in Toronto have used my book in their course work. The director of Asian American Studies at the University of California at Davis has also used the book in his clinical psychology course. I am now teaching English as a second language to survivors like myself at Across Boundaries, an ethnoracial mental health center in Toronto. This year, I will be giving presentations to psychiatrists, nurses, and mental health workers in the cultural training program at the Center for Addiction and Mental Health.

My attitude to life events has

changed for the better in that, since my coma and the terrorist attacks of September 11, 2001, I am more mindful of the unpredictability of life. So I treasure life to its fullest. I enjoy seeing movies once again and have become a member of the Art Gallery of Ontario. I recently traveled to New Orleans on my own.

Professor John Nash is reputed to have said in the biography *A Beautiful Mind* that it was “safety, freedom, and friends” more than any medications that helped him recover. Perhaps that is also what happened with me. I have achieved a state of safety and freedom and have made friends. Many of my dreams have come true.

So who knows? Maybe, in the near future, I will be able to survive with the support of a happy and long-lasting relationship with someone who truly cares for me and understands me as a Chinese woman with a difference. ♦



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