

Transcript for Episode 404: “Bipolar Disorder: The Space Between Diagnosis and Identity”
Please note: This transcript has been lightly edited to remove filler words or sounds.

DR. RACHEL KALLEM WHITMAN: Towards the end of college, I came to this realization that this illness doesn't have to be bigger than me, and that there are things that I can do to control it. And I can't cure it, but I can learn how to control it.

[music playing]

LINDSAY KOLSCH: You're listening to the To Write Love on Her Arms podcast, a show about mental health and the things that make us human. Each episode we'll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We'll be sharing stories and exploring big themes like hope, healing, and recovery.

[music playing]

CHAD MOSES: At the heart of everything we do is the belief that you deserve to feel seen, heard, valued, and understood. And over the past 15 years, To Write Love On Her Arms has sought to keep learning, in the hopes we can see, hear, value, and understand more people. Our journey has taken us far beyond our initial mission statement, which explicitly addresses depression, addiction, self-injury, and suicide. In fact, today, you'll find us spending more and more energy seeking to present hope and help to people affected by things like anxiety, eating disorders, and posttraumatic stress. The list seems to be ever growing. But truthfully, we've never been about building a fence around what we can and can't speak into. Rather, we're far more passionate about inviting people, inviting you into this growing community. Where a list falls short, our hearts and effort seek to stand in the gap. To ensure that you know you belong here with us, in good company.

Today, we're shining a spotlight on a mental health experience that by no means receives as much air time or attention as others do. And yet, it's something that so many people deal with, day in and day out. It's something that we know is immediately relevant to so many of you, and that topic is Bipolar Disorder. Bipolar Disorder is a chronic illness—meaning it has no cure. That being said, this illness is not immune to treatment. Through personalized care, Bipolar Disorder can be managed. You can live with it. And to help us learn what living with it can look like, we'll be joined by educator and advocate, Dr. Rachel Kallem Whitman and editor and writer, Claire Biggs. Two guests whose journeys may differ but still find common ground in their hopes of smashing the stigma that surrounds their diagnoses.

First on the mic is Dr. Rachel Kallem Whitman. Who has been living with Bipolar Disorder since 2000. Through intentional storytelling Rachel creates safe spaces where authentic disability narratives are amplified, hope is kindled, and community is cultivated.

I'm your host Chad Moses and this is the To Write Love on Her Arms podcast. Let's get started.

[music playing]

CHAD: It is our pleasure to introduce you, the audience, to our friend, Dr. Rachel Kallem Whitman. Who is Dr. Rachel Kallem Whitman?

RACHEL: Well, thank you, Chad. To start off, the doctor is silent. So it's just Rachel Kallem Whitman. I feel a little pretentious, but I did earn the degree. So you know, it's always a conflicting thing. But yeah, that's a really good existential quandary of a question like, 'Who am I? What makes me tick?' So, like all of us, I have a lot of different roles and a lot of different things that I cherish about myself. And so I am an educator, I'm a writer, I'm a self advocate, I'm an activist. In addition to that, I am a friend, I am a wife, I am a daughter. I'm the mother of four beautiful pets: Trixie Pickles, Bella Fabulous, Juniper Mantri, and Roxy, Meatloaf. Meatloaf is a family name. And so one of the things that I think is so important when we introduce ourselves, is to recognize so many parts of our identity that we are proud of, but also kind of unpack some of the things that we might have grown up with that impact us and influence us. But we might not have always had the language to talk about them. And so for me, that's growing up with Bipolar Disorder. And I've lived with Bipolar Disorder for most of my life, but every time I have the opportunity to speak, it's the opportunity to push back on stigma externally, but also internally for myself, because I think that's a journey that we're constantly on when we live with mental illness, which is a chronic illness.

CHAD: I love that in your first introduction, you didn't list a mental illness as a piece of it. That was a caveat. That was the next sentence, that was 'Moving on, here are some other things, but it's certainly not the most important thing.' And I think that speaks to something else that you're really passionate about is the advocacy that you've worked, to my knowledge, with really two pillars in advocacy being disability awareness and mental illness. Would you be able to explain a little bit about what that advocacy work looks like?

RACHEL: So, I think when it comes to how I practice advocacy, language that I've also been adopting, as I'm kind of continuing to like to navigate and narrate my journey, is I'm really focusing also on allyship and looking at allyship as a verb. And so now, as I'm practicing advocacy, I'm also really putting this emphasis on myself to live as an ally. And that takes on a lot of different forms and identities and mutations. I think, for me, primarily, I'm a writer. And so I love being able to shed some light onto what it's like living with an illness to people who aren't familiar, but also build community with people who live it. I'm also an educator, so I teach at a local university, and I'm in the psych department, but my courses are on disability studies. And the bulk of what we talk about is lived experience, whether it's disability, whether it's mental illness, and how in order to better understand the disability experience, to understand what it's like to be mentally ill, you really have to listen to those who live it. And so that kind of like motto/mantra of mine that I've kind of adopted when I teach. Also something that I do consider to be a part of the work that I do in advocacy, allyship, I'm a connector. For example, when my students want an interview somewhere, they want to do any job shadowing, I can connect them with different agencies that serve disability and mental illness. And if someone needs a resource, like they need a therapist, or someone's had a rough time with a psychiatrist, and

they're looking for somebody else, I can provide, like these intentional linkages to people, and I can connect them to each other, hopefully, for everybody's gain. So I think that's been a huge area of growth for me is realizing that I can connect people in a meaningful way. And how rewarding that is for everyone.

CHAD: Totally, I mean, I'd say that advocacy is most profound, it really hits its stride when it's authentic. When you can lean on that sense of connection that this isn't me versus the world, but 'what does it look like to develop an us around that?' With that sense of community, how did you first get connected to the To Write Love On Her Arms community?

RACHEL: I got to know you and your organization, I wrote a piece, it was called "I Don't Thank My Bipolar for Anything. Not a Single Thing." And the narrative, really, that I was sharing, was 'fuck it.' My narrative is fuck bipolar disorder. It is not anything, it has not been the catalyst for growth for me, I don't view it as an opportunity. I view it as something that has greatly disrupted my life that is a hurdle that I've learned to live with, but has not ever contributed to my fabulousness. That I would be just as fabulous and amazing without having a mental illness. And so I don't give my bipolar disorder any credit for influencing me in any way. I do consider myself to be a survivor. But I don't look at my bipolar as something that takes a bow and that I thank.

CHAD: Just gonna read a quick excerpt that really stuck out to me in that piece that you mentioned. You wrote, 'My bipolar disorder doesn't make me special. It makes my life complicated. My bipolar disorder doesn't make me brave. It's not the source of my strength. It lingers under the surface of my consciousness wheedling into my brain and poisoning how I feel about myself, and how I experience the world. I'm special, brave, strong and talented without my illness. Bipolar disorder isn't a trial that I need to tackle in order to show the world I'm tough enough. I don't need an illness to exaggerate my awesomeness. With an illness that mimics identity, it can be hard to tell where bipolar ends and I begin. The boundaries are never that distinct. But my bipolar disorder isn't a badge. It's a label, a diagnosis, a hefty troublesome detail. My bipolar doesn't get to take a bow.' And I love how even in that word play with identity you draw such a clear line between this is me, this is Rachel, and this is bipolar. You anthropomorphize bipolar, it does not get the credit. It does not get the curtain call, it does not get the bow or the roses at its feet. But you do.

RACHEL: I do! Make this about me!

CHAD: Make it about anyone that's felt that that attention has been robbed from them. And you just happen to do an incredible job with prose and drawing that out.

RACHEL: Yeah, that was a piece that was one of the most liberating pieces I've ever written. And I had held on to that feeling for so long, and just felt I couldn't really confront myself with it for a while. It was more just about my own revelation, that in order for me to practice my self care, a huge part of it is to really see bipolar disorder as this hindrance of an illness.

CHAD: You just mentioned that this wasn't the first and certainly not the last piece that you've written about living with bipolar disorder, or living with diagnosed mental illness. I wonder if we could rewind the clock a little bit. What year was it? What was the context of your life when the term bipolar disorder first popped into your life?

RACHEL: Bipolar disorder came into my life first as a feeling. And I started becoming symptomatic when I was in middle school, so it really started in eighth grade. And it was this feeling of otherness, it was this feeling that something about me is different. And it became this wordless struggle, I didn't know how to talk about it. I didn't know what was happening to me. Like a lot of young people who are diagnosed when they are in their preteens or early teens, bipolar disorder can look a bit differently. And so for me, I was having these bouts of, like hypomania, and irritability. But not just this kind of like, 'I don't have my coffee' irritability, like just this agitated, annoyed, confrontational person. And that's never who I was. And so my parents were just like, 'Is this going through puberty? Are these hormones?' But as I grew, my bipolar kept evolving.

And the first time that I ever received the diagnosis is because I had this really pronounced manic episode. I just started my junior year of high school. I can laugh at it now, but at the time, I thought that I was on TV. I was manic and delusional. And I thought that my life was being broadcasted on television. And everything I did, I had to do on behalf of this show. And so part of what that entailed is, I would be an advertiser for things. And so the specific instance when my parents were like, 'Uh-oh, she's not just quirky, something serious is happening,' was when we were eating dinner. My dad had just made peas and I was like, 'Dad, what kind of peas are these?' And he was like, 'Green, like, I don't know, I just took them out of the freezer.' And I got so adamant. I was just like, 'I need to know the brand of these peas.' And my parents were just like, what is happening here? And finally my dad showed me the brand. And he was like, 'Is this? Why do you need to know this?' I was like, 'Well, how can I advertise it to the audience if you don't tell me the name of the brand?'

And my parents were just like, uh-oh, this is not good. And so basically, we were able to kind of look back and see the beginning of my struggle with mental illness that started a little bit with addiction, and then soon became this thing where I was living with these manic episodes and psychotic episodes. And I was really lucky. And I know that word might not make sense at first, but in my family, there's a heavy, heavy genetic link to bipolar disorder. Two of my grandparents had it. I have a cousin who has bipolar disorder as well. So when I first started experiencing those symptoms, my parents kind of recognized some of it at first. So when I was taken to my first psychiatrist, I was diagnosed correctly right out of the gate. And for a lot of people with bipolar disorder, they get misdiagnosed as having depression, or an anxiety disorder. So for me, in a way, I was lucky that I got my label early on, because it was like, okay, we know what this problem is, we know how to fight it. But also getting that label from an early age carries so much weight and stigma. And so I was lucky and one on one side of the coin, because it was like, we have language about this. Now we know what we're up against. But in the same vein, it had been something that I had been raised to kind of fear because it impacted my family in such a negative way. And then it was like, 'Oh, my gosh, now I'm the problem.' And so that was this

really raw and and just really this agonizing revelation I had of just like, now the problem is anchored with me. And I didn't understand that I could manage it, I didn't understand that I could heal, I just then saw myself as a disorder.

CHAD: As you were walking through some of that family history, it occurred to me that so often in the realm of mental health, we really have this two sided coin of the word stigma. And everyone who is an advocate for mental health talks about how we have to fight stigma. Stigma is the enemy, stigma is what's preventing hope and help from encountering people that deserve that hope and help. But then on the flip side, we identify the stigma is a problem, but it can take a lot deeper work to see what stigma looks like. What it looks like in the school setting, what it looks like as a co worker, what does it look like in a family unit. A family that is already familiar with this term, with this diagnosis, how it's manifested with other people. But it sounded like stigma was still there, even amongst people that were still rooting for you.

RACHEL: And I am so lucky that I have had and have such a supportive family, I have such a strong support network. But I think for me that internalized stigma was so toxic, and was so insidious, that I really had to dissect my internalized stigma over the years, which is stuff I still carry with me to this day. Stigma robs you of your power and it makes you feel alone. And something you talked about was like the importance, the necessity of community. And what stigma does is it isolates. It isolates because you're afraid, it isolates because you're ashamed, you're embarrassed. And so for me, a large part of my journey was actually to believe my support network when they said, 'You can do this and you're lovable, and this doesn't have to own you.' And then, at the same vein, me being able to take that conversation, and learn how to believe it, and learn how to cherish it and see that that's my truth. That I don't have to be marked as this sick person, that I do have this strength. And maybe I don't see it all the time, but other people do.

CHAD: You mentioned that bipolar has been a part of your life for the majority of your life. Yet as I look at your resume, there's something that's been a part of your life for even, you know, a greater percentage. Maybe not even greater percentage, but you know, it's going neck and neck, which is your involvement within a university or higher education or college context. I know for me the first time that I heard about bipolar disorder, it was my first year, first semester, Intro to Psych. And so much of that Intro to Psych is pathology, right? It's looking at how the brain works, many ways in which it doesn't work and what it looks like when something is interrupting what is quote, unquote, a 'normal' process of the brain. So for the people that are listening that are currently in the college context, or maybe we just love people that are. People that are living away from home, maybe for the first time ever, and are wondering, 'Am I feeling normal? Am I feeling quirky? Is something off?' What did it look like to take those first steps into the unsupervised context, and learn how to cope with mental illness?

RACHEL: My bipolar disorder really reared its head for the first time when I was in high school. And I actually took a Psych 101 course at my high school, and it was like AP Psych 101. And I remember my teacher, who was phenomenal, he was like, 'Why do you know all this stuff so well?' And I was secretly like, 'Cuz I'm living it!' But I never, I did not come out and say any of

that. But when I went to college, my parents were a little reluctant to let me go, just because I had been struggling with my mental illness and really, with my self care and taking my medication and going to therapy. But when I went, for me, I back slid. I didn't take my meds, I did not go to therapy. I really embraced kind of the stereotypical college experience, because it kind of helped me get away with some of my risky behavior. Because in college, so many things are normalized, like drug use, and substance use disorders, and staying out all night, and partying, and hypersexuality. And so to be honest, my bipolar disorder kind of let me camouflage into that world. And it wasn't until later in my college career when I was like, you know what, my grades are tanking. Is this really how I want to look back at my college experiences of being this, collection of risky things that I did, that I managed to survive because I had privilege and because I was lucky. But I didn't want that to be my college legacy. And so towards the end of college, I came to this realization that this illness doesn't have to be bigger than me, and that there are things that I can do to control it. And I can't cure it, but I can learn how to control it. And I was really lucky because I was introduced to a psychiatrist who really helped, a therapist who really helped. I'm really lucky because I take medication that makes such a difference in my life. And not everybody has a good relationship with medication, or their illness is medication resistant. But that doesn't mean that it was easy. It's still a struggle to this day. It's constant. It's fluid. Sometimes it does pause, and it doesn't impact my life as much, but it's always going to be there. And that's really when I was like, I gotta lean on the hope that I have. So if you were to ask me, 'Ok, Rach, what's your technique for managing your care?' I would say therapy, medication, and a healthy dose of hope. I think hope is something that can be very hard to find. But without that, without having that light, recovery, living with your illness, taking it day by day, it just seems so impossible. And so I think for me, I've learned from the things that I've been through. It doesn't mean I don't repeat my mistakes, Lord, I do repeat my mistakes at times. But I've really learned how to cherish my resilience and the fact that I can dig deep and I can find that hope, I can find that light in my heart, that I want to live.

CHAD: Beautiful sentiments, beautiful wisdom. But when it comes to nuanced topics like mental health, we really run a risk in trying to sweep past the nuance into an easy answer. So often, especially when we come to calendar pillar posts, such as Mental Health Awareness Month, we often hear phrases like 'this too shall pass,' and you know, a lot of narratives that you were dispelling in the first blog that we mentioned. Those reminders, they can be helpful for some challenges. But bipolar is a chronic illness. How has knowing that this is a forever kind of thing impacted your perspective and outlook when it comes to your mental health?

RACHEL: So I went through some phases. I like to call these phases, they're my AAA phases. Not for car support, although they've rescued my ass countless times when I, you know, blow a tire or anything. But my AAA experiences. First, I was aware of my bipolar disorder. So I was diagnosed, I was aware of it. It was something in my life that I didn't understand, that I did not like, but I didn't know how to manage it. So then, after the awareness came the acceptance. And I started to accept it and to understand that the best way to manage it and treat it is to accept that it's there and it's not going away. But that leads to my third A, which is action. Now I have to do stuff to alleviate this problem to treat myself well, to take my medication, to be honest with my therapist, to share with the people that matter when I have to ask for help. And so for

me, it's been this journey, and it's not linear, right? Like dealing with mental illness and recovery is never linear, whatsoever. But for me to kind of transition through these phases, it has given me language, to kind of talk about where I'm at. And I've also found that a lot of people who have mental illness and these kind of struggles, when I talk about it through that lens, it can be really relatable. And I think a big part of building community, which I try to do through teaching and writing and connecting, is the relatability piece of, I've been there, or, that makes sense to me. Or you know what, I want to implement this in my life, maybe it'll help me manage my own care. And so just looking at this, kind of the passage of time, looking at kind of how I've evolved and matured with my illness, again, it doesn't mean that I don't stumble and slip up and fall. But I've been from this kind of passive position of being aware and accepting it to being active. But being like, this is my thing, and I'm going to own it. Because I want to live my life, I don't want to live as a disorder, I don't want to live as an illness, as a sickness. I want to live as I truly desire to live, as Rachel, with all of the identities that I hold so dear to my heart, that bipolar disorder, unbridled bipolar disorder threatens and jeopardizes. So for me living in this space of action has been really empowering. Because it enables me to push back on my internal stigma, to erode ableism, to push back on some of my negative experiences that I had with people discriminating against me. And so I think when you can act on something, it gives you that sense of autonomy and agency.

CHAD: It strikes me that the AAA's, aware, accept, and act, that's not limited to someone with a diagnosed mental illness This is for all of us. And I would say that it's unfair to assume that the responsibility, the onus of making a change is incumbent upon people that are just trying to get through the day. That's where that allyship really comes into play. You mentioned some different modalities of treatment, you mentioned seeking a counselor, you mentioned a psychiatrist, and introducing medications into your care regimen. I'm curious if you could point us in the direction of some social, some community pieces of this.

RACHEL: So I think a big part of community advocacy is to create these safe spaces, is to find community. And one of the ways that I've been able, I think, to be a connector is to be present, is to show up, is to be an ally. So I'm involved with the autistic community in Pittsburgh, I'm on the board for an autistic advocacy organization. I am there with my neurodivergent peers, right. And so I'm there with them, we see each other, we have that experience. In addition to that, I have worked with young people with disabilities, physical disabilities, primarily, and being able to kind of bridge the experience of being having physical disabilities and mental health because again, the body and the brain are complicated. And so just because you might use a wheelchair, doesn't mean you don't get depressed, right. Like all of this stuff, impacts people, no matter what. Online, there are so many communities that are available for people that they can plug into, that they can find space. And for me, where I started getting traction with that, and where I started finding a space to show up in and to help other people was through writing. And it was through creating a blog space where I talked about experiences that people related to, and they would message me. And one of my favorite pieces of feedback I ever got, I wrote this piece about a personal experience of feeling ashamed. And this gentleman emailed me and he was like, I'm from the Middle East, and I read your blog. And he said the most beautiful words in any language are 'you are not alone.' And that was one of these moments. epiphanic moments

where I was just like, I want to teach people that. I want to echo that because that is so important.

One of my friends runs an organization called Inside our Minds which is this radical mental health space that is phenomenal and she does great work just making mental health inclusive and then demanding opportunities. She's just out there being like, we deserve to be here. We deserve to be heard. And then I have other advocacy friends who have tuned me into the intersectional parts of advocacy, and to looking, for example, like Deaf communities of culture. I have a friend named Dustin Gibson, who has the Harriet Tubman Collective, which looks at the experience of people with disabilities who are also black, a person of color, or indigenous folk. And then like other great things like you can find communities on Twitter. Alice Wong, who does the Disability Visibility Project is incredible.

CHAD: I did want to peek back on the conversation of treatment, and you referenced that your treatment journey has evolved. It's been a plan. It hasn't been a formula, but it's been something that's been adapted over the years. What has that process looked like, or felt like? What did it look like to find a treatment plan that worked for Rachel, understanding that everyone is put together a little bit differently?

RACHEL: What really started it for me is when, you know, I was first given the language to talk about my mental illness. And, you know, I had the space with a therapist, with a psychiatrist. Though, I think people in the mental health community, we can all relate that we've had so many negative experiences with the medical system, you know. And the medical model says that you're broken and incurable, and the only people who can fix you are those in power, which tend to be like dominant culture, you know, cisgender white men. And so for a long time I unplugged from the mental health care system, because I was like, they're telling me what to do. There's so much negative rhetoric about being a woman with a disability, with a mental illness. Another part of it though, Chad, was that when I first realized that I could get treatment, I was terrified, because I didn't know who would be underneath. You know, all of a sudden, I had support and people saying, hey, if you take these meds and go to this, you know, go talk to your therapist, things are going to get better. But I was so afraid of this stranger. And I was so afraid that if I treated the disorder, who would be left? And I didn't know how I could learn to love her. And the illness, in a way, was predictable. I was predictably sick. I had my hypomania and my mania and my depression and my psychosis. And while it would never always clear when they would rear their head, I knew them. I knew them so well. And so the fact that maybe there was this unfamiliar part of myself, because again, I started experiencing symptoms, really, when I was 15. So it was so early, that I never feel like I got a baseline of who I could be as, like, a sane, stable person. And it was after I had a suicide attempt that I really started realizing that, for me, self love is survival. And I have to love this stranger, because she doesn't have to be a stranger. This is someone who I need to rekindle and reconnect with. And that realization was one of the reasons that I'm here and I'm alive today. That I could love myself without having an illness without being actively symptomatic. And that's like, radical self love is being able to say that you're worth it, and you're worth fighting for. And you should be patient with yourself. I told, this is like, my, I don't like setting new year's resolutions, but my 2021 goal is to like, give myself

more grace. I need to give myself more grace, to grow, to fall, to stumble, to get back up, and just take on these challenges that are important to me. And so I think, as I'm kind of moving through the world now, it's again, really treating myself with kindness, and knowing I deserve it. And trying to share to other people that they do as well. A huge part of being in this world, is the fact that you can make it better for others in addition to for yourself. And love and compassion and kindness and hope - they're not things we keep to ourselves, right. Like those are things you share.

CHAD: So on the theme of that sharing, you shared something with the wider world recently, your book, *Instability in Six Colors*, just last year that was published. Actually it was our editor, Becky, she read the book and said that it was informative and inventive in exploring bipolar disorder. It's a world that so few are familiar or aware of, but you've provided a spotlight and a microphone, a sense of voice, and you know, dare I say you put some skin on it. Like this isn't just a thought, this isn't accepting bipolar disorder on a cognitive level, but this is seeing what it looks like to be, A, a human, and B, someone who is diagnosed with bipolar disorder. So would you be able to give our listeners just a little bit of an overview of the book and what they can expect to find in it?

RACHEL: I had attempted suicide in 2014. And I had been writing for a long time, but I realized that for me, something that would empower me when I was ready to do so was to start sharing. So I started a blog, and I started writing and realizing I wasn't alone, and owning my story. But so when I was writing the book, I called it *Instability in Six Colors*, because I use different colors to reflect different mood states. So for example, hypomania is purple, mania is gold. And when I was writing the book, it felt like I was, like, weaving a tapestry using these colors. It felt like I was just, you know, bringing in the orange, bringing in the green, bringing in the blue. And to be honest, I was like, 'Oh my gosh, I'm weaving a really depressing rainbow,' because this book is so heavy and deals with so many things. But when I finished it, and I like, read it and shared it within my circle, I realized that this story, in a way, it is this rainbow. There's so much light here, there's so much positivity, there's humor and hope, and hopefully it helps people. And so basically synthesizing my experiences through storytelling has been this really empowering thing, and giving it to other people and having them read it and then having them relate. But it just goes through this narrative of exploring how complicated and layered we are. You know, someone who has bipolar disorder has lived through trauma, someone who also has struggled with addiction. And so being able to share with people who live with mental illness and live with these issues, and then family members and friends, and psychiatrists and clinicians. The idea was to just, if I could, create some more empathy. My little rainbow empathy book. But really this idea of getting shared language, and shared experiences, because that's how you build community. That's how you push back on stigma, ableism. You start eroding and dismantling these systems of oppression, that for so long, have silenced people in a way that can be so fatal. And so when I wrote this book, and I realized it could help people, my little wish, when I put it into the universe, was really that people could find a home there. And then ideally, share that home with other people.

CHAD: You've done such a great job of encouraging, of sharing your wisdom, of just providing a sense of honesty and dare I say even levity to this conversation. I'm wondering if there's any other source, maybe in pop culture, in media, TV, or movies or literature, that you think have done a good job of portraying someone with bipolar disorder?

RACHEL: Yes! So my favorite author is a woman named Marya Hornbacher. And she wrote one book called *Wasted* about living with anorexia, which I also live with, for the majority of my life struggling with disordered eating. And then her second book is called *Madness*, and it's about her life with bipolar disorder. It is the best narrative about bipolar disorder I've ever read. It is so raw and honest, that when you read it, you feel it. She is one of my inspirations. I mean, her writing is so gripping and also educational at the same time, which I think can be really hard. When I look at bipolar narratives, I want them to be authentic for the individual. And so, Marya Hornbacher, she's a writer and so the way she tells stories is very verbal and saturated with feeling. But one of my favorite mental health, bipolar narratives is, there's a comedian named Maria Bamford and she's hysterical. She has bipolar disorder, and on Netflix, she had a television series. I think it only went two seasons, called *Lady Dynamite*. And it was the best telling of bipolar disorder from her perspective, as a comedian, as being quirky and eccentric. And I remember watching it, and I was like, 'You know what, this isn't really like my bipolar experience. But I feel it so deeply, because I can see how this is her life. And this is her experience, right? This is her authenticity.' Reading this book, seeing this comedian, those kind of gave me strength, but, you know what, somebody else who I always thank is Carrie Fisher. I had, like, a Star Wars family. My dad went to see Star Wars when it came out. He was one of those, he saw it 72 times, was in the little local newspaper. And Carrie Fisher, reading her work, *Wishful Drinking* is a book of hers that I absolutely adore. And just, like, her fearlessness, if I could have just a little bit of her fearlessness. She was never afraid to talk about how intense and how trying and how devastating bipolar can be. And that surviving is worth celebrating. And, you know, I have quotes of hers that I collect, and I like hanging in my office, because she just was so present for people struggling with mental illness. And I think she did such a good job, not just connecting one type of person, but really going through the spectrum of people who struggle with bipolar disorder, and in a way unique to her that's comical. Because she was a very funny woman. This idea of like, everybody's a hero to somebody, I think finding words like that, that speak to you and then being able to share them is so valuable. Also, again, when I like, see Maria Bamford, when I read Marya Hornbacher's book, when I think about Carrie Fisher, again, it's community, like I'm not alone. These are strong women who have a vicious illness that they do their best to control and then share their success with other people. I think the issue that I have in my life that I'm actively working on is trying to look at more diverse experiences, because Marya Hornbacher, Maria Bamford, and Carrie Fisher are all white women. And so there are so many more struggles for people of color, for black folk, for indigenous folk. And so for me, like part of my growth, this, like, next step of my evolution, is looking into those experiences more and seeing that strength and seeing that radiance.

CHAD: I really dig that idea that anyone could be anyone's hero. You never know when someone else is watching. Sometimes being a hero can look like something that feels very every day. And I think that is probably one thing that is probably the easiest to bring up when it

comes to stigma, that when it comes to mental illness, there's no lack of negative narratives that are out there. They often masquerade as jokes, or really just straight up peer abuse, of bullying of people that didn't choose the disorder that they've been diagnosed with. So I think a huge piece of being a hero, an everyday hero, is finding ways to combat harmful narratives and shut down hurtful jokes. What is the most frequent bad idea that you encounter in regards to bipolar disorder?

RACHEL: As an individual who lives with bipolar, as somebody who professionally looks at mental illness and disability, I think the most toxic myth, or stereotype, or bit of prejudice, is that you're just not trying hard enough. And that narrative of if you just tried harder you wouldn't be so sick, if you just tried harder, you wouldn't be as much of a burden, if you just tried harder your life would be better. And of course, when it comes to any kind of illness, you want to take ownership and treat it and manage it. But people don't see that struggle that goes on. That constant battle that you're trying to wage against something that oftentimes can be bigger than you. And so when people kind of have this perception, that 'Oh, people who are mentally ill, they're just not trying hard enough, you know, it's their fault for relapsing, it's their fault for turning to substances.' I'm not saying we shouldn't have accountability. But there's a difference between having accountability and having somebody hate you for it, for thinking that you've a lack of it, right. It's funny, in the mental health community, there's usually the term recovery, this idea of like, you know, recovering and how you're never done, how you're always in this process of recovering. And for me, recovery, to me, is like, you're trying to find something that you lost, you're trying to recover something you once had. But I think for a lot of people with mental illness, especially if it came on earlier in their life, they never had that. So what are they trying to recover, something that they never experienced? And so for me part of the book, when I was writing it, I was like, using the term recovery, I didn't really like it, I didn't really know why, I didn't know what else to use. And then I realized, I was like, no, for me, it's not about recovery. It's about existing. It's about me doing what I can, what I need to do, to keep waking up another day, to keep fighting the fight for my life to just exist. And sometimes that's all you can do, is just take it day by day to just exist. And so for me, and again, everybody uses their own language and is empowered by their own kind of narrative and conversation. But for me, shifting that paradigm, and not saying, like, oh, I'm recovering, and I'm in recovery to 'I'm existing,' came with it, this wave of strength and self understanding that I have for myself. And it's not this idea of necessarily, like, I'm trying to find something that's lost, it's more so I'm trying to take care of the me that I found. And so I think, you know, when we push back at biases, when we push back at things as big as like, 'you're not trying hard enough,' when we have our own language to be like, I'm existing here, I am doing what I can, I am taking my medication, I'm going to therapy. I'm going through a hard time, though, acknowledge that I exist. And I exist because I am putting the work in.

CHAD: I feel like this is a great time to remind our audience that this is an entirely free podcast. You're getting just golden nugget after gold nugget. But please do check out Rachel's book, *Instability in Six Colors*, and she has a couple blogs on the TWLOHA website, as well. And this is a really silly question, but just in case you haven't already done it, hit us with your best piece of mental health advice.

RACHEL: Oh, that's such a good question. So my best piece of mental health advice. Express yourself. For myself, I write, that's how I express myself. I'm a writer. For some people, it's art. For some people, it's just talking to a friend. For some people, it's finding a job that they like, for some people, you know, it's practicing ownership in a variety of different ways. But I think with mental illness and stigma, they both serve this role of trying to take over. So if you can really express who you are in a way that works for you, that's survival, that's hope, that is the light that you are shedding on the world. And, you know, I think something that's really important when I talk to people about blogging, in particular if they want to blog about mental health issues, is that the opposite of shame isn't owing everyone your story. And so if you want to write, you can write, but you don't have to share that, you don't have to, you know, let everybody peek into everything that you've been through. You make those decisions, you're the author, you're the owner, you're the agent of that change. And so I think being able to express yourself is really important. And if I can take a moment to say something else, I think being an ally is another great way of handling and managing your mental health and helping your community. And remembering that ally is a verb, and that you have to put the work in to make things better, not just for you, but for people who don't have as much privilege and advantages. And so using privilege as a tool to improve the experiences of other people and make them safe is so important. But in also understanding yourself and what you need, being able to express yourself. I think there's so much there that can carry you, when you're well and when you're not well, because you have yourself and you know yourself.

[music playing]

CHAD: We believe our mental health is just as important as our physical health. That's why we're asking you to move for something that matters on Saturday, May 29, 2021, in honor of TWLOHA's 9th Annual Run For It 5k. The event is completely virtual, which means you can move from wherever you are!

And this year, we're rallying behind the statement: "Nothing can take away how far you've come." To us, those words mean that the progress you have made or are making can never be erased. Perhaps you've just begun or are even simply considering embarking on your journey of healing. Maybe you have years of recovery under your belt or those years have led to a relapse. Or it could be that you're feeling the heavy loss of a loved one as you carry their legacy forward. Regardless, your efforts matter. Your healing does not unravel in the face of hard moments or imperfect chapters—it continues. You continue. To purchase your 5k pack or to learn more about the event, go to runforit5k.com.

[music playing]

CHAD: Our second guest is a friend and former TWLOHA team member. She's an avid writer and editor who has written about pop culture, social justice issues, and current events. She's known for her bangs, getting to the airport three hours before her flight leaves, and her love for the John Wick franchise. It is my honor to introduce you to Claire Biggs.

[music playing]

CHAD: Before we dive right into the topic, I would love for you, Claire, to introduce yourself a bit.

CLAIRE BIGGS: Yeah, my name is Claire, I'm a writer and editor. Right now you'd find me about 20 miles south of Nashville, Tennessee. I worked for TWLOHA two years full time in Florida as the editor, and then three and a half years after that as a consultant. So, I'm pretty, I mean, I'd like to think I'm more than a friend of TWLOHA. But I think right now I'm considered a friend of TWLOHA, on the pod.

CHAD: Once family always family. And as we mentioned, today we are speaking about bipolar disorder. I'm wondering if you might want to unpack what your relationship is to the topic at hand.

CLAIRE: I was diagnosed officially when I lived in Florida, actually, in 2014. I think, late 2014. But it's been something I've been struggling with since I was a teenager. So it's definitely at this point been a little less than half my life of living with this. So I have plenty of things to say.

CHAD: Let's start there with that diagnosis. You learned about this diagnosis, like you mentioned, as you were in the midst of your professional career. A career that was working specifically with depression, addiction, self injury and suicide; and beyond that, trying to give voice to topics that are often overlooked, certainly highly stigmatized. But so much of your job was ascribing dignity to people that were struggling with any number of mental health challenges. You said you've been living with bipolar disorder for a little over half your life. Were there any diagnoses that clinicians or counselors were able to toss your way before getting this diagnosis of bipolar disorder?

CLAIRE: Yes. And my first experience, I'm going to give myself about 30% of the blame for this and the other 70% to the actual medical professional who talked to me. So when I was late, like kind of late high school, junior, senior, I realized I was struggling with something. But my only frame of reference for mental illness was like catching a Cymbalta commercial, this really kind of strangely animated ad. It was like a rain cloud following someone. They'd be like, 'depression hurts. Cymbalta can help!' And that was truly like the only conversation anyone was having around me about mental illness. Sometime around that time I found TWLOHA's blog. So I knew people were having conversations out there, and I knew this was a thing I was probably struggling with, but I didn't have the words. When I was a senior in high school, I took a psychology class and that assigned reading that I did for once, really did impact my life. We read a book called *An Unquiet Mind* by Dr. Kay Redfield Jamison, and she is incredible. She wrote about her bipolar diagnosis, and she was also in the clinical side of the mental health field. And so I read that and was like, oh, this person is putting words and stories and feelings and thoughts to things that I'm experiencing too, I might have this mood disorder. But again, like I haven't talked to anybody, no one has certainly brought this up to me, so I struggle, I'm still

struggling, I don't feel like I have any support back home. So when I go to college two hours away, and it gets to this point that it's just, you know, untenable. I go to a doctor off campus. And I'm like, 'Listen, I think I'm depressed, I need some help.' And the person goes, 'Okay, we'll take this mood disorder indicator.' If you've ever gone for an intake appointment for counseling, you've definitely seen one of these. They have anywhere from like, five to what feels like five hundred questions and you rank like, I think, like, strongly disagree to strongly agree. And I did this and it was pretty short. But I did it. And the doctor came back and I still remember the look on his face. And he was like, 'Yeah, so it looks like there's a high probability you have this mood disorder called bipolar disorder.' And even though I had read the book, and was like, 'Yeah, that sounds like me,' he said that and I was like, 'Listen, buddy, I'm not here for bipolar disorder. I'm here because I'm depressed.' And I don't know why he listened to 18 year old me with no medical background or sense in the world. But he was like, 'Okay, here's an antidepressant.' So I couldn't even say I got a diagnosis, it was more like I got a medication. And if you know anything about bipolar disorder, you've tried to treat it. Usually, your frontline defense is not an antidepressant, because that can actually kick you into the cycle of mania and depression and can actually have the opposite effect that you're looking for. But that was my first experience with medication as someone who has bipolar disorder.

CHAD: The book you were speaking about, was that book specifically about depression, or was the book about someone living with bipolar disorder?

CLAIRE: It was about someone living with bipolar disorder. So, this was in the 70s. It's actually her memoir and I've actually given it out. Sounds nerdy, I've given it out to friends who wanted to learn more about what my experience was and they've also found this pretty helpful. But it's her experience living with bipolar disorder. And she has type one, which is longer and like more fully blown mania with hallucinations, and she really struggled in a profound way. And she wrote about her experience trying to research bipolar disorder in her career and kind of bring it to a level of relevance in terms of, like, actually getting treatment, but then showing that people can have lives and have careers. And again, she did struggle profoundly, and she talked about, like being on medication and being in treatment and seeing a therapist. But that memoir was 100% about her diagnosis with bipolar disorder and her life.

CHAD: Was there a sense of relief upon getting this first, albeit misdiagnosis, but just being able to put a finger on the map and say, this is where I am and maybe this is a route forward?

CLAIRE: Yeah, I will say it was a relief in the sense that being able to go to someone. When you're a young adult, obviously you know this if you've been a young adult, you have no control over anything. I mean, that like emotional regulation, but also just in your life like a bell rings and you go to the next class, you have to ask permission to go bathroom, like your entire life is so tightly controlled, until you usually turn 18 or go to college or or leave your the household in which you grew up. So it was this kind of sense of empowerment of going somewhere and having someone take me seriously as a young adult. So there was relief there. And especially because I was also-I didn't know the word stigma then and I didn't know the word gaslighting then, but there was that part of my brain that had internalized messaging from culture, and from

people around me, and even from, I'm sure from that psychology class. Like, 'Oh, I'm just too sensitive, I need to suck it up. I'm so lucky.' And again, I didn't know the word privilege back then either. But I have all this privilege, you know, what could I possibly be depressed about? And also, as someone who was, like, pretty disciplined in every aspect of her life, it was a very scary and strange thing to feel so out of control, and to not have any understanding of how it could get back into control. So when I was taken seriously, and did get that diagnosis slash medication, it was a relief.

CHAD: So you went through the vast majority of your college career with this assumed diagnosis of depression. You stepped into other roles professionally, doing other internship opportunities, doing other career moves, you change geography several times, and then you come to Florida. At what point in your tenure in Florida did it occur to you, maybe there's something else at play, maybe I should talk to someone else about what I'm currently experiencing?

CLAIRE: So, I'd say, I came in off a period of my life where I was doing surprisingly well. I wasn't medicated at the time and I moved to Florida. I'm not a Florida person, as you know. So, obviously, a geographical change is a very big stressor in your life. The job itself, which I loved, was also stressful. And I got to a point where, I'm not sure what caused it, obviously, but I got to the point where I was having panic attacks in my sleep, and I already struggle with sleep. Insomnia can kick off cycles of hypomania and mania. So, we have great health insurance, which I still miss. I finally went and saw somebody and was like, I can't live like this. I need some kind of help other than, you know, the kind of bullshit things people tell you when they don't fully understand the extent of this severe mental illness of like, 'well just go get some sun and go get some exercise and go get some sleep and surely, that will cure any like brain chemistry issues you have.' And those are obviously like, parts of an effective treatment for a lot of people. So I don't want to discount that. But for me, I knew I needed more help than that. So I went and saw a professional.

CHAD: Was there an inkling that maybe bipolar was a piece of this? Or were you kind of using your previous experience and taking a similar test as a sort of bias? A, 'Okay, I know what they're gonna say, I know it could come back this way, and I know that it may not be conclusive,' or was there some sense of internal wisdom, pointing you to 'I should brace for something that may be difficult to hear?'

CLAIRE: I went in and said, like, here's my history, I had been on antidepressants. I don't think they're working. I'm not on anything now. I think I might have bipolar disorder, but I'm open to a different diagnosis, here are my symptoms. And based on that, she recommended the test. And when I took the test, again, like, I'm not married to this diagnosis. If someone came to me tomorrow and was like, actually, this is your diagnosis instead, or like, this is how we want to move forward with treatment, I'd say okay. And I don't know if it was that person who told me or where I heard this. But one of the most helpful things for me in terms of this, because I know that there's a lot of stigma attached to diagnoses, especially like bipolar disorder, or schizophrenia, or ones that we classify as, like, really severe. Not that all mental illness can't be

really severe, but ones that like, I think in society, there's still so much stigma around. One thing that's really helped me is the idea that the only thing diagnosis informs is treatment. It's not like a moral failing. It's not something that has any kind of relevance to your character. It's solely going to inform how we move forward helping you deal with this thing that's happening in your life.

CHAD: I want to touch on stigma. You mentioned how much stigma there is attached to quote unquote, severe mental illness or mental disorders. We often talk about stigma and it's easy to say stigma is a societal problem. But it's only a societal problem because it's individually manifested. Sometimes purposefully, sometimes through microaggressions, sometimes just through the culture that we aren't fully aware of. As someone who lives with bipolar disorder, what does stigma look like, sound like, feel like, to someone that is on the receiving end of that stigma?

CLAIRE: The important thing is to realize that different things will bother different people. So, an example people bring up all the time about bipolar disorder, that does not bother me at all, is when people are like, 'Oh, the weather, so bipolar today.' And I understand the need to be precise with language and especially, and I've seen it obviously with like, 'Oh, I'm obsessed about this,' or 'I'm OCD about this.' I understand the need to be precise with language, especially as a writer and editor but for me, the things that make me the most hesitant to be open, or ask for help, or really just be open. Because that's the key where you're not suffering in silence. For me, it's the literal very legitimate stories people have of how their lives have been negatively impacted by people with bipolar disorder. And that is something that I don't discount. Obviously, everyone's experience is their own and it's valid. But I've had experiences recently where just in conversation, people would talk about their home lives and having a parent or somebody who had untreated mental illness, and in this case, untreated bipolar disorder. And listening to the stories, you know, it's just horrible. Any illness left untreated can wreak havoc on the lives of that person or the people around them. But it definitely just made me go, okay, I'm just gonna keep that to myself now. You know, we do have protections in our government, like through the Americans with Disabilities Act, that are in place for us in things like our jobs, and bipolar disorder is covered under that act. But, I certainly haven't gone to anyone at my work and said, 'oh I have bipolar disorder, this is my diagnosis.' And you know, I'm not open in that way, even though I should be protected under the ADA. And I have no reason to believe my manager, or my, you know, CEO, or anyone would have an issue with that. But it's that kind of hesitation, even, that's something that's reinforced by the culture. And especially - I used to be very into true crime. And a lot of times, the stories you hear were 'Oh, and this person had untreated X, Y, Z and they killed 4,000 people,' or something, you know, like some horrible story of this horrible crime they've done. And I know you and I both know, and I know TWLOHA has tried to express this, is that people with mental illness are much more likely to be victims of violent crimes than to actually commit those crimes. And I can't speak to anyone else's experience with bipolar disorder. But for me, when I'm depressed, or when I'm in a manic or hypomanic episode, I'm not becoming a different person, like those are still aspects of me, just in very amplified and profound ways. But hearing those stories, too, it's like, an infamous serial killer had a bipolar diagnosis. Like, of course, you don't necessarily want to bring that up.

There's this idea that anything that's incurable, especially something that's looked at as scary or looked at as an illness, there's just this idea I think that our culture wants us to keep it to ourselves. Because it's seen as a burden, or it's seen as inconvenient, and we would just rather look away from the hard thing sometimes.

CHAD: And I feel like you already referenced a bit of what that stigma looks like, as you were seeking your first diagnosis of, 'No, I don't want that. But I will settle for the lesser of depression.' With that moment of misdiagnosis and looking back on that moment, why did that misdiagnosis kind of make sense? I guess, beneath that is the question, what are some notable similarities between depression and bipolar? And perhaps that leads into a conversation of here are ways that they are totally different and why this misdiagnosis is wild to look back on.

CLAIRE: Yeah, well, I will say this misdiagnosis is very, very common with bipolar disorder. Because, I'm not going to be, like, having a good time and be like, 'Oh, I should go see somebody about this.' But it's much more common that people with bipolar disorder will obviously go get help when they're in a period of depression. So of course, if you present with symptoms of depression, and maybe you don't score as high on this mood indicator chart or survey, of course, you're going to get that diagnosis. And there's nothing wrong with that. It's a very hard diagnosis to give, I think accurately, especially in the first time.

CHAD: Yeah, bipolar is complicated. This is something that runs a spectrum as well. So no one interview and no one experience is going to be a totem, is going to be a stand in for every experience for people who live with this diagnosis. That being said, would you be comfortable sharing a little bit about how your bipolar presents itself when untreated?

CLAIRE: I was watching a movie with my roommate one Saturday and it was the Devil Wears Prada. And I was like, I'm gonna get bangs, which everyone knows is jokingly referred to as the white girl distress symbol. For the record, I still have these bangs, so I think it worked out. I mean, it was 100% a distress signal. It didn't like, you know, it stuck. So for me, I already struggle with insomnia and a thing with insomnia, it can kick into those cycles when it gets really bad. So I was going weeks on, you know, two to three hours of sleep a night if that. Which is obviously great for every aspect of your life. So I was just sleeping less and less. And usually first, like on a typical day, I'd wake up and I wouldn't be tired, which is rare, because I wake up and I'm always tired because I don't sleep well. And I'd just be like, 'Oh my gosh, I'm not tired. I'm in a great mood. It's gonna be a great day. What should I do? I'm gonna get doughnuts,' I went and got a donut, which like, again, I had a doughnut for breakfast this morning. It's not that out of character. But it was just this kind of waterfall effect of me reaching for things that either feel very good or are self destructive. And a lot of the times those overlap. So after I got doughnuts, I booked an international flight. That was my trip to Croatia and I think I went to Amsterdam. I think that was the flight I booked. But I was like, if you looked at that person from the outside, you'd be like, can you calm down a touch? It's not even noon. And you're like, you know, five hours into this episode. So it escalates very quickly. This is also on brand for me - have you heard the Taylor Swift song, 'this is me trying'? It's basically about this person who is struggling with addiction. And, I don't wanna say they've messed up their life, but this addiction

has had a negative impact on their life with their behaviors. And a lot of the song is just about like, you have no idea how hard it is to try to be sober, to try to stay in control. And, you know, a lot of these behaviors can look fun, but I work really hard to limit my access to certain things so I don't engage in self destructive behaviors when I'm in these states. So I don't keep drugs or alcohol in my house, for example. Whether it's spending money or, you know, engaging in what would be considered promiscuous behavior, or self harm, or doing drugs, or drinking. Your impulse control is just shot whenever you're struggling in that phase, like when you're in that kind of part of the cycle. It's not just that it's easier to do these things. It's like, that's the only thing you can do. I wish people understood that it's very, very fun, and it's great, and it's nice to be around, up until a point. Do you remember that episode of Friends where they had Fun Bobby on? So Fun Bobby was fun to be around. And then everyone found out he was an alcoholic, and then when he got sober, they didn't want to hang out with him anymore. And listen, I could talk about that for hours. But I wish people knew that like these things that look fun or that look exciting are often times when you're really out of control, and it's not fun for the person. Because I think I'm a smart, creative, fun person at my baseline. But when I am in that state, it is like, I've got the greatest idea. Like, I just want to walk around and shake people and just be like, can you reach these conclusions that I reached? It's just a really bizarre state to be in. And it's very fun and enjoyable up until a point and then it becomes very scary. And I think this statistic is still true. But I read somewhere once that people with bipolar disorder, when they attempt suicide, if they're going to attempt, they usually do it during a manic or hypomanic stage, it's not usually during the depression. And the reason you do that, because you actually have energy. And again, it's fun to a point, I'll keep saying that. But then it gets to a point where it just feels dangerous.

CHAD: And that hits on one side of the coin. But we know that this is bipolar, that there's going to be another side as well. And as you mentioned, and as has been documented through research and through modules of treatments, that while you have the fun moments, you have the manic moments. You have these days, weeks, sometimes months of unchecked peak experiences, that's followed by a steep, rapid and precipitous decline. What does unchecked bipolar look like? When not manic?

CLAIRE: Yeah, I love that I gave you one pole of bipolar disorder. Also, I want to say that people, if you think you're dealing with this, you should look up the different types of bipolar disorder, because the kind that I actually have talked with my doctor about is mixed state. And that's when you can have the aspects of, you know, hypomania or mania and depression at the same time. But for me personally, depression, it's unbearable to live my life. It is unbearable to be around other people, I can't think of talking to other people. I can't think of, honestly, during a normal pandemic day, I just can't even think about building up the energy to send an email or respond to an email, because of everything that's going on in our world right now. But normally, when I'm depressed, it's just like, it does this incredible thing where it just takes away what it means to be human. And at the same time, it convinces you that this is it. And again, I'm 31 at this point, I've been through many a depression. I know that there is life on the other side of it. To be honest, I've been suicidal twice in the last year. And both times I was like this is it. Like, this is it, it's not going to get better. So it's this, just this awful manifestation of the illness that

convinces you that like, there is no joy. It's very opposite of the mania experience where everything about you feels wrong, there's nothing you can do, and it's not going to get better. And somehow, despite all that, you do have to pretend, because for me, it is a lot of pretending at that time. You do have to pretend to be a normal person. And when I say hold down a job, I mean, that is really - to use a phrase I don't understand - that really is by the skin of my teeth. A lot of the time, especially in the last year and a half or so. Again, knowing what I know, from friends who have depression but don't have bipolar disorder, I think that's pretty standard. It's just this hopeless existence. That's how I feel when I'm depressed.

CHAD: So we talked about a lack of treatment, we talked about untreated. Let's talk a bit about the journey and finding what has worked. And what was the process in finding what the Claire formula is?

CLAIRE: I will say the type of drug I'm on now is actually not an antidepressant at all. It's an anticonvulsant, which I think is really interesting, because the side effect profile has been really effective treating people with bipolar disorder. So I've been on that since 2015. I've increased my dosage over the years and including over the past year. And that's been huge in terms of managing like this rapid cycling I was doing between the poles. So I'm still on that anticonvulsant, which is working the way it's supposed to. But I've tried adding, you know, 6, 7, 8 other drugs at different times, obviously, to that treatment plan over the past year and a half, and it has not helped it all. So I know that one of the hardest things when you're first getting the diagnosis and you're trying treatment is you feel that relief that comes from getting a diagnosis and thinking that you're gonna, and you are, but thinking that you're going to get this treatment plan. But then to have it not work is so much worse than going untreated almost. For me, at least. So I have an appointment in two weeks, where I'm going to go and say this drug we just tried does not work for me. I can't do it. What's next? So that's where I'm at right now. And I would just encourage anybody who is in that trial and error to just remember that it is a trial, there will be some error. And sometimes in my case, I'm going on a year and a half now, but I'm still gonna keep going because I do think it's worth the trial and hope that I'll find correction one day.

CHAD: I think that's such a brilliant way to look at even that turn of phrase, trial and error. It's only trial and error until you've found the successful option, until you've found the thing that works. So while, you know, quantity gets the benefit of the doubt in that phrase, that there is a qualitative factor at play. That your health, your well being is something that deserves the research that deserves the opportunity to continue to learn, to find what works for you, something that feels a bit more manageable. You mentioned the medication piece. So, is there something that you have added to the medication regimen that has provided a sense of stability? Something behavioral, or something habitual that you kind of return to as another piece of your Batman utility belt of self care?

CLAIRE: Yeah, I think this is less about self care but more about the opposite of that, is recognizing your own red flags. Especially if you live with somebody and you can have them look out for it too. My roommate, for example, will tell you there's a huge problem coming if I'm

listening to the song Talk by Hosier at nine o'clock in the morning, like that will immediately warrant a text of like, 'Are you good? What's going on?' Another thing that I noticed is, I won't - I wouldn't say I'm a neat freak in any way. But I won't start putting things away like that, it'll just kind of accumulate, or I'll stop doing the dishes. So for me, it's like actively doing those things. I still listen to music every morning. But, it means, like, keeping a clean space. I know that's important to my mental health. When the pandemic started and I was really struggling, I made a list of like ten things I had to do every single day, even if I didn't feel like them. And I did not feel like doing any of them. But one important one was talking to friends, especially because with depression and any kind of trauma and anything, there's this tendency to self isolate. So I had to, like, voice talk to a friend every single day. And I was completely alone at that point. So that looked like using the Marco Polo app to talk to my cousin in Indiana, or I would FaceTime my sister or other people I was friends with, or send voice memos, which I don't love. But it is so nice to hear people's voice coming through your phone. So that's something, just kind of fighting that urge to isolate that's been pretty big for me. I will say, as much as I deeply, deeply resent exercise for my own, like journey, I just don't enjoy it. It does help me. So I do try to get some physical activity in a couple of times a week, at least. Truly I know when people like, 'it's not for my health,' it really is just for my health. I don't do it for enjoyment. I try to find a way to, when people talk about, it's refilling the well. So it's like, where can I find things that will spark my creativity? Like, are there beautiful things I can put around my apartment? Are there things I can look at on the internet that aren't like Twitter, and the news? So it's kind of putting yourself in the way of beauty or putting beauty in the way of yourself sometimes, and being reminded that it's not just this experience that you're having in your head, that life is happening around you and that like, you can seek that out, and it'll be there when you need it.

CHAD: I love that, you know, the idea that self care is not necessarily self manifesting. We're built in such a way that requires other people, other sources to fill the well. Other reminders of beauty. Revisiting the conversation of stigma now that we have talked about medications, how they work and and the surprising ways how an anticonvulsant can be effective in treating something that doesn't deal with convulsions specifically. So there's oftentimes a stigma that is attached to taking medication for our mental health or mental well being, especially when it comes to people that identify as creatives, as artists. As a writer, what are your thoughts on that sense of stigma? And have you ever felt that maybe relying on medications has hindered your creativity?

CLAIRE: Oh, yeah, I mean, definitely in my worst moments, like my least generous moments for myself have thought I'd be better if I wasn't on this medication. That's not even just about my art, like, there's this voice in my head, I don't know where it comes from. But every once a while, it's like, maybe you don't have bipolar disorder, maybe this is just like who you are, maybe it's all in your head. I know, this is something I heard a lot growing up, maybe you're just being dramatic, and you want a little drama in your life. But truly it takes me about a day and a half of being off medication to go into a manic state. So I know for sure, like, this is a thing I'm dealing with. But even so I've had people tell me that I'm more fun to be around, or, you know, I lost my edge when I got on medication. And for me, you know, I've been unmedicated, I've been medicated.

I've been creative during both of those periods. But I've read my work from the time when I wasn't medicated. And granted, I was much younger. So you'd hope that like, just time would improve my skill. But my work is so much more consistent now. But, I don't write at all when I'm suicidal and I'm much more likely to be suicidal when I'm off my meds. So it's not really a choice for me. So at least I've, like, kind of had that realization within myself. And I think we have this really destructive idea. There's this fear that the meds are going to change you. But that also is the goal. You know, you do hope it changes your brain chemistry or helps fix this problem in your head. When it comes to art, we have this idea of this suffering artist and I really, truly I know people will argue with me on this, but I don't really believe there's any moral value or use in struggling for your art. You know, your life is more important. And I say that as someone whose art is my life, like if you took everything else away from me and I made no money from it, I would still be writing. I know people listening to this too, who might struggle with alcoholism or addiction. And there's this fear of trying to go get help, and will that change, especially if you're successful, will that change the work you're doing? I just read an article about Lee Daniels, he's 60 or 61, and he's directing his first film sober. Doing drugs and drinking, it didn't make him the director he was. It helps some things, because addiction does help in some ways, and it definitely hindered some things. And I can't speak to his experience, but like, his next movie is not gonna suck. You know? Like, he's going to do incredible work. And in some ways, it's probably going to be a lot easier for him to create, now that he's in recovery and not doing those things. I think anyone who has real perspective on mental health and sees the profound ways, either it impacts themselves or others, like you have to look at the benefits outweighing the costs when it comes to being medicated or unmedicated. I truly don't think it's worth suffering for your art. I can say that strongly. I'm very grateful to have friends in my life who struggle with mental illness. I'm not grateful my friends have mental illness. I'm just grateful that we're all in a place that we can talk about mental illness. So last night, even, I was texting two friends about this, and I was telling them how nervous I was. And so that's really nice to have a peer to peer level of support. But I don't, unfortunately I think I know personally two people with this diagnosis. And that's something that's always shocking to me. And I do think that stigma has such a huge role in that, that we're not talking about bipolar disorder, because I do think depression is more common, I think statistically, but I know plenty of people with depression. I know two people with bipolar disorder, so I do desperately wish. And the thing that scares me about that is that I might be that person for somebody that they might be looking for me for help. And it's just like I'm doing the same thing you are, I'm looking for someone else's perspective too. And I would love to look at someone 10, 20 years older than me, in my career, doing what I want to do with bipolar disorder. But I don't have that right now, which is a bummer.

CHAD: That really points to another piece of where the stigma puzzle comes into view, is a lack of proper channels of communication on what this mental illness is and what it is not. We talked earlier about true crime dramas, and how often the low hanging fruit there is untreatable mental illness X, Y, or Z. So we've seen clear examples of places that are playing pretty fast and loose and irresponsibly, with a big topic like bipolar and diagnosable mental illness. But can you think of places that are really nailing it on the proper and the careful and compassionate representation of this diagnosis?

CLAIRE: You know, I don't see many portrayals of bipolar disorder on film or TV. I will say though, I think if you're someone who's struggling and you think you might have any mental illness, and you see a portrayal on TV or you read a thing in a book and it doesn't match yours. One, that might not even be accurate, so like, don't put too much stock in that. But two, it might be accurate, but it might just not be your experience. And that doesn't mean your experience isn't what the mental illness is. It manifests in different ways for everybody. So that's my, I think, representation. And these portrayals, these accurate portrayals, are so important. I will never turn on a piece of media and find a perfect portrayal, in my opinion, of bipolar disorder. And that's fine, because there isn't one perfect portrayal of bipolar disorder.

CHAD: Lastly, is there any advice that you would care to share with our listeners as it relates to bipolar disorder, or even just the greater conversation of mental health?

CLAIRE: So one thing I'm thinking about right now is actually looking at the Americans with Disability Act and looking at the accommodations offered to people with mental illness. So I've done zero research into that right now. But if you're living with any mental illness that's considered a disability and you're trying to manage that at school or at work, I would encourage looking into that. That is one thing I'm going to do. If you're struggling with the idea of having an incurable illness, you know, if you go to your doctor or your nurse, and they say you're going to be dealing with depression, or anxiety, or bipolar disorder, or schizophrenia for the rest of your life, one thing I've been thinking about a lot lately is holding on to that version of yourself that you are hoping for. Like, you know, I woke up today, and I was just like, God, I'm not where I want to be in so many areas of my life. But you know what, I would love to think that, like, if you stopped me a year, two, five, ten, whatever years from now, you'd find a version of myself who's like, fluent in French. And she sold a couple books, and maybe a pilot or a script, and you know, like, her hair looks amazing, or whatever, you know, she really finally nailed eyeliner. I would just say like, there's a better, and by better I just mean more true version of yourself in the future that you should hold on for. Because if things are bad right now, especially if you're going to get a diagnosis, I know that you're going because you can't manage on your own. And that's completely fine. But I would just say like, hold on for hope of becoming somebody that you can't even picture right now. If you had told 18 year old Claire that 24 year old Claire would work at TWLOHA, I mean, that would have-I couldn't even have comprehended that. I would also say, there was a period of my life where I couldn't see beyond my diagnosis. And this is when I was primarily looking at it as depression. But it felt so hard to look at myself as a person. Like I felt like I was just a depressed person. And that was all consuming, because it was. It was something that profoundly, negatively impacted my life. It's so interesting looking at this point in my life now many years later, and it's not just because I'm medicated, it is truly like a shift in perspective too. I don't look at myself as somebody with anything other than a diagnosis. Like, I'm not a bipolar person, I'm not a depressed person. I'm not a manic person, I'm just a person. And this is one of the things I have to navigate the world with. So I totally understand if you're at a point where everything feels all consuming, but you're more than your mental illness. There's more to you than like, the things you're struggling with. And there's more to you than the bad days. And some days, you're gonna forget that and that's fine. But some days you're gonna wake up and you're not even gonna think about your illness at all. And if that sounds like a lie

right now, I totally understand, but it's the truth. And I hope you remember that when you get there. And I hope you appreciate that and I just hope you know that's true on some level.

[music playing]

CHAD: We want to thank both Rachel and Claire for lending their voices to the conversation today. With every word you speak or write or share, you are actively pushing back against the stigma that says we can't talk about these things.

To our listeners, thank you for tuning in and for being invested in this on-going work. And if you or someone you know is experiencing bipolar disorder or any mental health challenge, we want to remind you that there is hope and help available to you. To find and locate professional, affordable resources near you, we encourage you to use TWLOHA's [FIND HELP Tool](#) by going to twloha.com/findhelp. If you reside outside of the US, you can browse our growing [database of International Resources](#). If you are in the US, you can also text TWLOHA to 741741 to be connected for free, 24/7 to a trained Crisis Text Line counselor. If it's a safe space to share or a listening ear that you need, email us at info@twloha.com. For links to any of the resources, books, songs, or media mention during this episode, check out our show notes. This has been the TWLOHA podcast, and we're glad you're here.

[music playing]

LINDSAY: We hope this episode has been a reminder that your story is important, you matter, and you're not alone.

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A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor.

I'm Lindsay Kolsch, thank you so much for listening.

To Write Love on Her Arms is a non-profit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery.