

## Wilderness House Literary Review 14/3

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### She Came to Stay

(with apologies to Simone de Beauvoir)

She arrived uninvited. She swept onto the scene in my mid-twenties and, like the elephant in the tent, insisted petulantly that I move over so she could have more room. I resisted.

I never received any training, no preparation for her arrival. She descended, a cyclone of suitcases, wheels flying off in all directions. She plopped herself down on the floor of my bachelor apartment and began to cry. Before I could ask her name, she berated me for not meeting her at the train. In moments, I could tell that the opinionated individual strewing sticky knotted tissues around my home was completely oblivious to me.

That first afternoon, although I was rather discombobulated by her arrival, I was not without hope. My guest's demeanor drained me of my usual zest but I was still blessed with youthful energy. I jogged or swam five times a week. Fit as a fiddle, I could talk my way out of most awkward situations. If push came to shove, surely I could wrestle this strange, disheveled creature into submission.

Today, I must admit that time has proven me wrong.

This obstreperous and sometimes witty guest – still uninvited, mind you – inhabits my mind and body. She exerts tremendous influence over every aspect of my life, from my sexual relations to my ability to enjoy a novel. There are days I want to grab a pair of tweezers and rip her out like a nasty splinter.

If only it were that easy.

Twenty years after she made such an inelegant entrance into my life, this uninvited guest is forcing me to acknowledge her presence, to name her, to even *welcome* her (the audacity!) if I intend to survive.

You see, she comes and goes as she pleases. The doctors call it 'episodic' – a bit like those engrossing British crimes dramas on public television. During a bad episode when I (or my physician) fail to manage her well, the results can be tragic. Suicide is her specialty. Mine.

After two hospitalizations (my mini-vacations at *Club Dread*) and a lot of study, I am able to speak with some authority about mood disorders: depression and bi-polar disorder, also known as manic-depression.

Modern pharmacology has changed the course of treatment for mood disorders, especially since 1988 when medications that target specific neurotransmitters in the brain became available. Complementary treatments such as counselling, cognitive behavioural therapy, full-spectrum light therapy, daily exercise and the support of family and friends, help keep my unpleasant guest at bay.

Speaking frankly of my battles with depression feels like "coming out". I live with bi-polar illness, to be exact. So far, it's the lows that pack the worst punch. The highs have cost me money I did not have, but up till now I've not disrobed atop a picturesque Newfoundland fjord and

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declared I can fly. Still, she's an evolving hurricane, this vexing visitor of mine. Her storms brew up and blow in differently each time; my task is to stay a step ahead, using all the medical and complementary health assistance I can muster.

This cautionary tale is not just about me. A tremendous learning curve confronts the Canadian public, business and unions. The Canadian Mental Health Association notes that one in five people will have a mental illness at some point in their lives. Health Canada reports that roughly 20 percent of individuals will experience a mental illness during their lifetime and the remaining 80 percent will be affected by mental illness in family members.

While it is indeed heartening to know I don't languish alone in this heap of humanity, few truly appreciate the unspeakable desolation that the accompanies the heavy cloak of darkness when it descends. It is typified by a most terrifying loss of control.

Imagine driving through a sodden, gusting hailstorm with no windshield washer fluid or wipers. You cannot stop your vehicle to disembark or call for assistance. At that moment, in the enclosed capsule where you find yourself, suicide seems the only set of brakes at your disposal.

In the early days of onset I tried to run away. The only problem was I couldn't give *myself* the slip – I was plagued by an annoying debate duked out constantly in my head. My fugues caused someone who loved me a great deal of concern.

Today, competent treatment and empathy go a long way in prodding my journey toward accepting this illness. It is acknowledging the disease, accepting that I have an illness – without giving in to it – that is gradually liberating me from fear of a life punctuated by scary hospitalizations. In the mid-1980's, an overworked nurse barked, "You'd better stay on your meds or we'll see you back here in no time." I felt offended by what I perceived as her haughtiness. To me, that hospital stay had been a total power struggle. I would *never* give in to the medical establishment and their insulting labels. I was young.

Stigma and discrimination continue to be driven by fear and ignorance. To acknowledge that I have a mental illness and wear the label "bi-polar disorder" remains an uphill climb. I'm not about to don a medic alert that screams L-I-T-H-I-U-M. How does one ever embrace this bloody illness and move one?

Wrestling with this recently, I realized I had to turn it on its head. I needed to recognize that my health challenges are miles apart from fighting cancer. There is no treatment to search out my uninvited guest and exterminate her. We won't pillory her with radiation or chemotherapy. No, she and I have to learn to co-habit.

She's not going away. Her arrival has something to do with my genetic makeup and there's sweet didley I can do about it. Except to learn to 'manage' my illness – without giving in.

It's not that different from a person living with diabetes. Just like a boy in my daughter's class, my family and I must be ever watchful for signs of balance or its absence. Peaceful co-existence is the most I can hope for.

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Acceptance is the key to identifying crucial early intervention, *before* the brakes fail. So there will be no zapping my uninvited intruder, no air invasion or regime change. We are learning to give one another some slack. When things get rough, I tell my inner circle “Just so you know, I’m going through a period of turbulence”. And I fasten my seatbelt just like the pilot says.

I am the pilot. The arsenal of tools and treatments is never far away. With any luck – and a properly funded health care system – the human and medical support I need to get through an episode will be there. I need to feel that I’m in charge, but I’m learning to let others in on the strategic plan.

Folks don’t seem to find helping out occasionally too onerous. One friend drove me to night classes during a winter that coincided with a bumpy medication change. Another friend and I arrange for our kids to have supper together often, pizza and companionship. Feeling pitied or patronized would send me through the roof – but a sense of community runs both ways.

After several years dealing with this bi-polar business, and umpteen therapies combing my psyche to unearth the origin of my faults, I made a useful discovery. I have an organic illness. It is known scientifically to encompass an inherited component.

It’s not my fault. What a relief.

As I write this, I am more hopeful. Being bi-polar is not the sum total of who I am, nor is it a life sentence. The world is still my oyster, although it’s a dialled-down version. The pearls are plentiful. Work, family, heart-ache and fun are all possible, so long as I heed my limits (and yes, take the damned medication).

Experience has yielded a route that can bypass hell. While I insist fervently on remaining in the driver’s seat, I promise not to hog the roadmap. The people who love me must know how to intervene when my brain biochemistry goes awry. Before it’s too late.

This thing we call life is a hardscrabble dance at the best of times. So, I’m not perfect. Are you?