

HOPE
IN
NEWARK
DELAWARE



1993



was relieved to find many of my former coworkers still employed by the department. Although there were several new faces, many of the same surgeons were bringing their cases to the operating room. I had not forgotten their individual idiosyncrasies and routines, which made it almost effortless for me to pick up where I had left off ten years earlier. However, the anesthesiologists who had originally hired me were no longer there. In their place was a completely new group. They were younger, more aggressive, and very money oriented. Gone was the sense of “family” and camaraderie we had previously enjoyed; instead, the nurse anesthetists were constantly pushed to their limits with very little reward in return. Anesthesia was being handled as big business, which practically erased any personal satisfaction from a full day’s work.

After a few days on the job, I made an appointment with a realtor. It was pouring down rain on the day we drove around to look at houses. I was counting on gut feeling to find the right house on the right lot in the right location. We were almost to the bottom of the list of houses she wanted to show me when we drove up to a two story, Tudor-style house with nicely landscaped grounds. Even though it was a dismal day and low-hanging clouds darkened the sky, the inside of the house was warm and inviting. As with our other two houses, I knew in an instant that this was the place for us. The main entrance to the small development was only several feet from the Pennsylvania line. Beyond that, there were

wooded areas and farmland. I called Bob that night and announced I had just bought our house.

Bob completed his assignment in Cleveland and joined me two months later in our new home. While I had settled into my three ten-hour shifts per week job, he was finding it difficult adjusting to a nonmanagement job after ten years of being away and basically on his own. He became more depressed as he struggled to find a niche where he would feel useful and somewhat in control. Finally, after his blood pressure reached a new high and his mood had sunk even lower, he made an appointment with our family physician and returned home with five containers of pills.

Through the company's insurance plan, I finally selected a psychiatrist and made an appointment. When I located his office and went up to the door, I discovered it locked and equipped with an intercom. The receptionist buzzed me in after I told her my name and appointment time. It felt like I was entering a psychiatric ward again. When I met the psychiatrist, I commented about the locked door. He responded by saying, "One never knows what will walk off the street into the office." I remember thinking how paranoid his comment seemed.

It proved to be a strange visit. He presented himself as a very opinionated individual. After I had given him a condensed version of my psychiatric history, complete with diagnoses, I immediately found myself on the defensive. He seemed to refute everything I said, so much so that I began wondering whether he thought I was concocting some sort of fairy tale. I felt as if I had to prove everything, but nothing I had to say made much difference. By the end of the session, I was convinced he really had not believed me. He even tossed out my diagnoses, saying he did not agree with labeling patients.

Trying to schedule an appointment with him was difficult. Often, he was booked for months in advance.

Whenever I called, his two secretaries were abrupt and openly hostile. When I mentioned their rudeness to him, he excused their behavior by saying, "They are not professionals, and they cannot be expected to act in a professional manner." After several visits, I began to dislike the man intensely. His attitude seemed indifferent. He constantly dismissed my feelings with a wave of his hand and ignored any problem I brought up by changing the subject. I saw him sporadically during a six-month period of time before finally quitting. As I feared, finding another psychiatrist who was not intimidated by my past history and treatment was again difficult. Most claimed they were only "small town doctors" and that I required more aggressive treatment.

The next psychiatrist was female. Her demeanor was very businesslike and professional. She rarely smiled and was never on time for appointments. I found her presence intimidating. She was the first therapist I saw who sat behind a desk during the sessions. I viewed her desk as a definite barrier between us. In addition, she was often abrupt and unemotional, which made it difficult for me to express myself. Thoughts of self destruction gradually returned, but when I wrote down on paper how I felt, she threatened to hospitalize me (see "To My Psychiatrist" in the margin).

Therapy went in circles. We would get stuck on a subject, usually my relationship with Bob. She would voice her opinion and propose a solution; I would disagree with the opinion and oppose the solution. I was not trying to be difficult; rather I was searching for alternatives to her solutions, which were all very final, unemotional, cut-and-dried. I tried to describe the problems in our marriage, hoping she could give me some ideas on how to handle them, but it was either "stay in the marriage and suffer" or "end it and be happy." I could not accept

TO MY PSYCHIATRIST

My mind is enclosed by chains,
unable to free itself from death.
You are right when you tell me
that I am angry.

I cannot express my anger in
an appropriate manner. Rage
overwhelms me like a violent
storm. I rip through the air like
an untamed animal, spewing
obscenities and physically
attacking those around me. I
cannot speak of anger without
physically expressing myself.
My mind explodes into a million
pieces, casting psychedelic col-
ors over its victims. Blood runs
wild over my thoughts, causing
me to attack myself violently.
Lightening slashes across the
sky as I wound myself. Voices in
my head chant death in rhyth-
mic harmony. I am held captive
by vicious thoughts. They slow-
ly drain life from me. I am dying
within, unable to adequately de-
scribe my agony. Why am I
bound to the voices?

the hopelessness of our situation that she stirred up within me. I knew there had to be answers somewhere. We continued talking about the same problems over and over without reaching any agreement.

My interaction with the anesthesiologists at work was strained. There were those few who were constantly criticizing my work and my intelligence behind closed doors, but again, no one was willing to sit down and discuss anything face-to-face. At first, I pleaded with them to talk to me. If they were dissatisfied with my work, I wanted to know what to correct to make them happy. I was asking for open and honest feedback from the entire department. I needed the support of the anesthesiologists if I was to improve my performance. Regardless of my emotional state, I knew I was giving safe anesthesia and following protocol.

Soon, I felt like a child trying to please a critical parent. Nothing I did improved the situation. The department had already determined my capability, and there was no opportunity for me to break away from it. When I pressed the director for an explanation of what went wrong, he finally admitted several anesthesiologists had a “low confidence level” in me. My self-esteem dipped to a new low. In my self-evaluation, I wrote:

“I desire to be the ‘best I can be.’ This can become a realization only if the department supports me. At the end of the day, I want to feel good about myself – and know that the anesthesiologists, the surgeons, and the operating room staff appreciated the effort I put forth in achieving this goal. I want to know if my work is acceptable and the patient benefited from it. I would like to be free to go into any operating room, regardless of the case or the surgeon, and do my thing. I do not want to be ‘imprisoned’ by a few surgeons and anesthesiologists who find it difficult to allow me a chance to ‘prove’ myself to their liking.”

This time, the “low confidence level” was not due to my

diagnosis. No one knew of my psychiatric problems. I had been “normal” when I left the department in 1983, and showed no evidence of being “abnormal” upon my return. Now, my position in the department was being determined by a few individuals. Everyone else was close-mouthed and reluctant to get involved. I felt betrayed by those who remained on the sidelines.

Again, I was alone. I was left with little support from the psychiatrist, no support from the hospital, and minimal support from Bob, who was dealing with his own problems. The voices in my head returned, accompanied by intense rage. My self-control evaporated. I was not yet strong enough to express my anger appropriately and soon returned to my old habit of acting out. I stopped seeing the psychiatrist. I was drowning in self-pity and despair.



A *COWORKER* at the hospital had once told me of a highly

regarded psychiatrist in the Philadelphia area. In a fit of desperation, I called for an appointment. I figured this would be my last effort at seeking some sort of normalcy. If he failed me, then I quit. I was tired of riding on a psychiatric merry-go-round. It was a costly venture. Our insurance plan did not cover much of the cost of the visits because he was out of state. It was also a forty-five minute drive to his office in north Philadelphia.

ONE OF the drawbacks of my illness was using my job as my identity. I was not simply Susan Heisler, nor was I Susan Heisler, wife and mother. I was Susan Heisler, nurse anesthetist. My job validated my existence; without it, I was nothing. It served as a second facade for years, but after twenty years of depending on it, I grew weary of it, too.

In addition, there were many changes in the field of anesthesia that slowly took away much of the independence anesthetists once enjoyed. Moving from state to state and hospital to hospital, I began resenting the differences I encountered: One hospital encouraged more freedom than another; others demanded complete submission to the doctors. I had been on a ten-hour treadmill for six years trying to please anesthesiologists, surgeons, and nurses but never really succeeding. Now I was experiencing feelings of personal failure and rejection that only served to reinforce my poor self-image.

I was becoming disenchanted with having to work. I was tired of following schedules, always looking at my watch, trying to plan appointments and time off. Unfortunately, we were in debt and I could see no other solution to our financial woes. There were three kids in college, and our credit cards were up to their limits.

After a while, the stress of working combined with my

psychiatric difficulties was more than I could handle. I was worn out from the ongoing pain and had lost hope for any change. Destroying myself offered the only escape from my miserable existence. Relieving the torment by drinking too much, spending too much money, and taking careless chances was not working. I needed to just do it and I knew exactly what I would do to accomplish it. However, the thought of burning in hell for the rest of my life dampened my resolve, and I abandoned my medically correct plans for a more haphazard way to die.

Killing myself became an obsession. I carefully thought through every aspect of it. It kept me awake at night and was in my thoughts all day long. Nothing anyone said or did made me reconsider my goal. I was not, however, rational in my thinking. I could not kill myself on certain days because I was scheduled to work or I had a doctor's appointment. There was no place to go to be alone, and I did not even know whether I wanted to be alone when I died. When one therapist suggested that I did not really want to kill myself but only the portion of myself (the child) that was producing the pain, I stalled momentarily.

Several of my attempts at self-annihilation came frighteningly close to achieving their purpose. It made me think about how much power I had to kill myself and whether I would die by making a fatal mistake rather than a deliberate effort. Again, guardian angels must have protected me from my stupidity. I could have been arrested for drunken driving numerous times; I could have killed myself in a car accident; I could have died from a lethal combination of sedatives and alcohol; I could have been hit by numerous cars while walking; or I could have died as a result of a gunshot wound. Whatever I tried to do to myself, I always seemed to fail.

In 1993, just before I left Cleveland, I wrote this piece for the associate. He called it an "accurate assessment of

illness-related loss, the pros and cons of suicide with an abandonment theme.”

I take a key, a highly polished symbol of the sum of my failure to be a normal person and put it into the writhing, resisting keyhole of my mind. My hand is shaking and I am perspiring. What is in there that could cause my stomach to rebel, my limbs to quiver? I see nothing beyond the door, a vast blank scenario filled with faceless people. But wait. In one corner is the sound of screaming, the wail of the anguished. Shadows pass by my eyes causing me to shudder. I feel so helpless, floating through paths of bloody remnants of my past.

Why did I unlock the door, that forbidding entrance to my life filled with sadness and mourning for the lost child of the night? I can hear her calling me, asking me to help her and to hold and comfort her. She is a mere shadow in the vastness of the earth. Her eyes plead with the shred of sanity that remains within me. She cries out for love and acceptance.

I feel a web of constraint. I cannot reach her; she is inaccessible, remaining just behind my grasp.

I cry out in frustration. Why are you doing this to me? I can't stand the anxiety, the strain,

the pulling of my emotions. I feel like I could explode into a million tiny pieces. I can't do it.

I am a failure. She has floated away, escaping my grasp.

I stagger into darkness. I do the unspeakable. I put a gun to my heart.

One bullet will end my sadness and inner conflict.

“You can't do that,” Joanna called from afar. “I will die without you.”

“Mom, I love you,” whispers Jason.

“Mom, aren't I your Jenny-rabbit who sat on your lap until I was eleven years old?”

“Mom, I have problems learning and need your guidance,” Jared insists.

“Susan, I will leave you if you don't stop this nonsense. Stop playing with my emotions,” Bob said.

Why can't I pull the trigger? Voices inside my head are screaming at me.

I throw the gun away. It explodes into a myriad of colors – reds and blues and greens cling to me like moss on a tree. I take refuge in the remains of my damage. I lie down sobbing, gripping the spectacular colors in my hand. Where is the resolve I've maintained for years to destroy myself? Have I found crevices in my protective covering daring me to look beyond the catastrophic ruins of my life? Am I besieged with some love of myself that has escaped the smoldering pile of discarded emotions and events?

I run away in fear. I am not loveable, shouts my mind. The web of healing hovers near. In my madness, I trip and fall, waiting for punishment to descend from on high. Bolts of lightning, angry recriminations, they never seem to come. I lay curled up within myself. “I can shield myself from anything and anyone,” shouts my body. My mind yells, “No you can't. You're only human.”

My initial visit with the psychiatrist in Philadelphia was nerve-wracking. I had a terrible head cold. I felt as if my nose was packed with cement and my ears were blocked, making hearing difficult. His office was located off Route 1, which meant I had to drive up Interstate 95 and then over to Route 76, which snakes around the city. Driving on those highways made me feel like I was caught



in the middle of a demolition derby. Once I located the hospital and made my way into the parking lot, I felt even more anxious. I was afraid to meet this man.

After five years of multiple therapists, multiple hospitalizations, multiple medication regimens, and three job transfers, I was plunging in all over again. I was depressed about my job and my relationship with Bob, tired of talking about my problems, and feeling rather hopeless about ever finding anyone who would “cure” me. I viewed my previous therapies as failures, convinced I was a treatment-resistant patient. I assumed this therapist would just be another link in a chain of failures.

The psychiatrist was very professional. He got right down to business by asking me what seemed to be an endless list of questions. After an hour of rapid-fire questioning, I began getting confused. His words bombarded my mind, causing my thoughts to blur togeth-

er and making it difficult to understand and answer the questions.

At the end of the visit two hours later, I walked out of his office unhappy and rather embarrassed. I felt I had failed the interview. I could not adequately answer a series of simple questions. I had asked him to repeat questions, contradicted myself, and was indecisive. At times there was silence while I tried to think of an appropriate answer or any answer at all.

Meanwhile, at work, problems with the anesthesiologists and several of the operating room nurses had further escalated. Their actions and words indicated they thought I was incompetent. I felt I was being forced out the door. I brooded about the situation but nothing I did or said changed it. I attributed many of my problems to administrative politics.

During long cases, I doodled pictures on scraps of paper trying to ignore my unhappiness. After several months, I began drawing in a small book I carried with me. I could see the anger I felt toward my situation coming out in the drawings; I hoped to diffuse it through the act of drawing. My relationship with the department remained tense and rather hostile.

After twenty years of successfully administering anesthesia, I had my first death in the operating room. An older woman who was having a total hip replacement slipped away from me. When it happened, I was stunned. I turned to the anesthesiologists for reasons why it happened. Had it been something I did or failed to do? No one talked to me. It was as if it had never happened. My frustration and anger turned to bitterness.

Jenny was still living at home, commuting to the University of Delaware as a full-time student and working many hours at a nearby animal hospital. It was obvious she was unhappy. She was having difficulty deciding on a

JENNY

My mom was being hospitalized every couple of months. It was very painful to deal with. I cried a lot and was angry. I even tried being numb to the situation. It was a time in my life when I needed my mother's advice about boys. I needed her to see me off to dances, to hold me and tell me things were going to be okay on a bad day. I just needed her. But she was not there and my father had his own problems, so I was alone. I was forced to deal with overbearing emotional situations at the age of sixteen instead of being a "normal" teenager.

I went through many years of wondering if my mother was really going to "do" it. Really commit suicide. Wondering if she was going to return home safe from one of her disappearances. Most of all, I wondered if things

major and was exhausted trying to balance her school schedule with working almost full time at a part-time job. Living with us because she could not afford to move out added to her frustration. However, Bob and I were not prepared for the 360-degree change in her. She was no longer the gentle, loving, affectionate daughter we knew; instead we were living with an angry, verbally abusive daughter.

I could not understand why most of her anger was directed at me. I loved her dearly. For a long time we had shared a closeness I cherished. She was an especially sensitive individual who knew me like a book. She was always there for me. Now, regardless of what I did or said, she constantly attacked me verbally. Each word pierced my heart and I responded with my own barrage of words. I felt as if I had lost my best friend. The last shred of my security blanket had disappeared. Always, after I had time to tend to my wounded feelings, I felt guilty about what I said and apologized to her. It seemed as if I was constantly apologizing.

At first I made excuses for her actions, but when her behavior persisted for months, I closed myself off from her to avoid putting myself on the firing line. I was already consumed with feelings of failure concerning my job, but having a daughter who now openly despised me pushed me even further into a state of despair.

My visits to Philadelphia were not going much better. My work problems had permeated my whole being, and the psychiatrist was forced to sit and listen as I spilled out my difficulties laced with expletives and tears. I threatened to kill myself numerous times, both in and out of the office. Once again, I was taking foolish chances with my life. I called him repeatedly after hours, telling him I wanted to die.

During this time, I drew intensely dark, grotesque pic-

tures that oozed with bitterness and resignation about my life. I also cut pictures from magazines and wrote down thoughts beside each picture. The drawings and writings were extremely detailed and more sophisticated than those done in Cleveland. I had come to the end of the line concerning psychotherapy and did not feel inhibited putting my tormented self down on paper.

The psychiatrist was patient and reasonable, trying to make me understand what my acting out was doing to me. He worked hard to get me to talk about my emotional pain, my losses, and my disappointments in a more appropriate manner so I would not have to resort to extreme behavior. I was still having difficulty verbalizing my true feelings. I was sure that if I ignored them they would go away. Talking about them meant they were still there, and I was tired of confronting them.

He was like no other professional I had seen in the past. Nothing was a secret. I had the office phone number, his home phone number, his local beeper number, and a long-distance beeper number. He was available to me any time I needed help. He kept me informed of any out-of-town meetings or vacations just so I knew he was available. He gained my trust almost immediately.

IN MARCH 1996, following an incident in the operating room, I exploded in a verbal barrage at the director of the anesthesia department and abruptly resigned. In a rage, I cleaned out my locker, gathered together all my anesthesia apparatus, left a note of resignation on his desk, and left the hospital. I did not feel badly for what I had done, but as I drove home, I began to worry. I had no idea how we would pay off our debts, where I would get another job (if I could), or whether Bob would support what I had done. When I told Bob what had happened, he was re-

were ever going to get better. I felt emotionally drained and robbed of my childhood. I felt deceived and hurt. I was angry and resentful. I had all these feelings that I repressed so I wouldn't cause any more problems for my mom. Eventually they came back to haunt me.

I graduated from high school and started college while my mom continued therapy. When I left home I blocked out a lot of what happened so I would not have to re-live anything.

—Jenny

lieved I had finally quit and totally supported my decision. We would work together in getting our finances in order. I felt tremendous relief.

The next morning when I opened my eyes, anxiety immediately rushed in. I had four licenses to maintain and each had a set of requirements I had to meet for renewal. If I did not work, I would eventually lose all of them. I recalled the painful memories of anesthesia school and all the lost moments with the family because of my work schedule and wondered if I should look for a position in another hospital merely to justify the past. I wanted to hang onto the licenses for security. The thought of giving them up and consequently losing everything – most importantly, my identity – was unimaginable. I sent resumes to several hospitals to see if there were any positions available, but I knew I did not have a chance. My age (fifty-six years) would probably work against me, and I did not have a four-year college degree in nursing or the master's degree now required for nurse anesthetists. I was also convinced I had been blackballed in the area by word of mouth.

I never heard from any of the hospitals, but Bob continued to be adamant about my not working; I was a “changed” person and he wanted to enjoy me for the first time in a long time. I was no longer complaining about work. My countenance was changing. My biggest compliment came three months after I quit working when I was back in Cleveland for a post-op checkup. The surgeon said I appeared less intense and much more relaxed.

It was time to do something I had wanted to do for years – I stopped my medication to see if I was still normal. I needed to know whether I could be normal without resorting to the puppetry of pills. I quit, cold turkey, the Effexor and Ativan I was taking. I wanted to see what it was like to be a normal person – feeling the feelings I was

supposed to feel and acting like I should act. I did not want to feel drugged anymore.

I went into withdrawal. I had taken benzodiazepines (Ativan in particular) for years. Apparently, I was physically addicted to them. I was chilled to the bone, my temperature registering at 95 degrees F. I could not sleep, and I experienced nausea and extreme anxiousness. Previously, I had taken high doses of Klonopin in both Charlotte and Cleveland, an antiseizure medication used to treat anxiety and similar to benzodiazepines. That had been discontinued, and in its place I was taking the Ativan for extreme anxiety at bedtime. Both are highly addictive medications. Psychologically, I did not feel addicted, but my body was telling me differently.

After four days of feeling like I was dying, I called the psychiatrist and told him what I had done. He was surprised and concerned that I had stopped everything so abruptly and suggested I slowly wean myself off the medication. I wanted to rid my system of everything fast, so I ignored his advice and chose to suffer through withdrawal. In the past, I had trouble with concentrating, but now, I was so distracted I could not go through a day without forgetting or making mistakes. I made lists to remember things. When I drove the car, it took extra effort to pay attention to traffic lights, stop signs, and directions. Many times I left the house and forgot what I was supposed to do or where I was going.

When I spoke, I tried to keep up with the racing thoughts in my head. Words tumbled out of my mouth like a waterfall, and I was embarrassed at the lack of clarity. I sounded like a person who had had too much to drink. Many times, in the middle of a sentence, I completely forgot what I was talking about. I battled problems with short-term memory and was sure I had the beginning of Alzheimer's disease. I even called my family



physician and told him I thought I had Alzheimer's, a disease that runs rampant in my family tree. There was silence before he slowly responded, "If you had Alzheimer's disease, we would not be having this conversation."

I was having panic attacks. Every time I drove south on interstate 95, I became nauseated and faint. Being in a crowd of people gave me the feeling of claustrophobia. I would not go into a movie theater because I felt trapped and avoided any room that did not have exits nearby. I always sat on the outside of an audience so I could leave if I felt overwhelmed or like I was suffocating. The psychiatrist prescribed Xanax to control my symptoms and after a few months, the attacks abated somewhat. As the weeks went by I began to feel more alert. I was encouraged and determined to see how long I could stay off all of the other medications.

However, leaving my job

and my profession was still eating away at me. I had constant nightmares, all dealing with the same theme.

During each dream I was consumed with anxiety. In the beginning I was worried, then frustrated, and finally frantic, usually crying from all the obstacles I was encountering. I could not understand why I could not find anything. I felt utterly stupid, incompetent, and useless. I always determined to do better the next time. At first I believed these dreams were a running commentary on my abrupt departure from my job. However, when they persisted beyond a reasonable amount of time, I wanted to understand their significance. Obviously they had a deeper psychological and emotional meaning than an occasional dream. Leaving my job and letting go of my nursing and anesthesia licenses had been very traumatic. Perhaps my repetitive dreams, which continued for three years, represented a mild case of post-traumatic stress syndrome.

Being home full time created a new set of problems. I was forced to deal with my compulsive spending habits. It was difficult to stop a twenty-year habit I did not fully understand. I knew I was buying fifteen minutes of instant happiness when I was depressed, and I knew that when my anxiety level increased, so did my shopping sprees. What I did not realize was, when I cycled in and out of a hypomanic state, my compulsiveness to buy responded accordingly. Not only did I buy because I needed relief from my unhappy state of depression, it was an uncontrollable act associated with the hypomania.

A hypomanic episode is an elevated, irritable mood less intense than a true manic episode. When I am hypomanic, I have so much energy I literally cannot sit still. I become very creative. My mind constantly visualizes artistic endeavors that I reach out to accomplish but cannot because of certain factors that limit attaining the

...rain in waterfall proportions
flows down from the sky.
lightening slashes through the
rolling black clouds, violating
their territory.
winds whip the air like a de-
mented individual and
carries its wailing
sound throughout the fields.
raindrops fall as miniscule
tacks, making a rat-a-tat
staccato sound.
can one withstand the expan-
sive, overwhelming display
of pyrotechnics?
the wind has muscled its way
through the trees, causing
each leaf to shudder in agony.
soon they will become victims,
torn away from their birth-
place by an unrelenting force.
will they seek solace on the
drenched ground with the
others, huddling

together as each raindrop constantly tramples them?
 the lightening marks a tree as its target.
 it snakes out of the sky and produces a fire-y explosion.
 burning splinters fill the air and fly helplessly through the unstable atmosphere

goal. Ideas rush rapid-fire through my mind, not taking into account the expense, time, and rationality of it all. Frustration sets in, and I eventually sink down into a depression. I am angry that I cannot have it all, do it all, or afford it all. My engines are still running full-steam, but I am running in place.

During an episode, my drinking habits respond in a similar manner. Normally I drink wine because I like it, but the cycling increases my consumption to the point where I have to recognize what is happening. That is difficult. I like wine because it takes the edge off daily concerns; I do not like the tired feeling that results from drinking too much. However, the drive to overdrink is hard to control during this time. Frankly, I do not give a damn what happens and go at it with a vengeance, a vestige of my self-destructive tendency.

One of the most surprising and disappointing outcomes of having more time to do things was my abandonment of walking. After walking long distance for fifteen years and finding it very therapeutic, I was no longer interested in continuing it. In Cleveland, when I was at my worst psychologically, my walking gradually decreased, but now I had lost all interest. For years, walking was an obsession; now I could hardly get myself out the door. It was frustrating. For years, I had used it to diffuse my anger. I was able to outrun the racing thoughts and think things over in a rational manner. Now, I regarded walking as an insurmountable mountain. Other activities had pushed it into the background.

Because the psychiatrist was not under the umbrella of our insurance company, I paid his fee up front and then waited for partial reimbursement. However, I was seeing him more often, and the money to pay for the sessions was just not there. Finally, the day came when I needed his counseling but did not have the necessary money. He

agreed to barter. He would buy one of my framed pen and ink drawings in exchange for a visit. I was grateful for the offer but worried whether the picture was worth enough to cover the cost of the visit.

I wanted him to be included under Bob's insurance company. I went through all the motions to have the company accept him, but the psychiatrist refused the offer. He felt it was not "financially feasible." I was devastated and angry. To me it meant that money was more important to him than my mental health. I confronted him about his decision and he explained matter-of-factly why he did it. I remained bitter. My confidence in him sank. I felt betrayed and rejected. I had trusted him and I was getting better, but the bottom line seemed to be financial. It took me months to put aside my hurt feelings. I could not deny that he had so far handled my care successfully and was trying his best to accommodate me in any way possible. I believe that this was a turning point in my therapy. Regardless of my disappointment, I chose to remain with him because I trusted his intentions. I accepted the fact that he was doing what he thought was best financially for himself even if I did not fully agree with him.

IN THE FALL of 1996, I finally got the courage to look for a church to attend. It had been seven difficult Godless years. During this time, my thinking had become so distorted and bizarre that I was afraid the enemy would destroy me if I did not do something. It was a decision I had been avoiding, but I felt as if God was telling me to give Him another chance, and in turn, He would help me. I was hostile to the idea but decided to try this one particular church. I made an appointment and walked into the pastor's office, announcing, "If you say the right thing, I

A flower exists with many compartments and various shapes.
 Each one offers a way to live life.
 If the flower likes you and trusts you, it will not devour you.
 But if you do not nourish this sensitive creature,
 one that loves a quiet, free life,
 then it will die and another place will open up for another challenge to the life I am living.

will come back to church, but if you say one wrong thing, I will never set foot in another church again.”

When he told me I had been wounded by the Church, I was surprised. He had hit the nail right on the head. He suggested that I come Sundays, sit and enjoy the service, and not expect anything to happen right away. I agreed and left his office somewhat dazed. I had been so sure he was going to condemn me for not going to church and fulfilling my responsibilities as a Christian.

At first I could not tolerate Sunday services. Everyone was so happy that it intimidated me. All I wanted to do was run away. I kept thinking, “No other church responded to my needs, God has not answered any of my prayers, and I am still mentally ill.” I was sure this place would be no different. Still, I went three times. The third time, while looking out a window with tears in my eyes and debating whether to get up and leave, I felt a pair of hands on my shoulders. I looked up in surprise and a young man asked permission to pray for me. He prayed over me for a few minutes and then left. I could not believe it. No one had ever asked to pray for me before. How did he know I needed prayer? I considered it my first miracle. When I returned the next Sunday, he again came to me and asked if he could pray for me.

It was the turning point in my return to the Church. Cautiously, I signed up for inner healing sessions, which, I was told, were for those persons who desired healing of painful experiences and memories.

Meanwhile, I was still acting out my feelings without Bob’s knowledge. Many times, I left the house in the car driving aimlessly while drinking. This time, I was not trying to kill the “bad” child of the past with my reckless behavior. Instead, I wanted to erase feelings of failure. I never had the kind of life I had hoped for. My marriage had been tested to the limits, I was constantly bombard-

ed by numerous family stressors, and I was still dealing with tremendous guilt feelings of failure from the loss of my job. I was angry that my dreams had not been fulfilled, convinced it was not from something I had failed to do but the result of others’ actions.

I remained resentful that no one, especially Bob, cared about me or really listened to what I had to say. I was often unhappy that he did not realize how bad I was feeling. I did not take into account the fact that I was living a double life: At home I gave the impression I was content and happy, but deep within it was the exact opposite. Bob had no idea what I was feeling because I never felt comfortable confiding in him; his threat to leave me if I became ill again was enough to convince me to hide my real feelings. He was never able to fully understand what was going on in my head, and it was still difficult for him to accept my illness. Whenever he found out how things really were, he became angry. He was either frustrated because he could not do anything to help me or tired of worrying about what I would do. Many times he accused me of being secretive and deceptive by not telling him everything.

Inner healing was one more attempt to find relief. I was willing to do anything to get myself straightened out. I went to the first session feeling distrustful and hostile to what I thought I would encounter. Still, I was looking for something that had been lacking in my previous experiences with counseling. I had been picked up, glued back together, and pushed out the door as a “functioning” patient, but no one had reached out in love or even attempted to put back together the pieces of my broken heart. It all had been a textbook process with its do’s and don’ts, rules and regulations.

The first of two women who would be ministering to me escorted me into an office, and we sat and made small talk until the second woman arrived. They asked me various



questions that I answered bluntly and to the point, figuring all along they would not understand what I was going through. I was not prepared for their soft-spoken and loving manner. They prayed softly and earnestly for me. I never felt such love from anyone before. Psychiatry had placed the responsibility of my recovery on me. It was “heal thyself” treatment. Inner healing (Christian counseling) taught me that God was in charge of the healing process. My only responsibility was to understand and follow His plan through prayer, the Word, and the Holy Spirit. It was a relief to place the burden on Him instead of shouldering it alone.

We met every two weeks for several months. Each time, they petitioned God with thoughtful, earnest prayers that came right from their hearts. Slowly, I began to trust them. They became my support system, the ones I could turn to in a time of need. They were two

people who loved me for who I was. It was definitely an unconditional love.

We did not talk a lot during the sessions. Mostly they prayed and poured love into me. However, in the time between sessions God worked on me. He brought up bitterness and unforgiveness from the depths of my heart. Memories of events I had long forgotten rose to the surface. He did a lot of work outside of the counseling room. I was giving God permission to work in me. Slowly, areas in my heart that had been wounded were being healed. I could feel the love and support of these two women as they constantly held me up in prayer. I knew they were praying for me.

During this time I forced myself to go to church. Unfortunately, I had difficulty concentrating when I was there. Any background noise aggravated my distractibility. I had to close my eyes to block out movement and many times I did not sing because concentrating on the words of the songs was enough to send my mind drifting off somewhere else. It was a real struggle to keep my mind focused.

Meanwhile, changes in me were becoming more evident. At home, I was less irritable, less demanding, and more relaxed. I was actually laughing, something I had not done for a long time. I was growing more confident about situations that before I could not accept or handle properly. I was forgiving people. Instead of withdrawing, I began to reach out to others. God was graciously giving me miracles I needed to see and feel His presence.

My major concern was the generational curses that had devastated my family over the years. The six of us had been affected in some way and I wanted the curses stopped. I was still dealing with guilt, certain I was the one who had cursed my children with mental illness, learning disabilities, orthopedic problems, and gastroin-

testinal problems. I believed my genes guaranteed the kids would carry on the family tradition.

We looked further into genetic predisposition – possessing physical and chemical similarities through DNA whereby we inherit certain tendencies through our genes – and decided that it would be beneficial for me to be delivered from these generational curses. In that way the curses would not be passed on to future generations. Deuteronomy 5:9,10 says, “You shall not bow down to them or worship them; for I, the Lord your God, am a jealous God, punishing the children for the sin of the fathers to the third and fourth generation of those who hate me, but showing love to a thousand generations of those who love me and keep my commandments.”

I had identified all my weaknesses and excesses, prayed over them and asked for forgiveness. The word *deliverance* had always frightened me. I was sure strange, evil voices would come out of my mouth or I would vomit and writhe on the floor. They assured me there would be no theatrics; rather it would be a time of praying and laying-on of hands.

The pastor and the two women explained that the enemy (Satan) looks for an entrance into a family through a physical or emotional weakness and exploits it. In our case, there were predispositions to a variety of physical and mental problems on both sides of the family. When I left the office, I was confident that my family would be all right and the curses would no longer be passed on. I knew we all would eventually be healed from our various problems.

Correspondingly, my sessions with the psychiatrist were less intense and more productive. My visits became less frequent as my confidence increased. I was experiencing a peacefulness that had eluded me for years. Situations at home did not seem as traumatic as before. I

could look at them in a more rational manner. I was not losing my temper as frequently, nor did I harbor resentful feelings that usually came out in the form of verbal fireworks.

It was not a magical occurrence, but a combination of factors that initiated the change in my life:

- ~ the psychiatrist who prescribed a workable combination of medication and, at the same time, had the faith in me that I would eventually be able to control my emotions rather than allowing them to control me
- ~ the support of a church that led me to correctly identify, examine, and handle my emotions as I went through a grieving process, listening as I shared my hurt and offering their support, love, and prayers; at the same time giving me an opportunity to renew my relationship with a Father who loved me as I was, warts and all



~ my husband and kids who have always loved and supported me.

These were three essential ingredients required for my slow but steady recovery.

SINCE the age of twenty-four, I have been an overachiever at the expense of my family. For a long time I thought I was goal-oriented; but then I realized that, even as an adult, I was still trying to earn approval from my parents. When my father died and my mother drifted into Alzheimer's, I began to wonder why I continued striving to achieve. I no longer needed their approval, so what was motivating me? I began asking myself some questions: Am I earning my place in the human race? Do I need to continually validate my existence? Am I looking for recognition and acceptance from those around me? Am I trying to convince myself that I am not dumb and I do possess some good qualities? Am I still trying to make up for all those "lost" years of the past?

Many times, guilt has washed over me for putting my family through all kinds of hell, seemingly for my own purposes. I have been selfish and totally self-centered by focusing on my accomplishments rather than the children and my husband. I believe my illness propels me to take on multiple, seemingly impossible tasks. During a hypomanic episode, I view everything as a challenge. I have great ideas, formulate a zillion plans, and start many projects. I cannot look at anything without constantly visualizing improvements, expanding it, or creating something out of it. The thoughts keep coming as if they were on a conveyer belt. I am not able to simply sit and let my mind rest; I literally vibrate in place.

Just as fast as my ideas rush out, I am driven to act on them right away. There is no organized plan involved,

just this need to begin them. I am intense and focused, but very impatient as I work. I have no time to waste. While busy with one project, I might get an idea for another and start it, leaving the first unfinished. I may have ten projects going at one time and, although it might take me a long time, I will complete each one eventually.

Our garage is filled with materials to be used for my projects. Bob is frustrated because he cannot walk through the garage without tripping over pieces of wood or slabs of slate; all he sees are a string of projects spread all over the house. I once had a visitor, also bipolar, who remarked when she walked into the house, "It is an active house, busy, but organized. There's a lot to look at." She could see the telltale signs of hypomania.

Likewise, I speak impulsively. Words tend to leave my mouth before I have thought out their effect. For years, I have condemned myself for this. I have constantly struggled to tame my tongue. When I am angry, unhappy, or impatient I am inclined to be sarcastic. My words can be hurtful and offensive to people without me ever being aware of it. Even my joking has been misunderstood. At times, Bob has had to pull me aside and ask me to tone down my remarks. It is a spin-off from my facade.

Coming to terms with the hypomanic side of the illness has been a blessing. I have finally come to understand the mechanism behind years of racing thoughts, high anxiety levels, feeling like I am running in place without going anywhere (the treadmill routine), or constantly moving and achieving until I fall flat on my face from exhaustion (the roadrunner routine). I realize that my spending, drinking, drawing, and writing habits respond accordingly to the degree of mania I am experiencing.

My tendency to rapid cycle remains steadfastly on the sidelines. In actuality, it is not a "cycle" but a random and somewhat chaotic pattern of hypomanic episodes.

Rapid cycling, with its sudden and unpredictable mood changes, is more difficult to treat than other types of bipolar illness. I know now that my long, frustrating, and tortuous path to relative stability is due to this one particular fact. Interspersed in the hypomanic and depressive episodes are subtle vestiges of borderline personality disorder, another disorder difficult to manage. As with depression, there is a genetic predisposition to borderline personality disorder, and it is more common in females. Those classified as “borderline” are often sicker than a neurotic person but not sick enough to be psychotic. The disorder is considered to be an instability of mood, thinking, behavior, personal relationships, and self-image. Identifying it requires extensive knowledge of the person’s past. I was diagnosed at age forty-eight, meeting eight out of eight of the criteria as listed in the DSM-III.

What concerns me is the unpredictability of my diagnosis. I am not always conscious of the symptoms when they decide to surface. It is embarrassing to display signs of the illness and not be able to deal with them before others pick up on it. I like to think I am in total control of myself, but mental illness has made me very humble.

I fear the return of those ten years of misery I experienced. It was as if a black cloud had followed me throughout my life, but when I had my hysterectomy and resulting hormonal imbalance, the cloud totally enveloped me, and I could not escape it. I need constant reassurance that I will never go through a period of time like that again, but there are no guarantees. My future is “guarded” according to psychiatry.

According to the guidelines used in diagnosing and treating mental illnesses, my biological makeup and psychiatric history predispose me to future episodes of depression and hypomania. I prefer to believe that although I will most likely be on low-dose medication for

the remainder of my life, my “highs” and “lows” will not be as incapacitating.

The key ingredient to my progress was being loved back to life. I was fortunate to have two psychiatrists who cared enough about me to provide fair and consistent counseling. My inner healing team prayed me through tough times. God extended His love in a way I never thought possible. My job, which started and ended traumatically, was the most stressful factor in my life. It served me at a time I needed financial security and personal recognition, but it had outlived its usefulness.