

Musing Over Medications

Shannon Flynn Lewis

Long before I ever took a single pill for my bipolar disorder, I tended toward what Emil Kraepelin would term a depressive or “dysthymic” personality. Somber and exquisitely sensitive throughout my childhood, I brooded about my moral failings and worried over the many uncertainties of life.

What if I couldn’t finish my homework on time? What if mom or dad or my teacher fussed at me—then maybe they wouldn’t love me anymore. How did I know I was worthy of love and protection, anyway? Was God going to punish me because I took a bigger piece of cake than my sister? Because I read in the dark past lights-out?

In first grade, faced with the noise and tumult of the cafeteria, I fled the three blocks back home to the comfort of my mother to eat lunch. When I kicked my shoe off instead of kicking the ball in fifth grade gym class, I burst into tears at the laughter of my classmates.

As a withdrawn, moody high school senior of 17, a much deeper, psychotic depression overlaid my previous dysthymia. I believed that I deserved to die because I was evil. I knew that I had absolutely no good in me. I had recently discovered this late on one horror-stricken night as I paced frantically around my bedroom: I was the

very reincarnation of Judas Iscariot, betrayer of Jesus. And I was going to hell like he had, so why shouldn’t I kill myself right then to get it over with? Especially since I was nothing but a burden to everyone around me. Everyone in my family would be much better off without me.

This progressed to the point that I could no longer touch anyone, in order that I not contaminate them with my noxious essence. Then I could no longer allow my fingers or limbs to touch each other, because somehow this was evil, too. Soon I was no longer allowed by God to eat or sleep because I was so monstrously evil. I stopped showering and changing clothes, and I almost stopped speaking.

By this time I could not attend high school any longer and instead spent all my time huddled in agony on a sofa. My parents and siblings watched over me in shifts. Every moment I could snatch to myself I pulled out a pin hidden in my sleeve and punctured my wrists compulsively. One afternoon, left alone for a minute, I crept furtively to the top of the second-floor flight of stairs, about to hurl myself down them—until I was discovered by my mother and brought hastily downstairs, held tightly by the hand.

At one point, by the time my mind and my body were too befuddled and dragged down by dark gravity for me to be able to hurt myself, I simply stared in terror at my suddenly unfamiliar face in the stark bathroom mirror. “Who is that? I’m not me anymore. . . . I’m an alien,” I decided. “Someone or something has stolen my identity and taken me over. Well, it can have me; I surrender because I am worth nothing anyway. So nothing matters. I certainly don’t matter.”

This was the first time that the two facets of my identity, pre- and postill-

ness, intersected. At this point, in my psychotic state, I had decided that whoever “me” was had been overtaken by pure darkness. Later, a wild pendulum of mood swings between mania, anxiety, mixed states, and depression emerged, and medications then entered the fray, which caused a new quandary.

A more optimistic self emerges

Successfully medicated out of my first depression by tricyclics and a first-generation antipsychotic (these were the 1980s, after all), I emerged a much brighter, more optimistic self than I’d ever been before. Indeed, I “overshot” euthymia into a brief hypomania, possibly triggered by the tricyclics that may have set the stage for my rapid mood cycles ever after.

So was the happy, energetic young woman of those first postdepression days—just beginning to date for the first time—the person I had always been meant to be? Or were my new feelings merely a harbinger of mania to come? Likewise, were my previous, heretofore lifelong dolor and self-abnegation all part of my natural self or the mistake borne of unbalanced chemistry and unlucky genes?

Perhaps I’ll never know. Nevertheless, I have been beholden for my survival to psychotropic medications for more than half of my life. So I try, at times more successfully than others, to make my peace with them and their not-so-beneficial effects.

Living with unbeneficial effects of medication

I’ve gained over 100 pounds on second-generation antipsychotics and anticonvulsants over the past 20 years. Sometimes it’s impossible to reconcile the lumpy person who glares back at me in the mirror with the effortlessly thin young girl I so vividly remember being. Again,

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which “I” is really me? Strangers jeering at me as I walk down the street or squeeze onto a bus seat only see the extra pounds; they don’t know that if not for the medications I would look as sleek as they do. My parents and sisters silently despair of ever getting a glimpse of my former slender self. Do they know that I despair as well, most of the time? I try to exercise and eat lots of fruits and vegetables, but my efforts are hard to sustain. Another image of my postmedication identity: someone who has to race diligently just to stay in place and not backtrack into further and further weight gain.

Also, I’ve been having increasing trouble with word retrieval in daily conversation. I’ll find myself telling my husband I’m going to take a “doorknob” instead of an umbrella with me today in case it rains, then leave the house in the morning while forgetting to “close” the hall light instead of turning it off. While I have no difficulty recalling multisyllabic words (like “multisyllabic”) and am luckily still sufficiently articulate to perform my job as a researcher–patient recruiter at a local psychiatric research facility and turn in quality work as a graduate counseling student, this aphasia is certainly bothersome. And once again, I find myself wondering whether I’m having these word-finding problems because of medication side effects or because of normal aging or even because of cognitive decline caused by 20-odd years of bipolar disorder.

A much less disabling but still irritating feature of the medications I take is the hand tremor that causes me to shake as I perform fine-motor

tasks such as typing. Still, I never thought I’d be one of those obvious “mental patients” identifiable by their trembling hands, but now I am. This, too, affects my identity. Each time my hands shake, I must remind myself that there is no shame in taking psychiatric medications, even if others may be able to surmise that I do so.

Weighing medication’s benefits against its annoyances

And whatever the answer to the identity conundrum these medications bring, I owe the fact that I remain alive and wrestling with the question to these pink, white, and orange capsules that I take each day. Had it not been for the life-saving effects of my mood stabilizers, antidepressants, and antipsychotics, I would surely be dead by my own hand rather than writing this account!

On a quiet afternoon in the hospital during the days of my initial depression, I fell prey to a fit of impulsive anxiety and suddenly broke a pencil I’d been doing homework with. Still suicidal, I began jabbing the pencil stub into my wrist and might have done significant damage to myself had not staff happened by and swiftly intervened. That same day, my medications were changed, and the new mood stabilizers quieted the edge that had led to my anguished act of self-destruction.

Several years later, I was mired, seemingly hopelessly, in a pattern of self-mutilation that saw me cutting and burning my wrists, arms, and legs almost daily. The cutting served as my only coping mechanism for numbing my emotional angst at perceived re-

jection, and in my growing paranoia everyone seemed to reject me. Once again, my psychiatrist’s skillful administration of a second-generation antipsychotic calmed my self-injurious urges and I found psychic peace at last. I was proud to claim a new identity—this time, as a former self-mutilator who had finally healed.

Still, at times the side effects of my medications make me furious enough that I almost stop taking the meds to reclaim myself as I once was. But only almost. I found out the hard way over the span of three days during college that stopping my meds abruptly turns life into a waking nightmare. When I stopped my cocktail of antipsychotics, mood stabilizers, and antidepressants, I was gripped almost immediately by paranoia, painful agitation, and finally a depression that approached that of my first episode.

I can remember glancing in the mirror during that short but agonizing period and suddenly dissolving in tears at my rottenness. I can remember holing up in our dorm’s student lounge in the middle of the night, covering myself with blankets, and cutting into my wrists and arms with shards of glass I had found in the parking lot. I remember convincing myself that I didn’t deserve to eat, similar to my behavior during my first (and worst) depression. So my non-compliance stint ended, and with resignation I resumed taking the meds. I have ever since.

Weight gain, aphasia, and tremors must be balanced against the sanity I’ve been blessed with for most of these past 20 years, and ultimately there is no contest. After all, I’m still here.