

Club News

The Lithium Club Summer Garden Party

We have invited Stephen Fry to our Garden Party which will take place on Saturday June 2nd, 2007 at Birdbrook Hall. It would be wonderful if he was able to come.

Tennessee Williams (part two)

In my previous article I wrote about the manic phases in the life of this famous American playwright. I now want to turn to the depressive side of his bipolar condition though it is not easy to separate the two. There is no doubt that both were rooted in his family background. It accounts for the depressions which plagued him all his life.

A hectic lifestyle, his heavy drinking and first night nerves all made their contribution. Moreover, he was a hypochondriac. For instance, having a heart condition he said, 'going to sleep each night is always attended by the uneasy and sometimes fearful suspicion that you may not wake up in the morning'.

The most severe attack was triggered by the death of Frank Merlo, the only man with whom he had had a long relationship. This depression lasted for seven years and he called it his 'Stoned Age'. During that time he lived in seclusion. How it manifested itself is vividly described by him and I will give a few extracts from his *Memoirs*.

'The most painful aspect of the depression was an inability to talk to people. As long as you can communicate with someone who is inclined to sympathy, you retain a chance to be rescued.'

'I went out just once every twenty-four hours, to a little grocery store around the corner on Lexington, to purchase a box of spaghetti. This was my sole and solitary meal each day, and I don't recall embellishing it with any kind of sauce. I never answered the phone or the downstairs bell.'

'Nearly everyone who knows you draws back from you as if you bore some terrible contagion. At least, that is how it seems to you.'

He was once persuaded to give a party. *'This was the most calamitous and ludicrous event, I should think, that's ever been called a party. It was a "catered" affair and almost everyone I'd ever known in the city was invited to it. I was only able to greet them and a few of them by name. I sat in a corner and regarded them all with a look of frozen horror.'*

Sometimes he was invited out. *'I dutifully came to the atrocious meals and the rest of the time I crouched like a defenceless animal in a corner while the awful pageantry of the days went on, a continual performance of horror shows, inside and outside my skull.'*

When attempts to medicate himself failed he consulted several psychiatrists. One subjected him to a Freudian analysis, (*'He taught me much about my true nature but he offered me no solution.'*). Another, who called himself Dr Feel Good (!), plied him with injections of a dubious nature.

You might have thought that the condition he was in would have stopped him from writing more plays. Not a bit of it. Writing was his life blood. The plays of this period reflect his inner turmoils. Those which were produced were savaged by the critics and soon taken off. That only plunged him into further gloom.

In the end *'the state of nerves, the panic, the long, long slide toward a crack-up'* resulted in his being forcibly hospitalised. He was too confused to remember what happened next but a mention of 'convulsions' suggests that it included electric shock treatment.

After his discharge Tennessee Williams led a more stable existence. He wrote yet more plays but they never reached the heights of the nineteen-forties and fifties. Looking back upon his life, it is fortunate that the manic aspects were more dominant than the depressive ones, thus resulting in some of the greatest plays of the modern stage.

Peter Carpenter

The Complications of Mania

Mania can make one too restless, impatient and energetic to accomplish anything. A friend of the Russian poet Pushkin describes him in this hyperactive state: "He could not sit still. He whirled about, hopped up and down, changed chairs, upset the sewing basket, tangled all the skeins of wool in my embroidery frame, moved the cards of a double solitaire my mother had begun to lay out." Insomnia usually accompanies this frantic pace and the manic has busy nights as well as busy days. The American novelist Thomas Wolfe spent a manic three years writing his first novel and kept going night and day. "At the end of the day of savage labour," he reports, "my mind was still blazing with its effort, could by no opiate of reading, poetry, music, alcohol or any other pleasure be put at rest. I was unable to sleep, unable to subdue the tumult of these creative energies and, as a result of this condition, for three years I prowled the streets."

*Manic Depression and Creativity
D. Jablow Hershman & Julian Lieb, M.D.*

Why are 'holidays' from maintenance medications not a good idea?

Certain experts recommend that patients have periods of time when they are not taking maintenance medications. Some clinicians take patients off medications because the patients need surgery or they are pregnant. These 'holidays' generally allow the patient to both psychologically and physically heal from sustained use of the drugs. However, there are several downsides to taking a break from maintenance medications. It can take months to build up blood levels of certain drugs sufficient for them to be effective. Trying to achieve optimal blood levels may be far more difficult than if you had just kept taking the medication in the first place.

Additionally, holidays may contribute to poor compliance. If the patient feels healthy off his medication for a certain period of time, he may think he no longer needs to take it. Clinicians should always decrease doses gradually and frequently check blood levels. Some patients feel more vulnerable during different times of the year and may have to have their lithium adjusted accordingly.

*Why am I up, why am I down?
Roger Granet, M.D. & Elizabeth Ferber.*

What else can I do besides go to therapy and take my medication to help my illness?

Medication and psychotherapy are central to the treatment of bipolar disorder. However, proper diet, exercise and an active and healthy lifestyle are also important in keeping your condition stable. The healthier you are, both physically and mentally, the more likely you are to take your medication and go to therapy. Properly managing your illness is the goal of all your treatments so do not fight them. As hard as it may be, try to accept whatever recovery your illness allows you for the moment. Researchers and experts are working all the time on new and more effective treatments and medications. Have faith in those who are taking care of you and trust them when they tell you that tomorrow brings great promise

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Should people with bipolar disorder limit the amount of stimulation and stress in their lives?

Definitely. For many people, a diagnosis of bipolar disorder means they have to reassess their career, school and lifestyle choices. Edwards, a fifty three year old book editor who has lived with bipolar disorder for fifteen years, significantly reduced his workload. At one point he was in charge of a very successful imprint at a large publishing house, but the pressure and stimulation were simply too intense. He lessened the stress in his life by cutting back to a three day workweek and by working out of a quiet, suburban office near his home. He discovered that he often became more hypomanic after noisy, crowded office parties where he would sometimes have a number of drinks. He stopped going to the parties, thereby eliminating a stimulus that produced hypomanic symptoms.

Many bipolar patients react adversely to too much light, noise and pressure. Establishing a low-pressure, non-distracting work environment and a peaceful home life are good ways to decrease the risk of both manic and depressive episodes. It is not easy when reducing the stimulus level in a person's life, especially when the individual craves excitement and risk when hypomanic and manic. Anticipating what events and circumstances might provoke a manic or depressive episode is a fundamental coping task for doctors, patients and their families.

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We love to hear from patients, carers or other supporters of our charity on any topic relating to either the newsletter or matters concerning the work we do. So please do take part in our competition as well as writing to us on any topic that particularly interests you. We are always happy to publish articles sent into us when requested to do so by the author.

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