

Brilliant Madness: Living with Manic Depressive Illness Study Guide

Brilliant Madness: Living with Manic Depressive Illness by Patty Duke

(c)2015 BookRags, Inc. All rights reserved.



Contents

Brilliant Madness: Living with Manic Depressive Illness Study Guide.....	1
Contents.....	2
Plot Summary.....	3
Chapter 1, Looking Backward.....	5
Chapter 2, The Many Faces of Manic-Depressive Illness.....	8
Chapter 3, Why Me?.....	10
Chapter 4, Who Gets Manic-Depressive Illness?.....	12
Chapter 5, My Little Beige Pill.....	15
Chapter 6, Treatments That Work.....	17
Chapter 7, Acting It Out.....	19
Chapter 8, The Creativity Connection.....	20
Chapter 9, My Family and Friends.....	21
Chapter 10, Families Suffer and Learn.....	23
Chapter 11, Life After Manic Depression.....	25
Characters.....	26
Objects/Places.....	31
Themes.....	33
Style.....	36
Quotes.....	38
Topics for Discussion.....	40



Plot Summary

A Brilliant Madness: Living with Manic-Depressive Illness is an illuminating combination of the personal story of Patty Duke's fight with this mental illness and a clinical approach that helps define some of the medical aspects of the illness. Patty Duke has suffered episodes of mania as well as depression since her late teens, but did not know the name of her illness until she was thirty-five. The diagnosis could have been a time of great stress for Patty Duke, but instead it was a time of celebration because she finally had a name for her moods and definitive proof that she was not insane. Patty Duke's illness not only had a name, but a treatment that brought calm and stability to her life for the very first time. Patty Duke shares her story to help others who suffer in the dark of the same symptoms that ruled her world, at the same time sharing the authorship of this informative book with Gloria Hochman, a medical writer whose job it was to offer a broader perspective to this oft misinterpreted disease.

Patty Duke began having panic attacks as a small child. Often Patty would suffer these attacks while traveling between the home she shared with her managers, Ethel and John Ross, and her mother's home. While passing a cemetery on this route, Patty would become frightened by the inevitability of her own death. These attacks would often leave Patty unable to make her way home. Later, when Patty was a teenager and the star of her own television show, she would suffer deep depressions that would find her in bed for days at a time. When Patty came of age and was able to move out on her own, the depressions would be preceded by manic episodes during which Patty would not sleep for days on end, would party extensively, and would spend money without restraint. During this time, Patty got married. Patty moods during this marriage would balance between extreme euphoria and deep depressions during which she would often attempt suicide.

Patty Duke's marriage ended after a few turbulent years. Patty's manic episodes became increasingly worse, including one episode in which Patty believed that the White House was being invaded by outside forces and she was the only one who could stop it. Patty traveled to Washington D.C. in order to save the President, realizing in her few, lucid moments how insane she sounded. These mood cycles continued for several years until Patty found herself pregnant. Soon after becoming aware of the pregnancy, Patty married a stranger in the depths of a manic episode only to have the marriage annulled thirteen days later. This is the last of the manic episodes of this degree that Patty remembers. Patty believes that pregnancy and motherhood helped to calm some of her moods.

Eventually Patty married John Astin and settled to a more domestic life. Patty and John had two sons, Sean and Mackenzie, and then took custody of John's three sons from his previous marriage. During this time, John was unable to work in Hollywood due to a writer's strike, so he, Patty, their five children, and Patty's mother went on the road, acting out dramas in small theaters across America. During this time, Patty suffered from deep depressions that made it impossible for her to get out of bed and care for herself or her family. Later, when John and Patty settled in California, Patty would place



unnecessary pressure on herself and would often lash out on her children and her husband whenever she felt unappreciated. These episodes would often lead to uncontrolled fits of rage in which Patty would verbally and physically attack her family as well as damage personal possessions and kitchen ware.

During her marriage to John, Patty became acquainted with John's psychiatrist, Dr. Harold Arlen. By the time John and Patty's marriage fell apart, John was no longer seeing Dr. Arlen, so Patty began to visit him. During this time, Patty became ill while on the set of her new television show. To treat this illness, a doctor gave Patty a shot of cortisone. The cortisone precipitated an attack of deep paranoia and gastrointestinal illness. Dr. Arlen learned of this and realized that it was definitive proof of Patty's manic depressive illness. Dr. Arlen told Patty how he had suspected she suffered the illness but that the cortisone injection setting off a manic episode proved it to him. Dr. Arlen put Patty in the hospital and began her on lithium, the accepted treatment for manic depressive illness. Within two weeks, Patty began to feel a calmness that she had never known before. The treatment appeared to be working.

After learning the truth about her mental illness and beginning treatment, Patty began looking back on her life and recognized the symptoms of her illness. This recognition allowed Patty to deal with the emotional baggage of her behavior and the behaviors of others in her life. Patty made amends to her children and the various other people in her life, as well as learning how to forgive those who had done harm to her. Eventually Patty found herself in a place in her life in which she was able to remarry, to adopt a child, and create a happily ever after she had once believed would never be possible for her.



Chapter 1, Looking Backward

Chapter 1, Looking Backward Summary and Analysis

A Brilliant Madness: Living with Manic-Depressive Illness is an illuminating combination of the personal story of Patty Duke's fight with this mental illness and a clinical approach that helps define some of the medical aspects of the illness. Patty Duke has suffered episodes of mania as well as depression since her late teens, but did not know the name of her illness until she was thirty-five. The diagnosis could have been a time of great stress for Patty Duke, but instead it was a time of celebration because she finally had a name for her moods and definitive proof that she was not insane. Patty Duke's illness not only had a name, but a treatment that brought calm and stability to her life for the very first time. Patty Duke shares her story to help others who suffer in the dark of the same symptoms that ruled her world, at the same time sharing the authorship of this informative book with Gloria Hochman, a medical writer whose job it was to offer a broader perspective to this oft misinterpreted disease.

After receiving treatment for her manic depressive illness, Patty Duke was able to look back on her life and see a pattern of behavior that she believes made up her cycles between mania and depression. Patty does not recall suffering any manic episodes before turning nineteen, but can recall suffering panic attacks in relation to thoughts of her own death. Patty would become focused on the idea of her death, either because of some vision of beauty that would cause her to imagine how she might never see anything such as this again, or simply passing a cemetery that sat on the route between her mother's apartment and where she lived with her managers, the Rosses. These panic attacks would continue to happen throughout Patty's life, especially in the early hours of morning, and the only way Patty could deal with them would be to scream. Patty now imagines how horrible this must have been for her children, to hear their mother letting out blood curdling screams down the hall. While panic attacks are not a symptom of manic depression, Patty believes that anxiety, which is, is the root of these attacks.

Patty also believes that her depressions started when she was sixteen. At this time, Patty was the star of her own television show, *The Patty Duke Show*. During the week, Patty would work hard on the set of the show. However, on the weekends Patty would disappear into her bedroom and not emerge until it was time to return to the television studio. No one seemed to notice this habit and no one was concerned that Patty could be heading for trouble. When Patty turned eighteen and her show was transferred to Los Angeles, Patty moved out of the Rosses and went to L.A. on her own. During this time, Patty began hanging out with what was left of the Rat Pack, and began drinking, swearing, and simply becoming difficult. It is also during this time that Patty believes she began to suffer the first of her manic episodes. The first episode was brought on by the anesthesia used during an emergency appendectomy.



A few months after her first manic episode, Patty and Harry Falk were married. During the first few months of marriage, the depressions returned as a result of Patty's feelings of inadequacy. Patty would stock pile medications during this time and use them to attempt to kill herself in dramatic scenes designed to force Harry to prove his love. In 1968 Patty went into a manic phase that lasted more than two weeks. During this time, Patty and Harry had a fight that culminated in the end of their marriage. Shortly afterward, Patty tried to kill herself in a dressing room of the studio where she was filming a movie. After being treated at a hospital, Patty moved into the home of the movie's director. When the movie ended, Patty returned to L.A. and fell into a dark depression that lasted many weeks.

Within weeks of emerging from her depression, Patty would move into a mania. One of these manias included hallucinations. Patty believed she heard a voice speaking to her through the car radio, telling her that the White House was being invaded and she was the only one who could stop it. Patty flew to Washington and attempted to contact several government agencies to stop the imagined invasion. There were other manias where Patty would hide things in safety deposit boxes, including such mundane items as used Kleenex. Patty's social life also became more active, including her sex life. During this time, Patty would continue to attempt suicide and the people in her life, business managers, Hollywood agents, would put her in the hospital and protect her from the public finding out about her strange behavior.

In late 1969, Patty met John Astin. Shortly after their first meeting, Patty learned she was pregnant. During this time, Patty sublet her apartment and went to Chicago to work on a play. Patty was manic and unable to learn her lines, so she was fired from the play. Patty returned to L.A. only to marry the man she sublet the apartment to. Patty and her new husband went to Las Vegas, Chicago, and New York, spending money they did not have. After thirteen days of nonstop parties, Patty called Anne Bancroft and asked her for help. Anne arranged for Patty to return to L.A. and to get an annulment of her marriage. When Patty gave birth to her son, Sean, however, the manic episode finally subsided and Patty's life entered a cycle of calm for a short time.

Patty Duke begins her chapter by describing the symptoms of her manic depressive illness that she had begun to recognize since her diagnosis. Looking back on her life, Patty began to see the panic attacks she suffered as a child, which are not directly related to the illness but can be caused by the anxiety that is a symptom of the disease. Patty then relates her difficult childhood, especially the parts of it that she believes directly impacted her emotional growth and health. Patty believed that abandonment, which is a theme of her childhood, set up an emotional situation that allowed her disease to present itself. Patty then talks about the depression she suffered as a teenager that went unrecognized by the adults in her life due to the fact that they were too busy dealing with their own problems, specifically alcoholism.

When Patty moved out on her own, she began to suffer the manic aspects of her disease. Patty did not know what it was she was suffering from at the time. Patty does not share with the reader what she thought her moods were, only how they affected her life. Patty married during this time, but her moods and her frequent attempts to commit



suicide had a huge impact on her marriage, causing it to end after only a few years. Later, Patty again attempted suicide and was put in the hospital only to be allowed out again to work on a movie. Patty was a celebrity, which proved to be a double edged sword in her case, a fact which touches on the ironic. As a result of her celebrity, Patty had people around her willing to cover up her strange moods, saving her career. However, this also kept Patty from getting help. This chapter presents to the reader the affects that manic depressive illness often has on patients and how the cycling moods can make every day life difficult.

Chapter 2, The Many Faces of Manic-Depressive Illness

Chapter 2, The Many Faces of Manic-Depressive Illness Summary and Analysis

There are many different classifications of manic depressive illness. The first, and the type that Patty Duke suffered, is Bipolar I. Bipolar I is marked by the classic highs and lows of manic depressive illness. The manias include a sense of euphoria, thoughts of grandiosity, and can accelerate into a psychotic mania that will include hallucinations and delusions. The manias also include wild spending sprees and sexual promiscuity. On the opposite end of the spectrum, the sufferers of Bipolar I experience deep depressions that might find them retiring to their beds for weeks at a time. The second type of manic depressive illness is called Bipolar II. This version of the illness does not include the psychotic manias that characterize Bipolar I.

The third version of manic depressive illness is cyclothymes, a version of the illness that is marked by milder ups and downs. These patients suffer mood highs and lows that are shorter lived and can shift quickly and unexpectedly. Cyclothymes rarely experience the psychotic manias of Bipolar I and are unlikely to experience repeated depressions that find them in bed for weeks at a time. However, these rapid cyclers will experience many mood shifts in short periods of time, going from high energy to listlessness in a matter of hours. Another group of patients suffer from a smorgasbord of symptoms, presenting a combination of depressive and manic symptoms at the same time. These patients exhibit behaviors such as elation and ecstasy combined with anger and anxiety. These patients are often difficult to get along with, hypercritical and manipulative. Finally there is Bipolar III in which the symptoms of the illness are brought on by medications, such as cortisone.

To make manic depressive illness more difficult to diagnose is the fact that it has symptoms similar to other mental disorders. One of these is unipolar depression. Unipolar depression is characterized by dark depressions that often cause the sufferer to be unable to leave their beds for weeks at a time. However, this disorder does not include the manias that characterize manic depressive illness. Another is reactive depression. Reactive depression is a depression that is preceded by a major trauma, such as the death of a loved one. It is difficult to distinguish the varying depressions from one another, but experts note that many people suffering from unipolar depression will appear more tense than tired, while those with manic depressive illness will appear exhausted to the point that even the simple act of speaking is difficult.

Another disorder that is often misdiagnosed in manic depressive illness patients is schizophrenia. Schizophrenia shares with manic depressive disorder the psychotic manias that often find a patient hallucinating and hearing voices. Schizophrenia is also an inherited disorder that results from abnormal brain structure or faulty biochemistry.



However, the difference between manic depressive illness and schizophrenia is that during a psychotic mania, the manic depressive is speaking rapidly, but is often making sense, where the schizophrenic would be speaking in fractured logic and gibberish.

Another mental disorder that often clouds the diagnoses of manic depressive disorder is alcohol and drug abuse. Many manic depressive are often addicted to hallucinogenic substances due to the fact that these substances often help manage the symptoms to a certain degree. However, the addiction may also mask or exacerbate the symptoms of the disorder making it difficult for a doctor to make a proper diagnosis. Finally, it is often difficult for the patient to relate to a doctor exactly what is going on in his or her life. In the end, to achieve a proper diagnosis of manic depressive illness, a doctor must spend a great deal of time with the patient and document as many aspects of the illness as possible.

In this chapter, the medical writer presents her first chapter from her own unique point of view. The medical writer, Gloria Hochman, presents an overview of the clinical aspects of manic depressive illness, beginning with a brief description of the many classifications of the illness and then explaining how difficult it is to distinguish the illness from other types of mental disorders. Hochman presents a brief overview of manic depressive illness, offering a clinical description of each classification and then giving a brief patient history of someone suffering each classification. The disease, like any other, varies from severe to mild, from long, infrequent cycles, to rapid, short lasting cycles.

There are many different types of mental health disorders that are recognized by the medical community. Of these, manic depressive illness is mimicked by several other disorders. Included in this group is unipolar depression, reactive depression, and schizophrenia. In order to get patients the help they need, a doctor must carefully analyze the patient in order to differentiate between these different disorders. This process is made more difficult by the patients' use of hallucinogenic substances and the patients inability to clearly relate the symptoms of the disorder. In conclusion, the writer explains that a doctor can only make a clear diagnosis of this disorder by spending a great deal of time with the patient, noting all aspects of the illness.



Chapter 3, Why Me?

Chapter 3, Why Me? Summary and Analysis

Patty Duke was aware that her illness was a chemical imbalance in her brain, therefore a disorder beyond her control. However, Patty also believed that certain aspects of her difficult childhood most likely added to the situation that caused her disease to present itself as it did. Patty Duke's father, John Patrick Duke, was an alcoholic who left his family when Patty was only a small child. Patty rarely saw her father throughout her childhood, though she was familiar with his family. John Patrick died when Patty was just seventeen, before she had a chance to confront him about his abandonment of his family. Patty has since made peace with this situation as part of her psychotherapy.

Patty's mother, Frances Duke, was prone to depressions that Patty felt were the result of guilt she suffered when her mother passed away. Frances's mother suffered tuberculosis and was under the care of her older daughter. One day, Frances rang the doorbell, wanting to be allowed into the apartment, and it was while the older sister was away from their mother to let Frances in that she died. Patty's earliest memories of her mother were of an angry, sad woman who would often lash out at her children, her son in particular. When Patty was small, nine or ten, she was sent to live with the Rosses, talent managers who would change Patty's name from Anna to Patty and turn her into a child star. Patty believed her mother would not have done this if not for her overwhelming depression and sense of helplessness. Living with the Rosses was not an ideal situation for a child, and Patty felt that the sense of abandonment she suffered when her mother made the decision to send her away has weighed heavy on her all her life and attributed to some of her mood cycles.

Another aspect of the illness that Patty focused on shortly after her diagnosis was the genetic part of it. Patty has two sons and suffered a great deal of concern over their chances of inheriting the disease. When Patty was first diagnosed, she told her sons of their chances of suffering her same illness later in their lives. At first, both Patty's sons were not concerned. However, due to normal adolescent teasing, one of Patty's sons, Mack, did become concerned that he might start exhibiting some of Patty's darker behaviors. However, Patty admitted that she would not have changed her decision to have children had she known about her illness before their conception.

This chapter, in Patty Duke's unique point of view, examines the genetic and environmental elements of manic depressive illness in Patty's life. Patty became aware after her diagnosis that the illness was genetic and that family members often suffer alcoholism and depression. Patty's father was an alcoholic who abandoned his family and Patty's mother would eventually be diagnosed with unipolar depression, proving the genetic connection. Patty also came to believe, even though it is not a definitive component of the illness, that her unique childhood, overwhelmingly marked with abandonment issues, caused her disease to manifest itself in the way it did. Patty was not only abandoned by her father, but felt she was abandoned by her mother when she



was sent to live with the Rosses, a talent management couple who took Patty in, changed her name, and made her a child star.

Another aspect of manic depressive illness that has come to haunt Patty Duke since her diagnosis is the possibility of passing it on to her children. Patty talks a great deal in this chapter about her two sons and her concerns that they might one day suffer the same mood cycles that ruled her life for so long. Patty's boys were young when Patty learned the name of her disease and were still years from the day when they might present symptoms. However, Patty informed her children of their chances and prepared them for the possibility. Patty was optimistic about the future, reminding her readers that this illness is highly treatable. Patty also denied that she would have changed anything had she known before the conception of each child. Patty's optimism inspires the reader and changes the tone of the book from one of grief, or introspection, to optimism.



Chapter 4, Who Gets Manic-Depressive Illness?

Chapter 4, Who Gets Manic-Depressive Illness? Summary and Analysis

At one time, it was believed that mental disease was caused by psychological trauma. However, advances in medicine have shown that many mental illnesses have a physiological basis. The first thing most doctors will look at when taking on a new patient is family history. Studies have proven that most people with manic depressive illness have family members with mood disorders or other psychological disorders, such as unipolar depression. When this person with a mood disorder is a first degree relative, such as a mother or father, the chances the patient will eventually be diagnosed with manic depressive disorder increases. Researchers have pondered the idea of environment and its impact on a person developing the disease, but have learned after many studies that environment does not have as big an impact as genes.

Many researchers have attempted to find the gene that causes manic depressive illness, but have been unable to do so. Some believe the fault to be a gene on the X chromosome when it was discovered that people who suffer from manic depressive illness or related conditions also inherit color blindness or anemia, pinpointing a specific gene on the chromosome. This theory has never been proven or disproven. Another study conducted with Amish families in Pennsylvania revealed that all the patients with manic depressive illness among the Amish had a defect on the tip of the eleventh chromosome. However, when a few test subjects developed the illness despite an absence of this defective chromosome the study appeared to be disproven. Researchers continue to try to find an answer, including a country doctor, Dr. Raymond DePaulo, who is attempting to collect samples from all his patients and their relatives in order to pinpoint the actual gene that causes the illness in order to prevent the development of the disease.

There are still others who do not believe a gene is necessarily responsible for a person developing manic depressive illness, but makes a person vulnerable to the personality quirks that could result in the development of the illness. There are three personality types that Dr. Akiskal has defined as being more vulnerable to certain aspects of the illness. The first is the hyperthymic personality. A hyperthymic personality is a self confident, arrogant extrovert who tends to sleep very little and is driven in his aspirations, such as a corporate CEO. The second is the irritable temperament, a person who is angry and impulsive, quick to criticize and quicker to feel guilty. The third is the depressive type who is prone to depressions, someone who always feels inadequate and is never truly happy. Dr. Akiskal believes that people with these personalities are vulnerable to developing manic depressive illness, that environment plays a key role for these people as a trauma could cause the first symptoms to appear.



Dr. Akiskal believes it is important for these people to be treated before the first symptoms appear in order to keep them from experiencing the tragedy of an uncontrolled mood disorder.

Most patients with manic depressive illness are not diagnosed until they are young adults because symptoms do not generally appear until the patient is in their late teens to early twenties. However, there are those who believe that children as young as one year old do exhibit behaviors that could be indicative of a future problem. Such children do not bond properly with their mothers, are moody, temperamental, and impulsive. As the child continues to age, they begin to exhibit signs of mood cycles, becoming depressed as young as thirteen. These children will also begin to exhibit hypomanic features and minor personality disturbances. It is believed that by treating these children at a young age, they can be spared the pain of a full manic episode in the future.

No matter what causes the illness, it appears that some people will only exhibit symptoms when they are under extreme stress, while others will exhibit symptoms for no apparent reason. It is a whole body disease that will manifest itself no matter what the patient might do. It also seems that there are some environmental factors that exacerbate the illness. It seems many women are more susceptible to cycles when their own menstrual cycle arrives. It also appears that most manic depressives suffer according to the weather. There are also many patients who have a thyroid condition that seems connected to the disorder. Despite the fact that environment does not cause manic depressive illness, it does appear to be linked to the disorder in such a way that it does have an impact on the patient and their moods.

This chapter, once again in the unique point of view of the medical writer, Gloria Hochman, gives a clinical overview on the causes of manic depressive illness. It appears to the reader that there is no clear cause, although most researchers agree that the illness is genetic. Researchers are not sure what gene causes the disorder, though many are trying to find it, but it is clear that patients who suffer from this mood disorder do have some sort of gene that causes them to develop the disease at some point in their lives. However, the rate at which a patient will develop the disease and the severity of the disease is not clearly dictated by genes. As the reader learned in a previous chapter, there are many different versions of this illness. The researchers are not clear what makes one person a Bipolar I and another a Bipolar III. However, it is clear that personality traits and environment have something to do with this phenomenon.

One doctor has defined three personality types that appear to make a person susceptible to developing one of the various forms of manic depressive disorder. Ironically, to the researchers trying to find one gene that causes the disorder, it might be a collection of genes that dictate personality traits that causes the disorder. Dr. Akiskal believes that a person who has traits that make him manic or depressive to begin with could be more vulnerable to develop manic depressive disorder. There are also those who believe that these personality traits may reveal themselves in children as young as one year old, allowing doctors to treat the patient even before they begin to exhibit symptoms of full blown mood disorder. Finally, the writer discusses certain

environmental issues that seem to have an impact on the disorder. These include thyroid issues, premenstrual syndrome, and the changing of the seasons. The writer points out that these issues make manic depressive illness a full body illness, not unlike diabetes or high blood pressure, defining it as a medical disorder, not just a mental disease.

Chapter 5, My Little Beige Pill

Chapter 5, My Little Beige Pill Summary and Analysis

Patty Duke believed her little beige pill, her lithium, was a miracle drug. After many years of struggling with her unnamed illness, Patty finally had a way of fixing what she had never realized was broken. However, when Patty began speaking publicly about her illness, she began to learn that many patients would not take the miracle pill because of possible unpleasant side effects. Patty Duke had never had a problem taking her pill. Patty admitted that she experienced an increase in thirst and urination, but it was not something she could not handle. Patty also told her readers that she occasionally needed to have her lithium levels checked when she felt her moods cycling or when she could taste a metallic flavor in her mouth. Patty needed to eat on time as well or else she would experience a deep, burning rage.

Patty would often become unsympathetic when she would hear stories of how a manic depressive patient would not take their medication out of fear of gaining weight. Patty never gained an ounce due to the medication and could not imagine not taking her medication for such a simple reason. Patty also told her readers that she had heard that some people believe lithium dulls their creativity. Again Patty cannot understand how a patient would willingly avoid taking what she considers a miracle pill. Patty told her readers that she felt her creativity was the same as before, but being controlled she was able to indulge it that much more intelligently. Patty would not stop taking her pill for any reason.

Taking the lithium was only the beginning of Patty's road to wellness, however. Despite the fact that it was not an accepted method of treating manic depressive illness, Patty began psychotherapy as soon as her symptoms were controlled. Patty had a great deal to atone for, beginning with forgiving herself for her treatment of her children. Patty also offered apologies to other people in her life, including her first husband, Harry Falk, and one time boyfriend, Desi Arnez, Jr. Patty then began a journey of forgiveness, returning to her childhood and forgiving all those who let her down. Patty could not speak to her father because he had died many years before, but she was able to forgive his abandonment through sessions with Dr. Arlen. Patty also forgave her mother for abandoning her by giving her up to the Rosses. Finally, Patty found herself able to forgive the Rosses for changing her identity and neglecting her need to be a child.

Patty also recalls her on again off again treatments before Dr. Arlen's diagnosis of manic depressive illness. Patty had made Harry Falk promise to never commit her, but was so out of control that he was forced to do just that several times. Patty would spend weeks at a time in psychiatric wards in Los Angeles, often spending the whole time crying and begging Harry to take her home. Later, while married to John Astin, Patty refused to seek help and left John at a loss as to what to do. One time when Patty was out of control, John took Patty to his own psychotherapist, Dr. Arlen, and begged his help. Dr.



Arlen wanted to admit Patty to the hospital that night, but John refused to allow him. Later, when John was no longer his patient, Dr. Arlen would become Patty's doctor.

Patty did not have the manic highs or depressive lows that once marked her life. However, Patty still struggled with her moods. Patty never learned how to deal with her moods effectively, so there were still times when she would fly into a rage for no reason, or drink in hiding in order to deal with a strong emotion. However, Patty had remarried and instead of indulging in her moods, would discuss them with her new husband and find ways to deal with them that would not lead to difficulties in her relationships.

This chapter changes the tone of the book. Patty had dwelt on her illness in the previous chapters, the darkness of her cycling moods. In this chapter, Patty deals with the miracle pill that changed her life. Patty cannot understand why anyone would not take a miracle when it is offered and feels that this pill has saved her life. Patty has also indulged in psychotherapy in order to help her deal with her diagnosis on an emotional level. This is important to Patty because it allows her to live a life without regret, one of the themes of the book. Patty also spent a great deal of time after her initial diagnosis making amends, another theme of the book. Patty hurt a great deal of people with her moods and needed to reach out to these people, for her own peace of mind, in order to help them realize it was a chemical imbalance that hurt them, not Patty herself.

In previous chapters, it has been discussed that environmental issues have little to do with the development of the disease. However, it appears in some cases environmental issues exacerbate an already difficult situation. In Patty's case, she believes that her manic depressive illness was exacerbated by the abandonment issues and loss of identity she suffered as a child. As part of her treatment for her disease, Patty has learned to ask for forgiveness, but also to offer it. Patty has forgiven the adults in her life who caused the difficulties that made her disease that much more difficult.

Patty's miracle pill is only a pill. Although Patty's chemical imbalance has been repaired by her medication, her behavior is still defined by her ability to deal with difficult situations. As a result, Patty still has moments she is not proud of and must reach out to those around her to help her deal with behaviors that have been ingrained by her illness. For this reason, psychotherapy has been an important tool in helping Patty deal with her illness, as has the love and support of those around her.



Chapter 6, Treatments That Work

Chapter 6, Treatments That Work Summary and Analysis

Lithium is a natural mineral that is found in rock. It was discovered to cause a calming affect in people who would visit natural springs that contained this mineral. Later, a doctor in Melbourne gave lithium to guinea pigs in an experiment to test a theory that urea caused mania and instead found that lithium calmed these manic highs. No one knows why this is true, although there are many theories. Lithium has become the standard treatment for manic depressive illness because it offers a treatment for the symptoms of the illness without harsh side effects as long as the medication is taken as prescribed. There are some minor side effects, including weight gain and tremors, but most of these will subside within a few weeks of beginning treatment. It is vitally important, however, that the patient be monitored to avoid an overdose of the medication and to keep fluid levels from becoming unbalanced. Since lithium is a salt, the body naturally wants to wash it out of the system and therefore thirst is increased, as well as urine production. A full medical workup before beginning lithium treatment should avoid any unnecessary difficulties for the patient.

Despite the mild side effects and effectiveness of lithium, many patients refuse to take the drug. Some note the side effects, especially weight gain and increased thirst. However, many of those who refuse to take the medication do so because they like their manic highs. These patients are often creative people who are concerned that proper control of their illness will cause their creativity to disappear. There are some doctors who are sensitive to this issue, such as Kay Redfield Jamison, and who go out of their way to find other treatments for these patients. For those who do chose to take the medication, however, close monitoring is required. Not all patients will have to take lithium for a lifetime. For these patients, as well as those on lithium, it is important to chart their moods and become aware of other physical and emotional signs that a cycle, whether it be manic or depressive, is about to begin.

When lithium does not work, there are several categories of drugs that might help. The first is anticonvulsants. These drugs are often used in patients who cannot tolerate lithium and are often provided relief of symptoms with few, if any, side effects. Another category of drugs used in treatment of manic depressive illness are neuroleptics, the same drugs traditionally used to control symptoms of schizophrenia. These drugs are often used to halt a psychotic mania. These drugs are usually used in the short term due to overwhelming side effects of long term use. Another group of drugs used to treat manic depressive illness are anti-depressants. A common antidepressant used with manic depressive illness are MAO Inhibitors. These drugs were popular in the fifties but went out of favor because they were associated with high blood pressure. However, they have come back into favor, especially for manic depressives who are depressed.



Tricyclic drugs and second generation antidepressants have also been used and shown to have great effect on manic depressives in the depressive stage of the illness.

There are times when a manic depressive must be hospitalized. Although many insurance companies will not pay for these hospitalizations, the medical world and insurance companies are beginning to see that manic depressive illness is a medical disease. Often it is necessary to hospitalize a patient in order to calm a psychotic mania or to prevent a suicide attempt. Another treatment for manic depressive illness is electroconvulsive therapy in which electricity is introduced to the brain in specific places in order to calm mood cycles. After hospitalization, patients often stay in halfway houses to prepare to face the outside world again. Patients also include psychotherapy into their treatment plan to help deal with the emotional issues that surround a diagnosis of manic depressive illness. Finally support groups have been found to offer a great deal of comfort to the patient who feels alone in their diagnosis.

This chapter revisits the clinical tone of the medical writer, Gloria Hochman. Ms. Hochman explains to the reader the different treatments for manic depressive disorder, beginning with lithium. Ms. Hochman introduces the discovery of lithium, its many benefits, and the side effects that occasionally cause patients to shun this form of treatment. Many of these issues were brought up in the previous chapter by Patty Duke, described in her more personal tone, and are now expanded on by Ms. Hochman.

Ms. Hochman goes beyond lithium to address other drugs patients might be prescribed for manic depressive disorder and the reasons why they might be prescribed. Interesting to the reader here, beyond the large number of drug choices, is the reasons why people might choose not to take the medication that could possibly end their cycle of manic highs and depressive lows. Many people believe that the medication, lithium, will strangle their creativity and make it impossible for them to be writers, artists, or whatever kind of creative person they chose to be. This is a theme that will be expanded upon later in the book.

Finally, Ms. Hochman talks about the possibility of a patient being hospitalized due to their manic depressive illness. Hospitalizations are difficult on the patient and the patient's family, opening the door for Ms. Hochman to discuss the impact of the illness on patients' family members later in the book. Ms. Hochman also discusses what treatments might be available in the hospital for these patients, including drugs and electroconvulsive therapy. Electroconvulsive therapy might bring to mind horror films of the fifties and sixties, but Ms. Hochman assures the reader that these treatments are safe and done painlessly. Finally, Ms. Hochman discusses the use of psychotherapy to help the patient with the emotional aspects of the illness, even though the illness cannot be fixed with only psychotherapy.



Chapter 7, Acting It Out

Chapter 7, Acting It Out Summary and Analysis

After Patty Duke wrote her autobiography, *Call Me Anna*, she signed on to produce, write, and act in a docudrama of the book. It was difficult for Patty to play herself screaming through a panic attack, but not nearly as embarrassing as she had imagined it might be. Making the movie was very therapeutic for Patty, allowing her to face the darkness of her past and move beyond it. The movie, and her other roles, also allowed Patty to see how being manic depressive helped, as well as harmed, her ability to be a talented actress. Patty recognized that the incredible performance she gave in *The Miracle Worker* that earned her an Oscar was a performance she could not explain nor repeat. However, Patty also recognized that she was still a talented actor, even without the manias that made working beyond her limits a possibility. Acting was a many faceted thing for Patty and the manias were only a small part of the larger package.

Several years before her diagnosis, Patty was in a manic state that became so out of control that her husband, John Astin, was forced to take her to his own psychotherapist, Dr. Arlen. The moment that led to the manic episode was an epiphany that Patty had that helped her overcome her fear of her own death. However, Dr. Arlen insisted that Patty had experienced a psychotic break that brought on the episode in which Patty separated from her body and that the entire experience was a manifestation of her disease. Patty refused to believe that and continued to cling to the sense of peace she received in that moment. Patty has not had another panic attack over her own death since that night. Patty conceded, however, that if this was a part of her disease, it was a gift that allowed her to cope. Patty could also understand how other patients could see their creativity as a gift of their disease and chose to cling to the manias rather than seek the treatment that would bring stability to their lives.

In Patty's unique voice, the reader learns how Patty's creativity has been affected by her disease and the treatment she has undergone since learning of the disease. Patty did not believe that her ability to be a successful actress was completely tied up in the manias of her disease, as some patients do believe, but that it was a small part of her overall ability to act. Patty has given up the manias in favor of more stability in her life, but does not feel that she has lost anything in the process. There are gifts in this disease, Patty has come to realize, and creativity may be that gift for some. For Patty, the gift was not only the euphoric highs, but an answer to a fear she harbored since childhood—that answer made it possible for her to no longer have overwhelming panic attacks. In a previous chapter Patty suggested these panic attacks were exacerbated by her disease, but her disease, in this chapter, has ironically given her the way to fight them.



Chapter 8, The Creativity Connection

Chapter 8, The Creativity Connection Summary and Analysis

At the Kennedy Center in Washington, D.C., Kay Redfield Jamison presented a concert that focused primarily on the music of composers who suffered from manic depressive disease. Featured were George Frideric Handel, Robert Schumann, Hugo Wolf, Hector Berlioz, and Gustav Mahler. Each of these men suffered the manic highs and depressive lows characteristic of manic depressive illness, many before there was a treatment for the disorder, but were still able to compose beautiful music. CEOs also seem to be a group of people who tend to have a high incidence of manic depressive illness. Many of these men are compulsively manic, never sleeping and always working on the next big thing. It seems mania is almost a requirement for brilliance. There is also the other end of the spectrum. Many famous writers, Hemingway among them, were raging alcoholics, perhaps to help them fight off the depressions that would make it nearly impossible for them to write. Out of six American Nobel Prize winners in literature, four were alcoholics. Among blues singers there also appears to be a high incidence of depression as though it were a requirement for the genre.

Doctors are concerned, however, that many patients romanticize the connection between manic depressive illness and creativity. Many patients refuse to take lithium because they are concerned it will cause them to stop being able to create. The argument is made that many patients are unable to function while in the throes of either the high manic cycle or the low depressive cycle and that treatment might make a patient more productive. Many patients disagree. For that reason many patients will go off their medication. Kay Redfield Jamison believes that doctors should tailor a patient's medication based on their desire to be creative. Jamison suggests finding the smallest dose possible to keep a patient steady, but allowing them to continue to experience parts of their manic highs in order to better their creativity. Jamison figures it is better to help a patient than to kill all their creativity in an effort to cure their moods.

This chapter further explores the issues Patty Duke raised in her last chapter, changing the tone from one of guarded optimism to a more clinical look at creativity and manic depressive disorder. Ms. Hochman offers several examples of how manic depressive illness presents itself in creative people, in people who somehow manage to be brilliant despite the wild mood swings that dominate their lives. These people often turn to alcoholism to help control their behaviors, but embrace the manic highs that some patients believe make them more creative and more productive. Lithium, as discussed in a previous chapter, is a drug that helps fix the cycle of destructive behavior, a miracle pill as Patty Duke describes it. However, it may also be a murder weapon in the view of those who believe it kills creativity. For this reason, more research needs to be done in the treatment of manic depressive disorder without damaging that creative edge many patients feel they get from their manic cycles.



Chapter 9, My Family and Friends

Chapter 9, My Family and Friends Summary and Analysis

When Patty Duke moved in with and then married John Astin, she was continuing to suffer manic and depressive episodes. John had not witnessed any of these behaviors until after they were living together. Almost as soon as they began living together, Patty and John took custody of one of John's son. When they were married a time later, Patty gave birth to her second child and she and John took custody of all three of his children from his previous marriage. This, on top of traveling in order for John to work, found Patty falling into frequent depressions. No newlywed is quite prepared to take on five children, let alone travel the country for months on end with five children, several pets, and Patty's mother. Later, when Patty and John settled down in Las Angeles, things did not get any better. Patty put a great deal of pressure on herself to be the perfect housewife and would often fly into rages whenever she felt her efforts were not appreciated. The children suffered the most, often finding themselves the subject of Patty's rage. Patty would break things, say spiteful things, and occasionally strike out in a physical frenzy.

John Astin would often find himself the buffer between Patty and the children. No matter what Patty would say or do, John would remain calm and attempt to corral her fits. Rarely would John become angry at Patty despite the terrible things she would say. However, when he did, John would be a force to be reckoned with. Patty wondered after the end of this marriage if it would have lasted had she not suffered from undiagnosed manic depressive illness. Patty does not believe so. Eventually Patty and John simply fell out of love with one another.

Patty's biggest regret about her behavior before her diagnosis was the effect it had on the children. Patty would often threaten suicide where her children were aware of her actions, something she knows caused them a great deal of pain. Patty has spoken to her children on many occasions about these hurts and feels they have forgiven her for her actions. Patty feels as though she has grown closer to her children due to her treatment and ability to ask their forgiveness. Patty remarried in 1986, several years after her diagnosis. Patty's husband had never heard of manic depressive illness before Patty explained it to him. However, Patty's husband learned to deal with the illness and the few effects it continued to have on Patty's behavior.

This chapter is once more in Patty Duke's unique voice. Patty talks about some of the darker days of her illness, including her behaviors that affected her children. Patty would go into rages, scream and hit her children, and then threaten suicide in such a way that her children would be left with the guilt and anger of her actions. Patty knew what she was doing was wrong, but could not control her actions due to the chemical imbalance in her brain that was caused by her illness. However, Patty could make amends when she began her treatments. Patty spent a great deal of time in the years

following her diagnosis asking for forgiveness, touching on several themes of the novel including making amends and living without regrets.

Patty has since gotten remarried. The final part of the chapter is written by Patty's husband, Micheal Pearce. When Pearce's voice comes into the chapter, the tone changes from one of quiet acceptance to quiet bewilderment. Pearce did not know what manic depressive illness was when he first met Patty and continues to live in the dark in regards to the cycle of destructive behavior that once defined his wife's life. However, Pearce is supportive of his wife and strives to help her deal with the day to day struggle of living with a mental illness.



Chapter 10, Families Suffer and Learn

Chapter 10, Families Suffer and Learn Summary and Analysis

Having a child with manic depressive illness often means giving up dreams of retirement and travel. The writer chronicles the struggle of one woman who became aware that something was wrong with her daughter when the daughter was in high school. The woman's husband refused to face the fact that something was wrong with their daughter until she went away to college and suffered her first psychotic mania. The daughter was first to return home, finish school at a local university, and to live with her parents. The daughter's illness is managed with medication, but she will never be able to live on her own, putting stress on her parent's marriage, ending her mother's dreams of traveling with her husband, and forcing her mother to worry about what will happen to the daughter should she outlive her mother. When a parent passes on manic depressive illness to a child it is a double edged sword. Passing on the illness causes the parent a great deal of grief, but also allows the parent to better understand what the child is going through and perhaps recognize symptoms much more easily.

When a spouse has manic depressive illness, it is often a difficult situation that leads to broken homes. Chronicled in the chapter is the story of a woman who married a man who developed manic depressive illness shortly after their marriage. The man would become dark and moody when he was ill, often abusing his wife. The man sought treatment and became better for a time, but later stopped taking his medication and slipped back into the dark, abusive man he had been. The wife finally took their child and left. However, sometimes treatment can save a marriage and make the future seem brighter. One woman who had a milder form of the disease was diagnosed after her teenaged daughter recognized the symptoms while taking a psychology class in school. The diagnosis saved the woman's marriage.

When a sibling has manic depressive illness, there is often a great deal of guilt involved. One patient's brother was embarrassed by his sister's behavior and often resented the extra attention her behaviors caused her parents to give her. However, there are times when siblings are the strongest supporters of patients suffering manic depressive illness. Both Patty Duke's siblings, Raymond and Carol, say they would have stood beside their sister had they known her behavior was caused by an illness.

When a parent has manic depressive illness there is often a great deal of guilt as well as an impact on the child's emotional health. Children are often abused or neglected when a parent has a mental illness, leaving the child with their own psychological damage. One case chronicled is that of siblings who both practiced homosexuality as adults. The boy blamed his mother directly for his homosexuality based on the fact that he did not have a strong female role model in his life. While this is unusual behavior, it does indicate the emotional baggage that having a mentally ill parent can cause.



Once more this chapter is presented by the medical writer, Gloria Hochman. The tone is almost clinical as the writer presents several stories of the family members of people suffering manic depressive illness, looking at parents, children, and siblings. The cases chronicled are extremes in each case, but offer a snippet of what life would be like with a family member who has manic depressive illness. This chapter not only helps those with experiences similar to those chronicled, but also for those who might have been in denial about a loved one who may or may not suffer this illness. This chapter also helps to illuminate further the previous chapter in which Patty Duke discussed the impact of her illness on those she loved. This chapter also again touches on several themes of the novel, especially making amends, as it points out the harm that can be done to family members of those suffering manic depressive illness and reminds the reader that the patient is not the only victim of the disease.



Chapter 11, Life After Manic Depression

Chapter 11, Life After Manic Depression Summary and Analysis

Patty Duke continued to struggle with her own behavior after she began treatment for her manic depressive illness. Although Patty would continue to fly into the occasional rage and suffer depressions, she would not overreact in difficult circumstances as she might have before. Patty also began to speak to large groups about her illness, something she might have found overwhelming once but has been inspired to do. Patty also remarried and adopted a little boy, Kevin. Patty and her husband Michael chose for Patty to continue working while Michael stayed at home with their son. The boy would often go to his father for sympathy whenever he fell, causing Patty some jealousy until she realized there were some things she would have to sacrifice in order to live the life she wanted. Patty and Michael eventually bought a house in Idaho, not far from a farm they already owned. Patty settled her mother in a home nearby. Patty's children still live in Las Angeles, but Patty returns often to work. Patty is happy with her life, content with where she is now and where she sees herself going.

Patty ends the book with a tone of optimism. Patty clearly believes that although she is still struggling with her behavior, she has finally found a stability that was missing from her life before. Patty is happy now and believes she will continue to be happy as long as she keeps taking her medication and striving to work on the emotional issues that come with her illness and everyday living. This chapter once more illuminates the theme of living without regrets as Patty proves that she does live without regret.



Characters

Anna 'Patty' Duke

Patty Duke is an actress who rose to fame at twelve when she was the youngest actress to win an Oscar for her role as Helen Keller in *The Miracle Worker*. Patty then went on to have a successful television show before moving into a movie career that has spanned forty years. As a child, Patty was raised by her mother after her father, an alcoholic left. While still young, Patty's mother gave up custody of her daughter to John and Ethel Ross, a married couple who managed young acting talent. The Rosses changed Patty's name from Anna Marie to Patty, believing Patty was more appropriate to the acting career they wanted to create for her. The Rosses coached Patty and managed her career, making her a star while stealing from her a normal childhood. The Rosses were alcoholics whom Patty spent a great deal of time taking care of rather than enjoying the caretaking the adults should have provided her.

Patty Duke began having panic attacks as a young child. These attacks often centered around her fear of death. Patty had no one she felt confident in confiding these fears to, so she often dealt with them alone. When Patty left the home of the Rosses to first live alone and then to share a home with her first husband, Harry Falk, she began to experience periods of sleeplessness, over the top spending, and occasional hallucinations. During her marriage Patty would also suffer depressions, often threatening to commit suicide. This stress ended Patty's marriage to Harry and left her alone with an overwhelming fear that she was insane. Patty continued to suffer hallucinations and sleeplessness until she became pregnant with her first child. After Sean was born, Patty moved into a period of relative calm until her marriage to John Astin. During the early years of this marriage, Patty and John would travel extensively with their combined five children and Patty's mother. The stress of traveling with so many people would often send Patty into deep depressions during which she could not leave her bed.

When John and Patty settled down in a normal, domestic setting, Patty began suffering unexplained rages. Patty would become overwhelmed by her own drive to be perfect. Anything anyone would say would often send Patty into a tantrum in which she would throw things, hit people, and break dishes. These rages were uncontrolled and Patty herself would be unable to stop once she began. These episodes eventually led to a situation that ended Patty's relationship with John Astin. While separated, Patty was seeing a psychiatrist to help her adjust to her new, single life. During this period, Patty was sick and given an injection of cortisone which set off a manic episode. It was this manic episode that allowed Patty's doctor to diagnose her with manic depressive illness.

After her diagnoses, Patty began taking the medication lithium. Within weeks Patty experienced a calm she had never known before. Soon Patty began to recognize the patterns of her illness in her past and was able to go to her family members to ask forgiveness for the behaviors her illness caused. Within time, Patty was able to make



amends with her entire family and her friends. Later, Patty met the man who would become her fourth husband and with whom she is now raising an adopted son, Kevin.

Sean and Mackenzie Astin

Sean Astin is Patty Duke's oldest son. It was Sean's birth in 1971 that brought about an end to the worst of Patty's manic episodes and introduced a short lived calm to her life. Shortly after Sean's birth, Patty moved in with and subsequently married John Astin. Mackenzie Astin, or Mack, is Patty's second child, born the first year after her marriage to John Astin. Both of Patty's sons are at risk of developing manic depressive illness because of their mother's history with the illness. Upon her diagnoses, Patty explained this possibility with her sons. Both boys were not concerned. However, Mack would become concerned as he grew older and his brother would point out certain behaviors that were similar to their mother's during the height of her illness.

A source of a great deal of guilt for Patty Duke is her treatment of her sons during the period her illness was not treated. Patty would often go into uncontrolled rages in which she would verbally and physically abuse her children. Patty admits to hitting Sean and destroying objects that meant a great deal to him, causing him to not allow himself to become attached to the material objects in his life. However, after Patty began treatment for her disease, she made amends to her children and began to develop a relationship based on honesty and trust. This new relationship has continued to flourish and Patty now enjoys a good relationship with her sons.

John Astin

John Astin was Patty Duke's third husband. John Astin is an actor as well, famous for his role as Gomez Addams on the television show *The Addams Family*. Patty and John met at a party while John was still married to his first wife. Shortly thereafter, Patty learned she was pregnant and subsequently gave birth to Sean. After Sean's birth, Patty and John moved in together. Eventually, Patty and John got married and welcomed another son to their family. John also had three sons from his previous marriage and these boys came to live with John and Patty in the early years of their marriage. The stress of raising children who were already half grown placed a lot of pressure on Patty, causing her to suffer a great number of depressive episodes during the early years of her marriage to John.

When John and Patty settled down to a more domestic life, Patty began to suffer angry manic episodes. These episodes would often progress from verbal abuse to the breaking of household objects, to threats of suicide. John was overwhelmingly patient with his wife, often causing her a great deal of grief, and insistent on caring for her himself. One night in particular, John was advised to have Patty committed to a mental hospital, but he refused. However, the stress of this situation led to Patty and John slowly falling out of love and ended their marriage.



Michael Pearce

Michael Pearce is a self described country bumpkin, an Army drill sergeant who met Patty Duke while helping her prepare a movie role. Michael Pearce had never heard of manic depressive illness until he met Patty Duke. Patty told Michael about her illness early in their relationship and explained to him the manic and depressive episodes she suffered before she began treatment. Michael could not associate those stories with the calm, kind woman he knew. However, shortly after their marriage, Michael began to see the depth of Patty's cruelty when she would become angry. Often when they would fight, Patty would throw things and manipulate Michael in ways that would leave him deeply wounded. Fortunately, Patty has become aware of the way her illness affects her ability to argue constructively and they have been able to work on these issues as a couple. Michael and Patty have adopted a child, moved to Idaho, and have settled down to a life of domestic normalcy that helps keep Patty on an even emotional keel.

John and Ethel Ross

John and Ethel Ross were a couple who worked as talent managers. The Rosses were originally contacted by the Duke family in order to manage Patty's older brother in a career as an actor. The Rosses decided that Raymond did not have the talent necessary to last long term in such a career. However, the Rosses saw potential in Patty and encouraged her mother to allow them to manage her. The first thing the Rosses did was change Patty's name from Anna, which she prefers to be called in her private life, to Patty. The Rosses then coached Patty, berating her until she was able to do what they wanted perfectly, causing her lifelong need to be perfect. The Rosses then attained a role for Patty in the Broadway play, *The Miracle Worker*. The play was followed by a movie version for which Patty became the youngest actress, before Tatum O'Neal several years later, to win an Oscar. Soon after her Oscar win, Patty began starring in her own television sitcom, *The Patty Duke Show*.

Despite her professional successes, Patty's home life was unhappy. The Rosses would often create a situation in which Patty's mother would work for them as a domestic helper in order to be allowed to see her daughter. The Rosses were also alcoholics and would create situations in which Patty was encouraged to play bartender for them. During this time, Patty experienced debilitating depressions that were overlooked by the Rosses, as well as panic attacks that affected the way Patty lived her normal, every day life. As a result of these things, Patty grew up without a caring caretaker in her life and suffered the loss of a normal childhood. These hurts would stay with Patty for many years, until psychotherapy after her manic depressive illness diagnoses made it possible for her to let go of the hurt.

Frances and John Patrick Duke

Frances and John Patrick Duke are Patty's parents. John Patrick Duke left his family when Patty was a small child for reasons Patty never fully understood. Duke was an



alcoholic who would die when Patty was seventeen from alcohol related liver disease. Patty would never get a chance to talk to her father about the pain his leaving her caused, leaving her to carry around this hurt until psychotherapy would allow her a means of dealing with the pain. Frances Duke is Patty's mother. Frances Duke suffers debilitating depression, an illness that Patty believes stems from the guilt of her own mother's death. When Frances was a small child, her mother suffered tuberculosis. One afternoon, Frances rang the doorbell of her apartment to be allowed in by her sister. While her sister left their mother's side, the mother died. Patty believes her mother carried around with her the guilt of forcing her mother to die alone, believing if she had not rung the doorbell her mother might not have died that day.

Manic depressive illness is an inherited disease that appears to run in families where depression and alcoholism are common afflictions. Both Patty's parents suffer one or the other of these afflictions, explaining to Patty where her illness came from. Patty also believes that early childhood abandonment issues also precipitated her illness and these include her father leaving when she was young and her mother giving her up to the Rosses. Patty has since learned to forgive these hurts and believes that by doing this, she has added to the treatment of her illness.

Raymond and Carol Duke

Raymond Duke is Patty Duke's brother. Raymond wanted to be an actor when he was a child. This aspiration led the Duke family to meet and enlist the services of John and Ethel Ross. However, the Rosses decided that Raymond was not suitable to be child star, but that little Anna had a certain spark. Instead of representing Raymond, the Rosses chose to take on his sister, changing her name to Patty and creating a child star who would be the youngest actor to win an Oscar. Carol Duke is Patty's sister. Carol was the only person who tried to stand up for Anna when the Rosses wanted to take her on as a client, when they changed her name, and when they insisted young Anna had to move in with them. However, Carol was only a child and the adults in her life chose not to listen to her. As adults, Raymond and Carol continued to show concern for their sister although they were not aware that her bizarre behavior was anything more than typical Hollywood behavior. Now that Raymond and Carol are aware of their sister's mental health issues they are very supportive and enjoy a close relationship with her.

Dr. Harold Arlen

Dr. Harold Arlen is Patty Duke's doctor. Dr. Arlen was John Astin's doctor during Patty's marriage to John. At one point during this marriage, Dr. Arlen became familiar with Patty's moods when John took her to him during an explosive manic episode in which he could not get Patty to calm down. Dr. Arlen later told Patty that he believed the episode was a psychotic manic episode and that her experiences during that episode were manufactured in her mind. Later, when John and Patty separated, Patty began seeing Dr. Arlen as a patient since John had already finished his treatment with Dr. Arlen and was no longer his patient. During this time, Patty was treated with cortisone



for a throat problem and was pushed into a manic episode. Based on this information, as well as her earlier behaviors, Dr. Arlen diagnosed Patty with manic depressive illness. After treatment was started, Dr. Arlen continued to see Patty, helping her deal with the emotional side of the illness and its aftermath.

Dr. Hagop S. Akiskal

Dr. Akiskal is an American-born psychiatrist who has devoted his career to the study of mood disorders. Akiskal once was a professor and director of the affective disorders program at the University of Tennessee and then became a senior science adviser of affective and related disorders at the National Institute of Mental Health. Akiskal is an authority on manic depressive illness and is quoted often in the chapters of this book that were written by the medical writer. Akiskal also has helped to define the various classifications of manic depressive disorder, including pioneering a study that defines the more subtle versions of the illness.

Kay Redfield Jamison

Kay Redfield Jamison is a psychologist and associate professor of psychiatry at the Johns Hopkins University School of Medicine. Jamison specializes in the psychological and biological affects of manic depressive disorder. Jamison has studied the connection between manic depressive illness and creativity. Jamison believes that there are some instances in which a patient's creativity may be dulled by treatment with lithium or other chemicals. Jamison believes it is important for these patients to use only the dosage of medication necessary to treat the unpleasant affects of the illness but keep the creative energy active. Jamison also advocates psychotherapy for these patients to help them deal with their unique issues.



Objects/Places

Manic Depressive Illness or Bipolar Disorder

Manic depressive illness or bipolar disorder is a mood disorder in which the patient's moods often change in cycles, going from a manic high in which the patient often feels euphoric, to devastating lows in which the patient might consider suicide. These cycles vary from patient to patient, but often follow the seasons of the year.

Manic Episodes

Manic episodes are episodes in which the manic depressive illness patient suffers racing thoughts, accelerated speech, and thoughts of grandeur. During her manic phases, Patty Duke would often verbally abuse her family members, spend large amounts of money, and occasionally hear voices that did not exist.

Depressive Episodes

Depressive episodes are episodes in which the manic depressive illness patient suffers debilitating depression, often after a manic episode. During her depressive episodes, Patty Duke would often take to her bed for days at a time, unable to coop with the idea of getting out of bed and dressing herself.

Oscar

Patty Duke won the Oscar for her performance in *The Miracle Worker*. During manic episodes, Patty would often throw her Oscar around the room.

Dishes

Patty Duke would often break a great number of dishes during her manic phases when she would launch into an uncontrollable rage.

Van

Patty Duke and her husband, John Astin, traveled a great deal in a van in order to perform stage plays in different venues across the country. During these travels, John and Patty were accompanied by John's three sons from a previous marriage and their own two sons, as well as Patty's mother. The difficulties of being stuck in small spaces with so many people for such a long time would often precipitate depressions in Patty Duke.



The Patty Duke Show

Patty Duke was the star of a television sitcom called The Patty Duke Show from the time she was seventeen until she was nineteen.

The Miracle Worker

Patty Duke starred in both the Broadway stage and movie versions of The Miracle Worker as Helen Keller. Later in her life, Patty Duke would remake the movie version in the role of Annie Sullivan.

Lithium or Patty's Little Beige Pill

Lithium is currently the best treatment for manic depressive illness, often calming the symptoms of the illness in seventy percent of patients.

Anti-Depressives

Some manic depressive illness patients who do not respond to lithium find a small amount of control with anti-depressants.

Cortisone

Patty Duke had a cortisone injection in 1982 that set off the manic episode that allowed her psychiatrist to finally feel confident in offering her a diagnosis of manic depressive illness.

Cemeteries

Patty Duke suffered an overwhelming fear of her own death, often making it impossible for her to pass a cemetery without suffering a debilitating panic attack. Patty Duke is unclear if these panic attacks were caused by, or made worse by, her manic depressive illness.

Themes

Living With Mental Illness

When Patty Duke learned that she had a mental illness, she was happy. For most of her life, Patty Duke suffered from wild mood swings, hallucinations, and debilitating depressions. Patty Duke believed that her mood swings were the product of a troubled childhood. Patty's childhood was difficult. Most of Patty's childhood was spent living with people who were neither her family nor concerned with her wellbeing. Patty was a child star and her caretakers only wanted her to perform and make them money. When Patty escaped these caretakers, she became wild, uncontrolled, often going on wild shopping sprees, drinking too much, and living on little sleep. Patty married during this time and would often threaten suicide in order to manipulate her husband. Patty knew this behavior was not normal, but she was afraid to ask for help or to admit that she might be insane.

Patty's mood swings continued to grow out of control to the point where she found herself pregnant and married to yet another man whom she barely knew. Patty got an annulment after only thirteen days and settled down to have her baby alone. The birth of her first son, Sean, was a calming influence on Patty and helped her to manage her moods better. However, after Patty was married for a third time to actor John Astin, she found herself suffering terrible depressions. The reality of everyday life, mothering five children, and trying to make a marriage work was overwhelming. Patty would often fly into dark rages, throwing things at her husband and children, unable to control her anger once the plates began to fly. Again Patty knew something was wrong with her. Patty felt out of control and unable to manage. Patty would often threaten suicide. Eventually, the combination of Patty's behavior and a deterioration of the affection between them ended Patty's marriage to John.

While working on a sitcom, Patty became ill. In order to allow her to work a doctor was called in. Patty was given an injection of cortisone. Within hours Patty began to experience panic attacks, an inability to sleep, and gastrointestinal problems. Patty happened to mention these things to her psychiatrist. The psychiatrist told Patty he had suspected for a long time she might be suffering manic depressive illness, but he was not sure until now. The psychiatrist told Patty that she was in the middle of a manic episode that was set off by the cortisone injection. Patty was happy because finally she knew it was not her fault she acted so cruelly to her family and friends, that it was a chemical imbalance she could not control. Patty began taking lithium pills to control her symptoms and turned her attention to making amends to everyone she had ever hurt.

Living with mental illness has become a sort of mission for Patty Duke. Since her diagnosis and subsequent autobiography, Patty has become a spokesperson for manic depression illness, often making speeches to groups of interested people about her illness and how it affected her life. Patty has also learned everything she can about the disease so she can better understand why she acted as she did in the past and how to



recognize symptoms in the future in order to prevent manic or depressive episodes from entering her life again. Having a mental illness is not an excuse for Patty Duke, but it is a chronic disease like diabetes or heart disease that she must learn to deal with and control. Patty Duke has done that and wants to help other patients as well. That is why living with mental illness is the primary theme of this book.

Making Amends

After Patty Duke was diagnosed with manic depressive illness and began treatment, she began to look back on her life. Patty began to recognize the damage her illness had done to the people around her. Patty would often fall into rages while manic that would cause her to yell at her children, to sometimes hit her children, and to break things that mattered to her children. In her calmer state, Patty was ashamed of what she had done. The first thing Patty did was to talk to her children about those behaviors and to ask for their forgiveness.

Patty Duke also hurt the men in her life. Patty has been married four times. Two of those men cared deeply for her and she hurt them in many ways during the height of her illness. Patty also apologized to certain men she dated during that time, making sure everyone knew that what happened in their relationship was her fault and she did not mean for things to go the way they did. Patty Duke also had a difficult relationship with her mother. Although psychotherapy is not normally an accepted treatment of manic depressive illness, Patty participated in psychotherapy with the hope that it would help her to deal with the difficulties of her past, including her anger and hurt toward her mother. Patty was angry with her mother for a long time for giving her up to the Rosses. With the help of therapy, Patty learned to forgive her mother.

Patty's father left when she was a small child and she rarely saw him. Patty had a great deal of anger toward her father as well. Psychotherapy helped Patty learn how to forgive her father. Patty also learned to forgive the Rosses for stealing her away from her family and treating her as a money making machine. These things helped Patty move past the baggage of her past and helped her to understand the hurts her children suffered. Patty has accepted the hurts she caused, forgiven the hurts she suffered, and made a happy life for herself despite her mental illness. For this reason, making amends is a theme of the book.

Living Without Regrets

Patty Duke is the type of person who does not believe in holding on to hurts and regrets. Patty Duke has a lot to regret due to her behavior caused by her manic depressive illness. Patty would treat her children poorly, often losing her temper toward them and ruining holidays with her behavior. Patty has, since her treatment began, made amends for the hurts she caused. However, despite receiving forgiveness for her actions, Patty believes she was not the mother she could have been toward her children. Patty lives with a lot of guilt for the way she behaved toward her children and



step children. However, Patty also believes that there is no reason why she should live with regret. Patty has made an effort to make amends and therefore move past the hurts she created.

Patty Duke also believes that holding on to hurts is counterproductive to healing. Patty has undergone many years of psychotherapy to help her forgive her mother, her father, and the Rosses for the pain they caused her in her childhood. Patty has developed a loving relationship with her mother and has forgiven her father and the Rosses. Patty does not want to spend her life filled with regrets. Patty wants to look forward to the future and to enjoy the life she has now, rather than dwell on the hurts of the past. By living her life with this philosophy, Patty Duke has made living without regrets a theme of the book.

Style

Perspective

This book is written by two separate writers, therefore it has two perspectives. The first author is Patty Duke. Patty Duke is an actress who was diagnosed with manic depressive illness. Patty Duke offers the reader her experiences with the disease, describing some of the manic episodes she suffered in her late teens and twenties, as well as the debilitating depressions she suffered throughout her young adulthood until her diagnosis at thirty-five. Patty Duke also offers a patient's perspective as she learned the name and nature of her illness and began treatment. Patty Duke's experiences are not typical, as she experienced almost immediate results from the lithium treatment and also underwent psychotherapy, a process that is not normally considered helpful with manic depressive illness because it is a chemical imbalance, not an emotional issue. These experiences are offered in order to help patients see how one person dealt with the diagnoses of the illness as well as the illness itself.

The other writer within the book is a medical writer. This writer offers important information regarding manic depressive illness. In alternating chapters, the medical writer underscores the issues Patty Duke talks about and offers information such as treatment options, the drugs used to treat manic depressives, and the effects the illness has on the people in the patient's life. The medical writer's perspective is more objective than Patty Duke's perspective, giving the reader an overview of the medical issues rather than a personal perspective of the illness. This contrast is presented in order to give the reader a clear view of the illness and an understanding that might not be offered if the book focused instead on one person's experiences. Manic depressive illness is a complicated illness that presents in many different ways. Therefore, the perspective of the medical writer allows the reader to see that although Patty Duke's experiences were profound and her treatment successful, the illness does not always presents with such overwhelming symptoms, nor does it always respond so well to drug therapy.

Tone

Due to the fact that there are two writers contributing to the book, there are two clear tones within the book. The first is that of Patty Duke. Patty Duke is sharing a deeply personal story, sharing with her readers the shame of the manic highs and depressive lows of her disease. Patty admits the shame of her behavior toward her children and her husbands, the dark days when she attempted suicide, and the fear that enveloped her when she would discover she could not control her behaviors. All these things are so private that the tone of these chapters is sober, dark. However, despite the nature of the chapters, Patty Duke also manages to inject humor in the tone of her writing. In this way, Patty Duke keeps her tone from becoming too bleak while still getting across the seriousness of the mental illness she has battled all her adult life.



The medical writer, on the other hand, offers a subjective tone that has little humor or lightness to it. The medical writer's objective is to share with the reader the clinical side of manic depressive illness. While this type of writing tends to be somewhat dry, the medical writer divides the information into small sections and adds personal stories that help keep the tone from becoming too dull. These chapters are highly informative, offering a great deal of information in a small space, keeping the tone straightforward and practical.

Structure

The novel is divided into eleven chapters. The chapters alternate between the personal story of Patty Duke's struggle with manic depressive illness and a medical writer's attempt to educate the reader on all aspects of the disease. The first ten chapters are paired in twos by subject, with Patty Duke first introducing an aspect of the illness and then the medical writer expanding on Patty's personal story to give the reader a broader view of that specific aspect of the illness. For example, the first two chapters deal with Patty's symptoms of the disease and the various degrees by which the illness may present itself. Later, there are chapters dealing with drug treatment, the affects of the illness on family members, and the connection between manic depressive illness and creativity.

The structure of the book is unique as it almost two separate books tied together by the subject matter. Patty Duke offers in her chapters a personal view of manic depressive illness, her experiences with the illness and her efforts to recover through drug treatment and psychotherapy. The other half of the book is a medical tome that presents the clinical aspects of the illness, as well as personal stories and detailed information from leaders in the medical field. These two points of view of the book offer the patient a great deal of information on manic depressive illness, both from a personal point of view and a clinical point of view.

Quotes

"I knew from a very young age that there was something very wrong with me, but I thought it was just that I was not a good person, that I didn't try hard enough," Chapter 1, Looking Backward, p. 1.

"When the mania starts to ebb and you return to the planet, you begin to recognize that you have done some very strange things. And sometimes the crisis was so practical and so real that I didn't have time or energy to worry about the wacko kind of things I did. I had to worry about what I had done with all the money or how I was going to get more, how was I going to cover those checks," Chapter 1, Looking Backward, p. 15.

"Sometimes celebrity works for you; other times it hurts you. I feel especially lucky that despite my outrageous behavior, there were enough people in my life who cared what happened to me—for business or personal reasons—that I was frequently rescued from near death, and in a way that didn't destroy my career," Chapter 1, Looking Backward, p. 18.

"With the many forms of manic-depressive illness, its tendency to resemble other psychiatric conditions, and its enmeshment with drugs and alcohol, it becomes easier to understand why diagnosing the condition can become, as Dr. Amsterdam puts it, 'a real mismash.' He has identified manic depression in patients who were said by previous physicians to be suffering from unipolar depression, schizophrenia, character disorder, borderline personality, alcoholism, emotional problems, attention deficit disorder, mental retardation, and premenstrual syndrome," Chapter 2, The Many Faces of Manic-Depressive Illness, p. 52.

"My mental illness is a genetic, chemical imbalance of the brain. I know that. But I also had a life that was, to put it mildly, out of the ordinary. I went through a lot of loss, and a lot of things that happened to me would have been enough to make anyone go crazy. So it sometimes gets a bit fuzzy trying to decide which of my manias and depressions came specifically from my illness and which may have had more to do with what was going on in my life," Chapter 3, Why Me?, p. 54.

"All of my recollections about Mama, from my earliest memories at three or four years up to about ten or twelve years ago, are of someone who was just tortured," Chapter 3, Why Me?, p. 61.

"I have heard people talk about how abused children still choose the abusing parent over any other living situation. I understand that. I don't think of myself as an abused child, but for all the embarrassment my mother was to me, and for all of her



inadequacies, when I was seven and eight and nine and ten I preferred her," Chapter 3, Why Me?, p. 63.

"Many people—mostly strangers I meet at the theater or when I'm giving a talk about my illness—ask me whether I would have had children had I known I was a manic-depressive. The part of me that is progressive and a solid citizen wants to say I would not have. The other part of me says I would have gone right ahead and had them anyway. I worry about making choices about procreation based on a potential—and fixable—illness. But I'm sure glad I have a choice. I suspect that the part of my psyche that demands every piece of immortality that I can find would have insisted that I have children. With expert medical assistance, of course. I'm not sorry," Chapter 3, Why Me?, p. 67.

"Until research teases out an answer, the precise cause of manic-depressive illness remains elusive. But that doesn't mean that those with the condition must continue to be tormented. The diagnosis, while often tricky, is being made more often as physicians gain knowledge about this peculiar and fascinating mental illness. Once diagnosed, it can be treated successfully," Chapter 4, Who Gets Manic-Depressive Illness?, p. 98.

"It's so simple. This little beige pill—one in the morning and one at night. With water. And it keeps me even. I wasn't at all fearful about taking it. To me, it was the answer to a prayer," Chapter 5, My Little Beige Pill, p. 99.

"I'm often asked by people whether I would ever stop taking my medication. I can't imagine that. Even if I did and went into a manic episode, I don't believe I would be more creative. I can't imagine needing any kind of creativity so much that I would give up the balance I've found—the balance that I ached for, that I longed for, that I screamed for, that I cried for, for so many years of my life," Chapter 7, Acting It Out, p. 171.

"I saw the possibility that my longtime dream could come true, and I was afraid to take the chance, but I jumped in anyway. I don't have the feeling of waiting for that other shoe to drop, or that I don't deserve being happy. I feel free to enjoy what I have. I believe that in that little package we call hope, there is compensation for all the time that we think may have been wasted or lost. The rate of growth in my mind and my heart in the last seven years is beyond measuring. I see that as God's compensation," Chapter 11, Life After Manic Depression, p. 256.



Topics for Discussion

Discuss Patty Duke. Who is Patty Duke? Why should the reader care about her? What makes Patty Duke an expert on manic depressive illness? Why does Patty Duke admit to so many shameful things in this book? How does Patty Duke hope her experiences will help the reader?

Discuss manic depressive illness. What is it? How does it affect the patient? What are the bad aspects of the illness? What are the aspects that might be seen as positive? How is the illness treated?

Discuss lithium. What is lithium? How does it help the manic depressive patient? Why does a patient have to be closely monitored while taking this medication? Why do some patients refuse to take lithium? How long does the patient have to take this medication? Does this medication help all manic depressive patients?

Discuss manic episodes. What does it mean to be manic? Are there different degrees of mania? What is the difference between a manic episode and a psychotic manic episode? Which of these did Patty Duke suffer?

Compare and contrast manic depressive illness and schizophrenia. How are these two illnesses similar? Why are some manic depressive sufferers initially diagnosed as schizophrenia? How are these two illnesses different? How are the treatments for these two diseases similar? How are they different?

How does manic depressive illness affect the patient's family members? Why is the illness sometimes harder on the family members rather than the patient? How did Patty Duke's illness affect her family? What does Patty's family say about her illness?

Manic depressive illness is inherited. How does this fact affect Patty Duke's relationship with her children? How does this affect Patty Duke's resolution to not live with regrets? What information about her parents does Patty Duke offer to explain her own illness?