

An Unquiet Mind Study Guide

An Unquiet Mind by Kay Redfield Jamison

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Plot Summary

In this emotionally-charged memoir, Kay Redfield Jamison recounts, not only her own struggles with manic-depressive illness (also known as bipolar mood disorder), but also how she has been able to use her disease to treat others similarly affected and to crusade for better understanding of the illness. A professor of psychiatry at Johns Hopkins University School of Medicine, Jamison had learned to manage her disease and become a world expert on manic-depression by the age of forty.

To set the mood of the book, Jamison opens with a scene in the UCLA Medical Center parking lot at 2 a.m. She and a colleague from the medical school race furiously around, looking for their car after an evening of drinking, fighting, laughing, and general hysteria associated with one of her manic episodes. While she was still charged with energy, her companion had crashed an hour earlier and just wanted to go home. As they crash through the parking lot, a campus policeman pulls up and asks who they are and what they're doing. "Oh, we're both on the faculty at the psychiatry department," she answers. And the policeman slowly drives away.

There are other hilarious moments throughout the book, as well as excruciatingly sad and painful moments, as the reader gets to take the same merry-go-round ride of insanity with Jamison. An excellent writer and poet, Jamison's understanding of manic-depression and the creative process resulted in the award winning *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*. She was also producer and writer of a series of public television specials on manic-depressive illness and the arts.

By presenting the subject in the form of a personal memoir, Jamison can freely relate to the reader how her emotional "ups" were at first pleasantly intoxicating, giving her more confidence, energy and clarity than she'd ever known. However, they were followed by periods of debilitating depression. Then her manic cycles became frightening, as she slipped into a complete detachment from reality and fully into the grip of her psychosis. The depressive part of her illness also intensified as she contemplated, and attempted suicide, believing that her own body was rotting.

The child of an Air Force pilot and meteorologist, whose moods provided a dramatic backdrop to the events of her family's daily lives and a socialite mother from an old New England family, Kay Jamison revered her older brother and found her sister barely tolerable. Witty, moody and blunt to the point of hurtfulness, her sister was a reckless youth who drank, smoked and went around with boys in fast cars. Kay was busy being the perfect scholar, cheerleader and class valedictorian. Her nuclear family moved often because of her father's Air Force duties, but eventually settled in the Washington, D.C.

By the age of 17, Jamison had experienced her first manic episode—a giddy sense of exhilaration and high energy that was intoxicating; but it bore no hint of the utter madness of which it was a foreshadowing. A senior at a California high school, Jamison was filled with a sense of the beauty and wonder of life, determined to tell all her friends about it incessantly. She wrote poetry and raced around like a squirrel in a cage until



her friends began telling her to slow down, get a grip and chill out. Finally, the bloom came off the mania and she did stop. She fell into a depression that left her unable to function or focus at school or anywhere else.

The pattern repeated itself through college, until she sought help from a psychiatrist and began taking lithium. Like many with bipolar disorder, she didn't like the effects of lithium although —or because—it evened out her moods. Craving the high energies and even higher moods of her manias, she stopped taking the one drug that could save her life. She attempted suicide by ingesting handfuls of lithium, but was saved by a visit to the ER. For many years, she struggled with taking her medication, until she finally found a way to fine-tune her dosage level. Relationships, jobs, finances went on a roller-coaster ride along with her moods.

She completed a PhD in psychology with a focus on mood disorders, especially manic-depression, and became a professor of psychiatry at the Johns Hopkins University School of Medicine. She co-wrote a book that has become the standard textbook on manic-depressive illness. She is also a world expert in the field and the recipient of numerous awards. Jamison is currently a member of the National Advisory Council for Human Genome Research and clinical director of the Dana Consortium on the Genetic Basis of Manic-Depressive Illness.



Chapter 1 "Into the Sun"

Chapter 1 "Into the Sun" Summary and Analysis

In this emotionally-charged memoir, Kay Redfield Jamison recounts, not only her own struggles with manic-depressive illness (also known as bipolar mood disorder), but also how she has been able to use her disease to treat others similarly affected and to crusade for better understanding of the illness. A professor of psychiatry at Johns Hopkins University School of Medicine, Jamison had learned to manage her disease and become a world expert on manic-depression by the age of forty.

As a second grader at an elementary school near Andrews Air Force Base outside Washington, DC, Kay Jamison is playing in the schoolyard when a military jet comes streaking overhead with a huge roar. Because of the school's proximity to the air base, jets overhead were not unusual. However this plane was very low and very loud, finally crashing into a row of trees directly in front of the school where it burned the pilot to death. Remembering her Air Force pilot father's "Off we go, into the wild blue yonder" song, she also learns that the price of flying high into the atmosphere can be sudden death.

That experience becomes a metaphor for her experience with manic-depression, as Jamison takes the reader from her earliest years of innocence and sunshine to the increasingly darker world of psychosis by her last year of high school in California. By then she drinks vodka in her morning orange juice before going off to school.

In her family of origin, there are early indications of the disease that are believed to be hereditary in her father's high-flying moods. They are at times highly entertaining and at other times simply weird, as when he is reprimanded at work for spending his Air Force hours working on a personal project to determine the IQ scores of historical figures. When her father is in a good mood, his ebullience elevates the energy level of the whole family; but gradually he becomes more subdued and then clinically depressed, finding it difficult to get out of bed. He sinks into sullen, uncommunicative moods that lead to bouts of anger and screaming.

Jamison admires and adores her older brother, who is "smart, fair and self-confident, and [I] always felt there was a bit of extra protection coming my way whenever he was around." Her relationship with her older sister is complicated by her sister's dark, biting humor, her rejection of the military world in which the family lives and her general cynicism. Jamison describes her own childhood and early adolescent years as very happy and filled with "warmth, friendship and confidence." Her parents encourage her intellectual curiosity, her passion for medicine and poetry. Her mother becomes the emotional bedrock of Jamison's childhood, and a beacon of stability in an increasingly unstable world.



As a hospital candy striper student volunteer, Jamison makes friends with the doctors who allow her to visit surgeries and autopsies. At the age of 15, she visits St. Elizabeth's Psychiatric Hospital with some other students and is appalled at the shabby conditions and the hopelessness of the patients. She is both fascinated and terrified by the experience. She feels a strong urge to reach out to those patients because in some way she can identify with their pain and suffering. She survives the military socialization but detests learning to curtsy, and finds a kind of security in the social womb in which she lives. But then the family moves to California when her father retires from the Air Force to take a job as a scientist with the Rand Corporation in the Los Angeles area.

There, she is violently torn out of her safe, secure, warm world of military and federal government families in Washington and dropped into a world that she sees as cold and unfriendly. Her fellow high school students laugh when she addresses teachers as "sir" or "ma'am," and she spends most of her time either crying or writing letters to her boyfriend in Washington. Once Jamison recovers from the culture shock, though, she finds new friends and a very competitive academic environment that makes her work hard. Fascinated by the very adult conversations of her friends, Jamison is in awe of their sophistication in sex and family relationships, as well as their wealth. She meets a new boyfriend. He is a pre-med student at UCLA who provides color in her life and an escape from her increasingly difficult home environment, made more difficult since the departure of her brother for college.

Jamison's father has occasional flights into his once-happier moods, but overall seems stuck in a black depression. Her parents are now estranged, as her mother attends graduate school and teaches and her father stays absorbed in his work. Jamison's sister experiences even more trouble adjusting to life in California; and their already-strained relationship all but shatters. Jamison finds solace in friends and her dog. Jamison notices that she, too, starts to experience dramatic mood swings. By the age of 16, Jamison realizes that her moods are exhausting to her friends, including two young men who are also active in leadership positions academically and athletically, but given to laughter, drinking, discussing literature and philosophy.

When her first truly manic episode strikes at age 17, Jamison notices a great surge of energy and the fact she feels terrific, powerful and optimistic. Her ecstatic diatribes about the beauty and symmetry of the natural world begin to sound somewhat delirious; and her friends tell her to slow down, calm down, and stop talking so fast. When she reaches the end of her manic cycle, she does slow down to a complete halt, as her mind darkens with the void of depression.

Jamison can no longer focus on schoolwork and finds herself adrift in a senseless world. She awakens each day exhausted, spends time visiting graveyards and is aware that something is drastically wrong; although when asked, she replies everything is fine. Looking back on that year, Jamison says she finds it amazing that she survived, but knows that the experience aged her while it gave her a sense of how powerful a drive toward death is contained in her depressive moods.



Chapter 2 "An Education for Life"

Chapter 2 "An Education for Life" Summary and Analysis

Kay Jamison graduates from high school and enrolls at UCLA, to her disappointment. She'd hoped to attend the University of Chicago. All of her friends left for schools such as Stanford, Yale or Harvard. But because her father has lost his job at the Rand Corporation, and because of his increasingly bizarre behavior, the family is financially strapped. Therefore UCLA becomes the best option. Once she starts, she loves the school because of its academic excellence, diversity and its culture of encouraging individual uniqueness. But at the same time, she experiences a worsening of her disease that she still does not fully identify.

When her mood is good, she has boundless energy, great leaps of imagination and ambition. Her schoolwork poses no challenge. But sudden shifts of mood become more obvious and cause her concern. For example, while walking through a garden on the UCLA campus, she is reminded of Alfred Lord Tennyson's *Idylls of the King* and is seized with a desire to have the book. She rushes off to the bookstore and buys, not only Tennyson, but about a dozen books on all sorts of topics she sees as somehow related. Slowly, as her mind floats back to earth, Jamison realizes she can't afford that kind of spending spree while working part-time to pay her way through college.

Inevitably, her atmospheric flights of mood are followed by a crash to earth and depression that makes it impossible for her to concentrate or sleep. Sometimes her depressive states create terrible agitation; and her mind races from one horrible, death-drenches mental image to another. In such states, Jamison dissipates the agitation by running on the beach or pacing frantically around her apartment.

In such moods, she ponders dropping out of school altogether. Jamison says that while college may be a terrific time for most people, she remembers it as a time of intense suffering and confusion. On the positive side, though, she is offered laboratory work for a psychology professor who is intrigued by her lengthy and unusual descriptions of Rorschach cards. She finds the work, which is closely related to her studies, intellectually enriching and financially beneficial.

After two years at UCLA, Jamison receives a federal grant to attend the University of St. Andrews in Scotland. For the first time, she will be a full-time student of science by day and of music and poetry by night. At the age of 20, she longs to escape both Los Angeles and her father's black moods. She also hopes to visit her brother and cousin, studying at English universities. She finds St. Andrews difficult, but engaging academically. The North Sea weather is harsh; but the people are warm and accepting. Students in her invertebrate zoology class get into hot water with the professor when he discovers that some have taken the lobster specimens from their tanks and eaten them!



Jamison returns a year later to UCLA and realizes that her strongest interest is psychology. She understands that she is probably ill equipped by temperament and discipline for medical school, so she decides to pursue a PhD in psychology. She begins working with another professor on his laboratory projects. They both discover they are keeping track of their shifting moods with their own measurement devices, and that they're both manic-depressives. He is supportive and understanding of her moods. Jamison decides she must either see a psychiatrist about her mood swings or buy a horse. Because all her friends are seeing psychiatrists, she decides to get a horse — another bad decision for her financially.

During periods of remission, Jamison enjoys her graduate work and gets involved in a variety of campus activities. After a few months of clinical studies at a psychiatric hospital in London, she returns to UCLA. She decides to pursue that field, including the diagnosis, treatment and medication of mood disorders. Jamison works with a second professor on his research project into the effects of mood-altering drugs such as cocaine, LSD, marijuana, barbiturates and amphetamines. The professor is also somewhat mercurial in his moods, but quite understanding of Jamison and her own mood swings.

She also meets and marries a French artist, Alain Moreau, whom she describes as both talented and kind. She finds the most stimulating part of her studies is her work with patients, although she's still unable to connect her own symptoms and problems with the textbook or clinical cases of manic depression she encounters. By the time she reaches graduate school, Jamison realizes she must do something about her mood shifts.

Because all of her friends are seeing psychiatrists, she decides defiantly to buy a horse. Despite her hopes for a majestic, brave steed, she gets a neurotic bundle of nerves that's afraid of people, dogs, other horses and snakes. When she comes to her senses and realizes the total impracticality of owning a horse while in graduate school, Jamison sells it.

Instead, she concentrates on her work and on her new husband. She is emotionally erratic and volatile; he is steady and dependable. Jamison notes that photos of her from that period show a woman who looks almost totally different from one snapshot to the other—brooding in some photos, animated and bubbly in others; her hair disheveled now and neat then. In those days, she recalls, psychosis was understood primarily as schizophrenia. There was little understanding of mood disorders, and even less taught on the subject.

Jamison writes what she calls a mediocre doctoral dissertation on heroin addiction, survives her oral exams and is declared Doctor Jamison. After a wonderful, golden summer Jamison says she is completely psychotic three months after becoming a UCLA professor. .



Chapter 3 "Flights of the Mind"

Chapter 3 "Flights of the Mind" Summary and Analysis

In July 1974, Jamison joins the UCLA faculty. Here she supervises psychiatric residents and clinical psychology interns, serves as faculty liaison between the departments of psychiatry and anesthesiology, and completes her work on drug studies begun in graduate school. Buoyed by high spirits, she finds her mind racing ever faster. She seems to need less and less sleep, and works intensely. Only in retrospect does she realize that this is the onset of a seriously psychotic episode of mania; but strangely, one that has depression at its black core.

In a vividly descriptive passage, Jamison outlines the two extremes of her mood disorder. At the manic extreme, she is filled with feelings of self-confidence and well-being. Life is exciting, and even dull people seem interesting. Euphoria and seductiveness color relations with other people. But gradually this exhilaration begins to be crowded with too many ideas and feelings coming too fast, which produces confusion and memory loss. Then, like an alcoholic coming off a drunk, she can't quite remember what happened, with whom, and to what effect. Friendships and marriage are threatened or gone, and she wonders which set of feelings—manic or depressive—is real.

She recalls a welcome party for new faculty members where she felt herself to be charming, sexy and witty, as she flitted between the bar and several fragmented conversations. Later she learns from a fellow faculty member, who becomes her psychiatrist, that he observed her behavior and thought she acted like someone in a manic episode. Running ever faster, her mind directs her to perform some odd behaviors: making 40 copies of a poem by Edna St. Vincent Millay and a paper on the absurdity of conferences and then passing them out to all her fellow faculty members; or running madly through the aisles of her neighborhood drug store in Santa Monica and buying every snake bite kit in stock because of the quite remote possibility of a rattlesnake bite.

Not only that, but she also buys gemstones and three very expensive watches within an hour of each other, as well as quite expensive and unnecessary furniture. She suspects that she may have shoplifted a blouse, too, because she is too impatient to wait in the cashier's line. Altogether, Jamison figures she must have spent more than \$30,000 in two major manic episodes. Once she comes back to earth, she realizes that her credit has been destroyed, which only exacerbates the inevitable depressive mood that follows.

Around the edges of her manic life, evidence of her derangement begins to pile up. There are stacks of unpaid bills, piles of credit card receipts and letters from collection agencies that testify to her spending sprees. She separates from her husband because she craves excitement and rebels against the stability and kindness he represents.



When her brother, a Harvard PhD in economics, arrives for a visit, he encounters the tornado-like wreckage in Jamison's house and tries to help put things in order.

Calmly and confidently, her brother sorts through the mess and takes his manic sister under his wing. He uses a line of credit from the World Bank, his employer, to pay off her debts and she agrees to repay him. She then acknowledges that she can only repay his financial help, but never the emotional and personal support from her brother.

But Jamison continues her life in its mania-fueled, sleep-deprived frenzy. She finds music too emotional, too beautiful, too overpowering. Fragments of music and bits of sentences start to circle in her brain, without making any sense. Looking at a sunset on the Pacific Ocean, she is visited by a dark figure that fills a centrifuge inside her head with a tube of blood. As the machine whirrs, it moves outside her body and goes faster and faster, until it shatters and spills blood over everything. Jamison screams in horror, then calls—who else? — the handsome faculty colleague she's been dating since separation from her husband.

Her friend says he believes she's manic-depressive and ought to see a psychiatrist, but prescribes a short-term dose of lithium and other anti-psychotic medications (Thorazine, Valium, and barbiturates) that gradually begin to slow her mind down. But before she slows down, Jamison decides that if she doesn't get her racing head under control within 24 hours, she'll jump off a bridge. But that thought, like so many others, is lost in a cascade of notions (flight of ideas) that makes it impossible for her to even judge time.

Disconcerted and somewhat ashamed, Jamison meets her psychiatrist and is charmed by his intelligence, grace and humanity. The psychiatrist had supervised her inpatient clinical work while Jamison was a pre-doctoral clinical psychology intern. She respects his logic and clarity of thought, as well as his ability as a therapist. He lets her ramble for a while, then asks her a series of questions exactly like those she asks patients — the fundamentals of a complete psychiatric evaluation.

The psychiatrist tells her she is manic-depressive and needs to be on lithium, which was then a fairly new drug with some known and some unknown side effects. She takes the drug and finds that, in combination with the regular psychotherapy visits, she begins to stabilize. Her relationship with the psychiatrist steadies and deepens. Although she goes to him as a patient, she finds a friend. She also finds a model of how she wants to treat her own patients — with sincerity, warmth and strong support.

Her psychiatrist sees her through bouts of mania as well as depression, suicidal as well as joyous times. She credits him with saving her life many, many times. She also expresses her gratitude to him for teaching her the close interrelationship of mind and body.

The combination of drugs and psychotherapy she finds healing, not least because she needs support and encouragement to continue taking lithium. Jamison observes that although the preferred treatment for her mood disorder and for others with the same illness is still lithium, the biggest challenge to mental health professionals is somehow

keeping patients on their medications. In her own case, Jamison acknowledges, she had to learn through exceptionally painful and costly experience the value of staying on her medications.



Chapter 4 "Missing Saturn"

Chapter 4 "Missing Saturn" Summary and Analysis

In language both clinically explicit and heartbreaking, Kay Jamison describes the seductive power of her disease to hold her in captivity. Admitting that she has a deeply ingrained part of her personality that denies the existence of a life-threatening disease, Jamison portrays her euphoria and giddiness when manic that she is reluctant to surrender to drugs. "How can a trip to the rings of Saturn compare to the dull stability of normality?" she asks rhetorically. Like alcoholics or addicts in the throes of their disease, she craves the highs that manic-depression can produce and ignores the horrific descent into darkness that always follows, with its constant threat of suicide.

Jamison says her struggle with lithium, the only drug that could save her sanity and life, began shortly after she started taking it in 1974. In less than one year, she stops taking it after her initial manic episode clears. For a combination of familial reasons (her military family's stiff-upper-lip ethos) and personal ones (she becomes nauseated at times and at other times disoriented), she justifies not taking lithium. In fact, she says, because of the powerful seductiveness of the manias she experiences with their concomitant feelings of grandiosity and powerfulness, the times when she most needs to be taking her medication are the times when her disease tells her she least needs it.

Another factor in her refusal to take lithium initially, in retrospect, is that dosage levels in the early days of its use were higher than in later years, Jamison says. For the first 10 years of taking lithium, the dosage level she takes because of the severity of her disease is very close to toxic. Even subtle changes in hormones, salt levels or other body chemistry functions could send her into violent, uncontrolled fits of nausea. She sometimes sleeps on the floor of her bathroom, curled up with a pillow, because of this side effect.

The powerful effects of lithium cause her difficulty in reading, and prevent her from reading the usual three or four books a week she enjoys. But she finds children's books, with their large type, are easier to read and nourish her as much as they did when she was a child. She reads and re-reads *The Wind in the Willows*, weeping over passages that remind her of her sad condition.

Not to be defeated, Jamison draws up a list of 13 rules to live with lithium. They include everything from cleaning out the medicine chest before entertaining guests, to being patient while waiting for the drug to exert its leveling effect, to accepting that a certain verve and intensity in her life will be missing. Her own resistance to taking lithium is reinforced by her sister, who complains that she's lost her personality to the drug and sold out to the medical establishment. Jamison convinces herself she is an exception to every study and analysis on manic - depressive illness that indicates patients who do not regularly take lithium suffer ever-worsening bouts. She wants to believe she is the one exception to the extensive medical literature.



Her psychiatrist, on the other hand, listens patiently to all of her qualms and complaints, but never wavers in his firm insistence that she must be on lithium to stop progression of the disease. Complications of the progression are evidenced by a stronger element of severe, agitated depression in the midst of her manic episodes and an increasingly suicidal strain to her depressive episodes. Jamison says she's grateful to her psychiatrist for insisting that she stay on lithium, and rails against physicians who draw a distinction between psychiatric illness and what they call medical illness. It is frank malpractice not to treat diseases such as manic-depression, major depression and schizophrenia with medications, she declares.

Jamison gets another learning opportunity concerning her own disease when she is called to the UCLA emergency room to see one of her manic-depressive patients who is acutely psychotic, ranting and raving in four-point leather restraints on a gurney. The psychiatry resident on-call is thumbing through a copy of the *Physician's Desk Reference* when she arrives, having just injected the patient with the anti-psychotic drug, halperidol (Haldol). Jamison is shocked to realize that this is the same man who once held a knife to her throat, and who had been released from a locked psychiatric ward where he'd been involuntarily committed. As the drug works its calming effect, this large man quiets. He then begins to cry and pleads with her not to leave him.

Saddened by the obvious failure of every therapy undertaken on her patient's behalf, Jamison nevertheless knows that the one measure that can make him better is lithium — if only he would take it. Not long afterwards the patient, a bright young attorney, takes his own life; and she realizes the gravity of her own situation.



Chapter 5 "The Charnel House"

Chapter 5 "The Charnel House" Summary and Analysis

Still, Jamison can't or won't take her lithium regularly. She becomes death-obsessed, and her depression slows her to the point that washing her hair takes hours. She resists her psychiatrist's attempts to have her hospitalized. After a vicious fight with her lover during which she lunges for his throat and he leaves, she takes a massive overdose of lithium and gets into bed, prepared to die. Determined to have a "successful" suicide, Jamison takes an anti-emetic to make sure the lithium is not vomited up. She is saved by a call from her brother in London, who notices her slurred speech and alerts her psychiatrist. She is in and out of coma for a few days.

Before her suicide attempt, Jamison had made friends with a psychiatrist who seemed to be interested in a number of offbeat things such as nutmeg psychosis — and her welfare. Aware of her depression, this unnamed physician calls her later at night to check on her, and sometimes insists on taking her out somewhere for ice cream when she says she wants to be alone. After the suicide attempt, her emergency room physician friend keeps a steady watch on her, checking her blood lithium and electrolyte levels and walking her vigorously whenever she seems to be suffering from the effects of lithium. Under a treatment plan worked out with her psychiatrist, her friend becomes a liaison and watchdog for Jamison.

Kay Jamison credits her psychiatrist and family (especially her mother) as well as her psychiatrist friend with saving her life. She is amazed and grateful for the sensitivity, intelligence and competence with which her psychiatrist manages her care. Eschewing easy platitudes and condescending advice, her psychiatrist communicates both warmth and his conviction that her life is definitely worth saving.

Her psychiatrist also reassures her that, while the road back from suicide to life is daunting, it can be traveled with determination and the help of God. Jamison goes to lengths to praise her mother's enveloping blanket of love and support that also helped her to heal. She reflects that, while she inherited "an impossibly wild, dark and unbroken horse" in her temperament from her father, she also learned from her mother how to break and manage that wild horse with firm but gentle discipline.

To dramatize what her manic-depressive illness has done to her life, Jamison contrasts the image of a young society girl in Washington, DC wearing elbow -length white gloves at cotillion, with that of the same woman a few years later running wildly through the streets for no apparent reason, violently smashing treasured possessions, verbally and physically attacking friends and loved ones.

With references to American poet, Delmore Schwartz, and Welsh poet, Dylan Thomas, Jamison compares the manic aspects of her disease to the surging life force that flows

endlessly, but with a dark undercurrent of destructiveness — Eros (the life force) and Thanatos (the death force) rolled into one. It is mania that drives many creative artists and people of imagination to their heights; and those with manic-depressive illness confer a color and fire to their world, Jamison says.



Chapter 6 "Tenure"

Chapter 6 "Tenure" Summary and Analysis

Jamison struggles to overcome both her manic-depression and the academic hurdles facing a woman with a psychotic mood disorder in a male-dominated field. With the help of lithium and the support of family and friends, she succeeds. But before she crosses the threshold to associate professor at UCLA, she must simplify her life made chaotic by her bouts of mania: numerous projects ranging from a study with her brother of the economic aspects of dam-building by beavers to her findings on marijuana, LSD and opiates. Jamison eventually condenses all these disparate efforts to a single goal: study and treat mood disorders, particularly manic-depressive illness.

With two colleagues, she establishes the UCLA Affective Disorders Clinic to provide a clinical rotation for third-year psychiatric residents. Although she encounters some resistance from the medical school because she is not herself a physician, Jamison gets strong support from the medical director of the clinic, the chairman of the psychiatry department and the chief of staff of the Neuropsychiatry Institute.

In just a few years, the clinic becomes a large center for medical and psychological research, as well as for teaching psychiatric residents and clinical psychologists how to identify and treat mood disorders. When a bright young lawyer who is a patient at the clinic kills himself, Jamison finds that the doctors who are the most capable and competent are also the ones most affected with a sense of failure.

In working with the residents, Jamison stresses that manic-depressive illness also is commonly linked with great creativity, and thus confers advantages along with its obvious disadvantages. To make this point dramatically, she arranges for a concert by the Los Angeles Philharmonic of works by composers who suffered with the disease: Robert Schumann, Hector Berlioz and Hugo Wolf. Because of a change in regulations by UCLA that prevented her from soliciting funds from private donors, Jamison is left with a \$25,000 personal bill for the event. However, a sold-out concert not only remedies the finances, but also institutes a series of concerts around the country. It also becomes the basis for a public television series of programs on manic-depressive illness and the arts.

Despite the strong and open support she receives from her department chairman as director of the clinic, Jamison remains reluctant to discuss her illness with others. Even while taking lithium steadily, her manic episodes fill her with energy and make the routines of the academic life seem slow and tedious. Between manic and depressive bouts, the pace of things seems about right; but in her depressive cycle she still becomes drained, inert, and seemingly unable to initiate or complete anything. It is only after several years of lithium that her moods truly begin to level out, Jamison says. Alternating between highs and lows, Jamison nevertheless maintains her teaching schedule and travels extensively.



Lithium, because it affects her coordination, causes her to give up many of her beloved athletic activities such as horseback riding and squash. Jamison presents an amusing portrait of one particularly onerous male chauvinist professor whom she calls the Oyster. He is a man who finds it hard to believe that women have brains as well as breasts and who is condescending toward women in general.

She delights in baiting him and exposing to other faculty his absolute lack of charm or wit whenever they're in meetings. Finally, she rejoices that the tenure process seems fair when she receives a letter notifying her that she has been appointed to the rank of associate professor. This is a kind of limbo before one can enter into the tenured position of full professor. At last, her friends remind her, she's been inducted into the mostly-male faculty club.



Chapter 7 "An Officer and a Gentleman"

Chapter 7 "An Officer and a Gentleman" Summary and Analysis

Jamison meets Dr. David Laurie, a tall, handsome English psychiatrist, during her first year on the faculty at UCLA. She finds his air of quiet, matter-of-fact caring engaging; and they immediately are drawn to each other. Sharing similar interests in art and literature, as well as in healing the mentally ill, they develop a close friendship over almost daily lunchtime meetings. David wants to push the relationship further, and asks her out to dinner. However she repeatedly declines because, although separated from her husband, she is still married.

After he returns to London, they stay in touch by mail; but Jamison is completely immersed in her own career and personal life, as well as fighting yet another manic episode followed by depression. Jamison and her husband try once more to reconcile, but fail. They remain warm friends, nevertheless. She writes to David Laurie of her final separation and impending divorce, but still cannot bring herself to reveal her own manic-depression because of the stigma attached to it in academic circles.

About a year and a half later, she walks into her office at the UCLA mood disorder clinic to find David sitting at her desk, smiling. They finally go out for dinner and spend a few loving days together before he returns to England with an invitation for her to come visit. Still trying to throw off the debilitating effects of her depression, Jamison goes to England. She can feel herself healing in the gentle, loving presence of David as they visit museums, go for long walks, and experience passionate lovemaking. One day while visiting Canterbury Cathedral, she drops all of her lithium tablets on the dirty stone floor and realizes she'll have to ask David to write her a prescription.

When she tells him fearfully of her illness and how she lost her medications, he listens intently to her whole story and comments with a shrug that she's just had back luck. Relieved, she feels even more comfortable with him and they continue to grow closer. One day, while climbing a flight of stairs she notices that David had stopped, winded. He invites British military officers who also were manic-depressive to his home for dinner with him and Jamison. Although their common illness isn't discussed, she finds it comforting to learn that it's possible to function well when the disease is well managed.

David visits her in Los Angeles again. She then returns to see him in London in the spring. He tells her he's been assigned to the British Army Hospital in Hong Kong; and, after she returns, he writes to her of his plans for her to come to Hong Kong. They make plans by letter to meet his friends in Hong Kong and to visit nearby islands. One night, as she works on a textbook chapter, Jamison answers a knock on her door and confronts a diplomatic courier with a letter from David's commanding officer, informing her that he's died of a massive heart attack in Katmandu at the age of 44.



On the plane to England for her lover's funeral, Jamison reads several still-unopened letters from David in chronological order, and breaks down sobbing. She learns from British medical officers that David's heart attack was so massive that no intervention or therapy could have saved him. This also has the effect of impressing on her mind the finality of his death. She finds compassion and caring in David's fellow officers and in English friends. Her grief is not only for his death, but also for the children and home they might have had. Jamison muses on lines by Robert Louis Stevenson and a poem by Edna St. Vincent Millay to help ease her emotional pain.



Chapter 8 "They Tell Me It Rained"

Chapter 8 "They Tell Me It Rained" Summary and Analysis

After David's death, Jamison plunges full-bore into her work and takes lithium regularly. The result is that she makes great professional strides and experiences a more stable and predictable life. Still unhealed emotionally, not only from David's death, but from ravages of her own disease and suicide attempt, Jamison decides to take a one-year sabbatical leave and to study manic depressive illness among British artists and writers at Oxford University at St. George's Hospital Medical School in London.

She slips comfortably into a different academic routine balanced between the legendary hospital and university, where she is a senior research fellow. The timelessness and solidity of both institutions, as well as the cultural amenities of the university environment, awaken her spirit and quicken her mind. In this most elite of academic environments, she enjoys being served coffee and tea in her quarters in the morning and afternoon, as well as gourmet meals with rare wines and scintillating intellectual discussions in the evening. The stimulating atmosphere of university and hospital bring her to an awareness of how much she's been simply surviving, but not living to the fullest extent.

Jamison visits David's grave in Dorset and places violets on his burial site, remembering the times they'd had together. She is overcome with a sense of sadness at what he'd miss by dying so young. She is struck by the fact that, for the first time, she is aware more of David than of herself, or the fact they were no longer together. Not long afterwards, she meets another charming Englishman at a dinner party in London and is swept away by love at first sight. They share an emotional intensity and love of literature, music and ironic humor. When she tells him about her disease and struggles to stay on lithium, he is sympathetic and supportive.

After a weekend alone together, her new friend gives her a book of writings about love, with a tag on one page that says: "Thank you for a lovely weekend. They tell me it rained."

After consulting with her psychiatrist in Los Angeles as well as with her physician in London, Jamison decides to reduce her dosage level very slowly and gradually. Not long afterwards, she realizes that her step is springier and all her senses sharper. She is coming out of a drug haze and becoming more engaged with the business of being alive. She's delighted to be able to read copiously for pleasure and to once again feel a full range of emotions when listening to music.



Chapter 9 "Love Watching Madness"

Chapter 9 "Love Watching Madness" Summary and Analysis

Reluctantly, Jamison leaves England and returns to Los Angeles. She dreads re-entering the academic routine and the stress of managing a major psychiatric clinic, and even doubts that she can remember how to conduct a psychiatric evaluation. But once she returns to UCLA, she finds most of her fears groundless and is blessed with a new energy and enthusiasm. She enjoys working on a textbook with another professor on manic-depressive illness, as well as the intellectual rigor of compiling the information for the book. Her mind is clear and her moods are stable, thanks to a carefully adjusted dosage of lithium.

The lower dose of lithium allows Jamison to experience her emotions more fully, without becoming swamped by them. She finds that her state of emotional stability is even preferable to the wild emotional swings of the past that drove her passions, as well as her dark, murderous moods. She compares the experience to sitting in a darkened room, where someone has just turned on the lights to reveal an aspect of reality she never knew was there. Jamison realizes, too, that some semblance of emotional stability, such as that enjoyed by normal people, is not a sign of dullness, but rather of health.

Nevertheless, she is aware that a much-diminished emotional turmoil still simmers at the core of her being, and at times causes her a restless irritability. Jamison comes to realize that a genuine and lasting love can thrive best, not in an atmosphere of supercharged emotional highs and lows, but in a gently nurturing and loving environment of some stability and predictability. At about the same time, she meets Dr. Richard Wyatt, a schizophrenia researcher and chief of neuropsychiatry at the National Institute of Mental Health. She is drawn to him, although he seems her emotional opposite. He is low-key and down-to-earth, while she is still emotionally intense and given to flights of feeling.

They are easy companions and share many interests. She quickly comes to the conclusion that she can hardly imagine life without him. After a short but decisive courtship, Jamison leaves Los Angeles and moves into a home with Wyatt in the Georgetown section of Washington, DC. He is amazed at her devotion to poetry, museum visits and long walks with the dog. She is impressed with his single-minded passion for psychiatry and lack of interest in the arts. But in their differences, Jamison realizes, there is strength and freedom to be individuals against a backdrop of real love and caring.

When she tells him about her manic-depressive illness, Wyatt is quietly accepting and scientifically curious. He reassures her with kindness and support; but when her black moods cause her to spew venom and do harmful things Richard is, like most people,



taken aback. Jamison realizes that although she is reassured and comforted by his steady love and devotion, love itself is not the cure for her illness. Once again, she quotes poets such as Lord Byron and John Donne to describe how love can survive and grow in spite of madness.



Chapter 10 "Speaking of Madness"

Chapter 10 "Speaking of Madness" Summary and Analysis

Jamison devotes a brief chapter to the semantics of mental illness, and ponders the influence of language on the public perception of psychiatric disorders. She recalls an angry letter she once received from someone offended at her use of the word "madness" in the title of a presentation. Without knowing that Jamison is herself a person with psychiatric illness, the letter writer excoriated her for her insensitivity toward the mentally ill and the fact that her choice of words would further stigmatize such people.

Political and medical correctness may obliterate such ancient and colorful expressions as "wacko" and "nut job" from common parlance, but Jamison wonders whether that will be an improvement. Rhetoric used to describe and refer to mental illness ranges from the clinical to the vulgar; and is an imprecise witch's brew of words that really expresses our inability to accurately describe mental illness more than our deep understanding of the phenomenon, she says. For example, Jamison notes that the current correct medical diagnosis of her illness is bipolar disorder, although she prefers the term "manic-depressive illness" because she believes it to be more descriptive and less coldly clinical.

In all of this, there needs to be space for all kinds of descriptions for the abnormal states of mind and behavioral quirks that define mental illness, according to Jamison. The need for precision and a desire not to stigmatize the mentally ill should not rule out humor and diverse ways of seeing and speaking of the issue.

Whether a shift in rhetoric is sufficient to bring about a change in public perceptions about mental illness is an open question, Jamison says. More likely, change will result from concerted lobbying by interest groups composed of patients, family members and healthcare professionals, as well as from a heightened awareness of language. Most importantly, she says, the push for parity for psychiatric patients and legislation to ensure nondiscrimination in the workplace are essential to improving conditions for those with mental illness.

Chapter 11 "The Troubled Helix"

Chapter 11 "The Troubled Helix" Summary and Analysis

If manic-depressive illness is genetically based, as most scientists believe, then what can the genes tell us about how to diagnose it early and treat it better? Jamison ponders these questions at a medical conference on current research into the disease attended by, among others, James Watson—one of the co-discoverers of the DNA double helix. The Nobel laureate is absorbed now with the search for the genes that cause manic-depressive illness, according to Jamison.

Fascinated by the new discoveries in molecular biology that have made possible breakthroughs in understanding the genetic basis for her illness, Jamison reflects on the prevalence of the disease in her own family (on her father's side). She also recalls a conversation she had once with the Danish psychiatrist, Mogens Schou, who conducted clinical trials on lithium just after it was identified in a medical journal in 1949. Schou had shared his own family history of manic-depressive illness, which had given Jamison permission to discuss hers.

Jamison acknowledges the guilt and shame that can accompany the disease, despite the fact that it is inherited, and recalls a visit with a psychiatrist who told her directly that because of her illness she should never have children. Jamison says she would have had children, except that her husband, Richard, has three from a prior marriage. But, nevertheless, Jamison says not having children is one of the great regrets of her life.

She ponders, too, whether genetic research into manic-depressive illness might give people the ability to choose whether they will pass those genes along to their children, despite the trouble and grief the disease brings with its amazing power to confer energy and creativity. Jamison is encouraged by a presentation at the conference about the discovery of watery deposits in the brain tissue of people with manic-depressive illness, thought to be associated with the disease. She is encouraged because of the progress in understanding it represents.

Chapter 12 "Clinical Privileges"

Chapter 12 "Clinical Privileges" Summary and Analysis

Jamison again visits the question of her own reluctance to openly discuss her illness that preceded the writing of her book. Some of her diffidence stems from a sense of embarrassment; but a larger part serves to protect her against the unintentional cruelties of friends and colleagues concerning her illness. A big part of her reluctance also has to do with her wish to protect her own family members, since manic-depressive illness is genetically based.

In other ways, too, revealing her illness could have impacts on her professional life. Because she teaches psychiatry at the mood disorders clinic at Johns Hopkins University, Jamison is concerned that medical residents and interns might not ask questions they need to ask about the disorder if they know she is a sufferer. When she fills out an application for clinical privileges at Johns Hopkins, she answers a query about whether she suffers from a psychiatric illness with a reference to her department chairman.

Nervously, she invites the department chairman to lunch to discuss the issue and tells him she has always told colleagues with whom she works of her illness, and asks for guidance. He smiles warmly and tells her he already knows. Furthermore, he says, if having any kind of psychiatric issue could keep people from getting clinical privileges, there wouldn't be enough qualified physicians on the medical school faculty.

Chapter 13 "A Life in Moods"

Chapter 13 "A Life in Moods" Summary and Analysis

Ending her memoir on a somewhat wistful note, Jamison recalls with a bittersweet nostalgia her intense feelings and moods before achieving stability through lithium. She accepts and acknowledges that her violent mood swings are a part of who she is, and says she's grateful for her more balanced life; but she still grieves the passion, drama and intensity that manic-depressive illness produced. Sometimes a scent, or a certain sound, will trigger a memory of what it used to be like for her in those earlier days; and she relives for a moment both the high-energy rush of mania and the fear that always accompanied her descent into depression.

But, altogether, Jamison believes her life is smoother and easier since she's achieved a kind of equilibrium. Whenever she's tempted to reduce her dosage of lithium out of a misguided desire to relive some of the excitement of earlier moods, she quickly pulls herself back with the awareness that even the slightest bit of mania can quickly blossom into full-blown insanity that could lead to death. With the circumspection of a philosopher, Jamison looks upon the violent storms that manic-depressive illness brings and feels herself a survivor.

But it is love and her good fortune to experience it, free of the wild swings of emotion produced by her disease, that have given her the greatest happiness; and that make life, with all its sadness, bearable.



Chapter 14 "Epilogue"

Chapter 14 "Epilogue" Summary and Analysis

In a brief epilogue, Kay Jamison poses the hypothetical question whether she would choose to have manic-depressive illness, if given the choice. She answers that without the availability of lithium and her ability to respond well to the drug, her choice would be a resounding no. She hopes never to have the kind of depressions that the illness brought her. Nor does she want the kind of emotional and physical pain that could make her crawl across the floor for months, slow her mind and body nearly to a standstill, and deaden her spirit with a life-in-death blankness and emptiness that could destroy all work, all pleasure and all relationships.

On the other hand, Jamison recalls the peaks of awareness and intensity of feelings that the manic part of her illness produced with the kind of longing a recovering addict might express for the wonderful feelings of heroin, conveniently forgetting the devastation and sickness it also brings. Jamison expresses wonder at the great gulps of life she could take in and enjoy through her mania: the exalted pleasure in music, sex and nature, as well as the almost unbearable heights of consciousness to which it raised her. Her description of the ecstasy produced by her mania resembles nothing so much as a religious experience — one that she can still appreciate from her safer and saner position of stability.

The gift of those exalted moods has been to teach her never to become jaded to life, to remain open to its possibilities and manifest beauty.



Characters

Kay Redfield Jamison

Her brother

Her sister

Her mother

Her father

Her psychiatrist (therapist)

Dr. Robert Faguet

Alain Moreau

David Laurie, MD

Richard Wyatt, MD



Objects/Places

Washington, DC

The city of Jamison's birth and early childhood; where she is wrapped in a cocoon of eastern etiquette and the stability of a military social order.

Pacific Palisades

The freewheeling California city where Jamison attends high school after her father retires from the Air Force, and takes a position with the Rand Corp.

University of St. Andrews

The renowned Scottish university where Jamison studies for a year during her undergraduate career at UCLA.

UCLA

The University of California, Los Angeles is where Jamison attends college, although she'd originally hoped to attend an Ivy League college. It turns out to be just right for her.

London

The residence of Jamison's lover, Dr. David Laurie, where she visits several times before his death. Years later, she works at a hospital in London while studying at Oxford University.

Los Angeles

The city where Jamison attends high school and college. This is where she eventually earns tenure at UCLA. As a high school and college student, she finds the diversity intellectually stimulating.

Lithium

A metallic salt compound proven effective in managing manic-depressive illness: one that Jamison resists chronically in the earlier stages of her disease. Its side effects can include weight gain and mental torpor.



Haldol

Also known by its chemical name halperidol, Haldol is an anti-psychotic medication often used to quell manic states. Jamison is injected with Haldol during one of her early manic-depressive episodes.

Harvard University

The school where Jamison's older brother earns a PhD degree in economics. He later collaborates with her on research studies and helps her to manage her own disorderly finances.

Dorset, England

The town in England where Richard Laurie, Jamison's lover, is buried.

Oxford University

One of the ancient elite universities of Europe, where Jamison does a one-year sabbatical as senior research fellow in psychology, focused on artists and writers with mood disorders.



Themes

Acceptance of manic depression

Throughout the book, Kay Jamison struggles to accept her own manic-depressive illness. This is made more difficult by the fact she is a psychologist who specializes in treating mood disorders. She freely admits to her persistent denial that she has a life-long psychosis that could kill her, and to her fixation on the earliest days of her illness when the emotional highs were energizing, enlightening and powerful. Not unlike the alcoholic who seeks always to recapture the magic of the early days of drinking, she has a very difficult time letting go of what she describes as her own addiction to the ecstatic highs her disease produces.

Her description of the first manic episode she experiences in high school gives an idea of why it is so difficult later to accept that she has a potentially lethal disease:

"At first, everything seemed so easy. I raced about like a crazed weasel, bubbling with plans and enthusiasms, immersed in sports and staying up all night, night after night, out with friends, reading everything that wasn't nailed down, filling manuscript books with poems and fragments of plays, and making expansive, completely unrealistic, plans for my future. The world was filled with pleasure and promise; I felt great. Not just great, I felt *really* great. I felt I could do anything, that no task was too difficult."

But the inevitable depressions that follow, which eventually cause her to attempt suicide by taking an overdose of lithium, are stark reminders of how her disease distorts her life, and of the price she pays, personally and professionally, because of it. A big part of her struggle to accept her own disease involves the professional demeanor that therapists, psychologists and psychiatrists must assume. Only when Jamison can put aside that clinical side to her personality is she able to clearly see how ill she really is and to begin taking action to help herself. Once she begins to accept her own condition, she realizes that she can reach out to other sufferers with compassion and understanding.

Jamison is strongly supported by colleagues and superiors as she sets up a mood disorders clinic at UCLA. Because of her own suicide attempt, as well as the suicides of several of her patients, Jamison slowly comes to grips with the fact she has a disease that could rob her of her life unless she accepts that she has it and is willing to try to manage it with medication.

Maintenance on lithium

Like thousands of patients with manic depression, Jamison tries lithium and is repelled by its side effects, as well as its primary effects. In her book, she notes several times the irony of the fact she prescribes lithium for her patients with the same disease she has, but she can't stay on the medication even though she can see the devastating effects in her life when she won't take lithium. Jamison hints it is probably a combination of her



intellectual and professional pride, combined with no small amount of denial, which prevents her from staying on the medication.

Jamison does not begin to take lithium until after she's earned her PhD and been promoted to associate professor at UCLA. After a particularly dizzy episode of mania, a psychiatrist friend gives her an emergency supply of lithium and another anti-psychotic drug until she can establish a relationship with another psychiatrist. Even at the outset, and despite the obvious ruin the disease causes in her life and in the lives of others, Jamison is very resistant to take lithium. She says her struggle against lithium is as great as her struggle with her disease.

With the clarity of hindsight, Jamison writes that her resistance to lithium "stemmed from a fundamental denial that what I had was a real disease. This is a common reaction that follows, rather counter-intuitively, in the wake of early episodes of manic-depressive illness. Moods are such an essential part of the substance of life, of one's notion of oneself, that even psychotic extremes in mood and behavior somehow can be seen as temporary, even understandable, reactions to what life has dealt."

Within less than one year of starting lithium, she stops taking it, even though she responds well to it despite some terrible side-effects from the high dosage level she is prescribed. These include episodes of nausea and vomiting, slurred speech and lack of coordination. In addition, Jamison says, she becomes addicted to her high moods and simply refuses to believe she must take medication. On the heels of a particularly black depressive cycle when she is not taking medication, Jamison attempts suicide by ingesting an overdose of lithium

Finally, after more tortuous and exhausting bouts with manic-depressive illness, Jamison resumes lithium and her life improves. Her psychiatrist adjusts the dosage level downward so she can experience some of her former clarity and energy, but be buffered against the wide mood swings. She eventually becomes grateful for how the drug improves and continues her life.

Carrying the message

As Jamison makes clear in her prologue, she hopes to make it somehow easier for people with manic-depressive illness or other mood disorders to seek help. Too often, she says, people with the disease don't get medical help; or when they do, they do not take medications that can help them manage the disease. Jamison admits she is one who had problems in both areas, and confesses her anxiety about going public with her illness in hopes of helping others.

In an effort to tear down some prejudices, she tells the reader "the war I waged against myself is not an uncommon one. The major clinical problem in treating manic-depressive illness is not that there are not effective medications—there are—but that patients so often refuse to take them. Worse yet, because of a lack of information, poor medical advice, stigma, or fear of personal and professional reprisals, they do not seek



treatment at all. Manic-depression distorts moods and thoughts, incites dreadful behaviors, destroys the basis of rational thought, and too often erodes the desire and will to live."

In advertising, the testimonial is a time-honored device for achieving instant connection with the reader. It has been around for decades because it really works. Jamison's book is essentially a testimonial of her own life and struggle with the disease and with lithium; but it is one with a happy ending. After she takes the reader through her years of suffering and struggle, Jamison resolves these issues at the end of her book by informing the reader that, with the correct dosage level of lithium, the love of an intelligent and caring husband, and the passage of time, she's reached a level of sanity and balance that at least enables her to glimpse at what happiness must be.

Style

Perspective

Kay Jamison writes from the dual perspectives of a healthcare professional, whose career is devoted to treatment of manic-depressive illness, and someone who also has the disease. This makes her arguments especially compelling and credible for the reader. Her role as a healthcare "insider" obviously gives her an advantage in obtaining the best professional care available; and she acknowledges that she is fortunate in that respect. From the same perspective, Jamison also notes that many people with the disease never get adequately diagnosed or treated, and eventually commit suicide despite receiving treatment.

From the standpoint of a professional woman in a male-dominated profession, Jamison makes clear her reluctance to reveal her illness to colleagues. However, when she does share that information, the universal response is one of concern and caring rather than condemnation or rejection. In typically candid fashion, Jamison reveals that her own attitudes have often been her worst enemy in her struggles with manic-depression.

In the midst of this emotional story, Jamison reminds her readers of some facts: manic-depressive illness is equally common among women as men, and many sufferers choose to not take their medications and instead take their own lives. She calls the disease a healthcare crisis in a clear effort to ring alarms throughout society. She also points out that even with society's understanding and attitudes toward a serious psychosis, there is a strain of sexism. Women who are merely depressed are far more acceptable, even to many psychiatrists, than are women who are violent, uncontrollable and highly volatile, as is often the case with manic-depressive illness.

By the end of the book, the reader has the feeling that Jamison has the sense to be grateful for her more stable life as a regular user of lithium, grateful for the leveling of her emotional peaks and valleys, and grateful for the quality of life she enjoys as a result.

Tone

The author's tone is frank and confessional in the style of a diarist or memoirist. Her obvious lack of pretense and her sincerity, as well as the ring of authenticity that only she can provide as both healer and sufferer of manic-depressive illness, easily engages the reader. Jamison eschews the clinical tone in relating her own story, which makes it accessible to those without a medical or healthcare background. The writing is free of any tone of condescension. The overall tone and use of language is down-to-earth and humanistic; so the reader feels the author is speaking directly to him or her as a friend and not down to the reader, as in a lecture delivered from a podium.



Because of the author's relaxed informal tone the reader becomes readily involved with the story and can easily empathize with her struggles over manic-depressive illness.

Structure

The narrative structure is chronological and straightforward, without any sophisticated literary devices such as flashbacks or stream of consciousness that might obtrude in the reader's full participation. For the subject matter, the author's style and structure are perfectly appropriate. She often makes reference to poetry and poets, and frequently uses quotations from poems that elucidate a particular point.

Beginning with her childhood in Washington, DC, where Jamison paints a vivid picture of her family life with an imaginative, if slightly nutty, father who is a pilot and scientist, the reader gets a sense of how pervasive mood disorders can be in a family. Without pointing any fingers, her narrative strongly suggests that her father and at least one of her sisters inherited some form of mood disorder, whether they were full-blown manic-depressive disorders or not.

Jamison's allusive and precise style of writing conveys a lot of meaning, as well as nuance, with an economy of language. For example, when she first becomes aware of her own emotional imbalance, Jamison relates that she decides to get a horse rather than see a psychiatrist. What could be a more effective way to tell the reader of her true mental state? In describing her deterioration during one of her manic episodes, Jamison merely describes the piles of sales receipts, boxes of unopened clothing in her apartment and the complete financial and emotional chaos of her life.

The narrative, although it's a memoir, moves into complexity and complication as her disease progresses, then into a full-blown crisis or turning point when she realizes she must stay on lithium, to a resolution of the various challenges in her life — both personally and professionally. The developments are clear and easy for the reader to follow.



Quotes

"For as long as I can remember I was frighteningly although often wonderfully beholden to moods. Intensely emotional as a child, mercurial as a young girl, first severely depressed as an adolescent and then unrelentingly caught up in the cycles of manic-depressive illness by the time I began my professional life, I became both by necessity and intellectual inclination, a student of moods. It has been the only way I know to understand, indeed to accept, the illness I have; it has also been the only way I know to try and make a difference in the lives of others who also suffer from mood disorders." (Prologue, pg. 5)

"Manic-depression is an illness that is biological in its origins, yet one that feels psychological in the experience of it; an illness that is unique in conferring advantage and pleasure, yet one that brings in its wake almost unendurable suffering and, not infrequently, suicide." (Prologue, pg. 6)

"I have no idea what the long-term effects of discussing such issues so openly will be on my personal and professional life, but whatever the consequences they are bound to be better than continuing to be silent. I am tired of hiding, tired of misspent and knotted energies, tired of the hypocrisy and tired of acting as though I have something to hide. One is what one is, and the dishonesty of hiding behind a degree, or a title, or any manner and collection of words, is still exactly that: dishonest." (Prologue, pg. 7)

"The pattern of shifting moods and energies has a very seductive side to it, in large part because of fitful reinfusions of the intoxicating moods that I had enjoyed in high school. These were quite extraordinary, filling my brain with a cataract of ideas and more than enough energy to give me at least the illusion of carrying them out. My normal Brooks Brothers conservatism would do by the board; my hemlines would go up, my neckline down, and I would enjoy the sensuality of my youth." (Chapter 2, pg. 42)

"But then as night inevitably goes after the day, my mood would crash and my mind again would grind to a halt. I lost all interest in my schoolwork, friends, reading, wandering or daydreaming. I had no idea of what was happening to me and I would wake up in the morning with a profound sense of dread that I was going to have to somehow make it through another entire day. I would sit for hour after hour in the undergraduate library, unable to muster up enough energy to go to class." (Chapter 2, pg. 44)

"[St. Andrews] is a mystical place: full of memories of cold, clear nights and men and women in evening dress, long gloves, silk scarves, kilts and tartan sashes over the shoulders of women in elegant floor-length silk gowns; an endless round of formal balls; late dinner parties of salmon, hams, fresh game, sherry, malt whiskies, and port; bright scarlet gowns on the backs of students on bicycles, in dining and lecture halls, in gardens, and on the ground as picnic blankets in the spring. (Chapter 2. Pg. 51)



"I did not wake up one day to find myself mad. Life should be so simple. Rather, I gradually became aware that my life and mind were going at an ever-faster clip until finally, over the course of my first summer on the faculty, they both had spun wildly and absolutely out of control. But the acceleration from quick thought to chaos was a slow and beautifully seductive one." (Chapter 3, pg. 68)

"Depression, somehow, is much more in line with society's notion of what women are all about: passive, sensitive, hopeless, helpless, stricken, dependent, confused, rather tiresome, and with limited aspirations. Manic states, on the other hand, seem to be more the provenance of men: restless, fiery, aggressive, volatile, energetic, risk taking, grandiose and visionary, and impatient with the status quo. This is not surprising: depression is twice as common in women as men. But manic-depressive illness occurs equally often in women and men." (Chapter 5, pg. 123)

"I have become fundamentally and deeply skeptical that anyone who does not have this illness can truly understand it. And, ultimately, it is probably unreasonable to expect the kind of acceptance of it that one so desperately desires. It is not an illness that lends itself to easy empathy. Once a restless or frayed mood has turned to anger or violence or psychosis, Richard, like most, finds it very difficult to see it as illness rather than as being willful, angry, irrational, or simply tiresome." (Chapter 9, pg.174)

"No amount of love can cure madness or unblacken one's dark moods. Love can help, it can make the pain more tolerable, but always one is beholden to medication that may or may not always work and may not be bearable. Madness, on the other hand, most certainly can and often does kill love through its mistrustfulness, unrelenting pessimism, discontents, erratic behavior and especially through its savage moods." (Chapter 9, pg. 175)



Topics for Discussion

- 1) How does the picture of profound mental illness presented by Kay Jamison differ from its stereotypical representation in popular literature and in films?
- 2) Did the fact that the author is, herself, part of the mental healthcare system help or hinder her coming to grips with her manic-depressive illness?
- 3) Why did Kay Jamison feel the need to keep her condition confidential for so long and what prompted her to finally "come out" and write this book?
- 4) What issues specific to a woman with a career in the mental health field arise for Kay Jamison, and how does she handle them?
- 5) Why does Jamison resist taking the one drug, lithium, that can help her and what finally causes her to change her mind?
- 6) Jamison intersperses her book with quotes from well-known writers and poets, most of whom also had manic-depressive illness. What is the connection between this condition and the arts, as alluded to by the author?
- 7) Does Jamison feel that her manic-depressive illness has benefited her in any way, despite causing her pain and suffering? Does she think the journey has been worth the struggle?
- 8) In some portions of her book, Jamison rails against the hypocrisy of having to be "in the closet" about her illness and proclaims she's fed up with hiding. But she also takes pains not to give the names of her immediate family members or many important people in her life. What accounts for this dichotomy?
- 9) Because manic-depressive illness is likely genetically based, the possibility of someday preventing it by genetic manipulation has been raised. Since the illness is often associated with great creativity and achievement, what are some of the ethical questions posed by this potentiality?
- 10) Despite the promise of new scientific advances in understanding manic-depressive illness, Jamison says she remains pessimistic about any future cures and admits she takes her lithium more out of fear or relapse than for any other reason. Is this ambivalent attitude itself perhaps symptomatic of her illness?