

We are peers.

This course is being presented from the perspective of a peer, and not that of a medical professional. Talk to your doctors and decide for yourself your best options for recovery.

Share the air.

Everyone who wishes to share has an opportunity to do so. No one person should monopolize course time.

One person speaks at a time.

Each person should be allowed to speak free from interruption and side conversations.

What is said here stays here.

This is the essential principle of confidentiality, and **MUST** be respected by all.

Differences of opinion are o.k.

We are ALL entitled to our own point of view.

We are all equal.

We accept cultural, linguistic, social and racial differences and promote their acceptance.

Use “I” language.

Because we do not participate in this course as credentialed professionals, we do not **INSTRUCT** or **ADVISE**. We however do share from our own personal experiences. We are unique individuals, and only we know what is best for our own health (along with our doctor’s recommendations). Example: “In my experience, I have found...”

It’s O.K. not to share.

People do not have to share if they do not wish to.

It’s everyone’s responsibility to make this course a safe place to learn and share.

We respect confidentiality, treat each other with respect and kindness, and show compassion.

REAL STORIES OF LIVING SUCCESSFULLY

The stories below are real. Collected through DBSA's "Share Your Story" website, these individuals continue to Live Successfully with Depression or Bipolar Disorder. As you're reading these stories, consider the following questions.

- What do you think is the key to this person's recovery? Why?
- Can you see similarities in this person's story and your own? How are they different?
- What can you learn from these stories? How can those lessons be applied to your life?

Colleen King, LMFT

When I was eight years old I announced that when I grew up I was going to be a famous artist and live in Paris. My mother, then a full time college student, instilled the belief that I could be whatever I wanted. She sat me and my twin siblings down to inform us that we could attend any college we desired for free because our father died. As a kid, I didn't understand anything about social security or Veterans survivor benefits; I just knew that my mom had given me a dream to hang onto.

Creating art was an escape that helped me cope with the suicide of my father in our home and the subsequent emotional numbness that enveloped my mother. When I was 19 years old, my brother had his first psychotic break, and I was scared that I would be next. After ten years of watching my brother decompensate with severe mental illness, I began to have uncontrollable crying spells that baffled me. Already confined in depression, intense fear that something horrific was about to occur crept in and swathed me in anxiety. I desperately sought relief from the heaviness that weighed down the muscles needed to speak, much less smile. With determination and faulty reasoning, I figured I would find out what was wrong and fix it so that I could get my life back. It wasn't an easy fix, and I couldn't do it by myself.

After being diagnosed with major depressive disorder and taking anti-depressants for several months, I rocketed into rapid cycling and was hospitalized for the first of many times in 1992. After many medications and more hospitalizations, I was diagnosed with bipolar disorder. The mania symptoms I experience are not the classic type you see in movies. I mostly experience dysphoric mania, which is the concurrent presence of depressive and

manic symptoms, the most dreadful state I've ever endured. Imagine feeling despondent, exhausted, detached and hopeless while simultaneously agitated in warp speed. I could not sleep or eat, was confused as racing thoughts spun in my brain while what felt like jolts of energy zapped through my torso into my extremities.

I joined a six-month study at the National Institutes of Mental Health in Bethesda, MD. My time living at NIMH allowed me incredible opportunities to listen to some pretty smart folks explaining brain functioning and treatments for mental illnesses. I spent a lot of time in the vast libraries on the campus and participated in every type of therapy available to me. I especially benefitted from art therapy, cognitive behavioral therapy, meditation, and exercise groups.

Back in California, I struggled through mood swings to continue learning about bipolar disorder. I was empowered by expressing my experience with mental illness through drawing, painting, photography and mixed media, and having my artwork displayed in galleries. I attended many support groups and became an advocate for myself and others. Psychotherapy was an immense help in learning to cope with my new "normal."

As I began to get better at managing my symptoms and the psychological distress they bring, I decided I wanted to become a therapist. I went back to school and completed a Master of Science degree and am now a Licensed Marriage and Family Therapist.

It's been 15 years since I was last hospitalized, though I haven't forgotten the confusion, fear and pain of the most challenging time of my life. That's why I now have my own business specializing in working with women living with anxiety, depression and bipolar disorder.

I don't consider myself "recovered," as bipolar disorder is not a broken bone that I can completely recover from. I manage bipolar disorder with therapy, medication, practicing coping skills, paying attention to sleep, nutrition, exercise and surrounding myself with healthy relationships. I also embrace joy and laughter every single day.

My determination to understand bipolar disorder by educating myself, creating art, having very supportive family and friends and an outstanding professional treatment team helped me to stabilize. I didn't just get my life back; I created the life I wanted.

Trevor McCauley

My journey with bipolar certainly has framed my adult life, but it hasn't defined it.

Just getting a correct diagnosis was certainly half the battle early on. For me I was acutely aware that I was running away from a lot of emotional issues in high school. Once I got to college I had insight to seek professional help in dealing with them. For better or worse, the help I received led to a misdiagnosis of depression. I was compliant with treatment and put on a medication. Less than two months later my sleep and eating became erratic and I became hypomanic. This episode reached its climax when I ended up walking 3 plus miles to seek treatment at a local hospital.

Over the next two years I would wrestle life at college and the harsh reality of adapting to life on medication. For me at this time, I viewed taking meds as the only way I was going to be stable enough to go to class. After two semesters and three credits to my name, it became clear that having success in the classroom was going to be an uphill climb. At the request of administrators at the university, I was told not to return until I had proven I could handle life and academics at that level. I never wanted to leave, but I knew I needed to find stability in my treatment regimen and I had to develop a whole new way of staying busy while I was getting back to the classroom. As medications allowed I read more, I exercised, I would swim at a local YMCA, and I also discovered the craft of journaling. At first I had tons of downtime, and I would spend it at a local park, just observing the world around me and not being afraid or critical of what I wrote down. Eventually I found

part-time work, which was a struggle at first. I remember that I read *The Power of Positive Thinking*, and I would jot down affirmations and put them on 3 by 5 cards and read them on my way to work in order to keep myself focused and not get down about not being at the university.

Eventually I picked up momentum and I took classes at a community college. I kept on taking the next logical step, taking more difficult classes and transferring to the next college. In February of 2001, I covered another hurdle and I was accepted back into the University of Michigan. In August of 2004 I received a Bachelor of Science Degree. Post-University I certainly have had struggles adapting to professional life. There have been times where I have thought that the easiest way to achieve goals was to take a "shortcut" and get off my meds and be "normal" so I could be accepted by more people in general. This approach backfired every time. I now know that in order to achieve my dreams staying in treatment is an absolute necessity.

Today, I am a really creative person. I have published two poetry books, composed dozens of songs, I have dozens of paintings and ceramic pieces, and I love taking photos of nature. I have tremendous creative goals (I am in the process of writing a symphony) and I know they are achievable if I have faith in myself and patience knowing that as one of my teachers put it "life is made in inches". Having a supportive family certainly has helped in my journey. They have helped me stay true to myself, and their value as been immeasurable. Through every turn in the process I have learned that if you are determined and you focus and commit yourself to a desired outcome, anything is achievable in life. Having a mental illness doesn't stop you from your dreams, it provides you with an awareness that helps you become a better you.

Robert Graves

Some of my earliest memories go back to when I was in kindergarten. These are not happy memories of friends, coloring, chocolate milk, and cookies. Rather they are memories of profound sadness with a strong desire to disappear. I did not know the words depression, suicide, or mental illness, but I did know that I was very sad, alone, and all I wanted to do was just go away and never be heard from or seen again.

In later years, coming to terms with these memories actually became a comfort to me as I realized that a five year old would not be having suicidal ideations all the time if there were not some profound clinical cause of these feelings and thoughts. This helped me realize that my character was not flawed and that I was not a “bad person”. Instead I was sick. I have a real illness. However, I had a difficult road to this realization.

In my teens, I started to self-medicate my constant feelings of despair and sadness. It did not take long before I was addicted to alcohol. In my mid-twenties, at the intervention of my employer, I went to drug and alcohol rehab and became sober. My first year of sobriety was as if I unleashed a terrible monster in my mind as my untreated depression raged at full fury without the numbing effects of alcohol. In little time, I became jobless, delusional, and suicidal. I had a clear and intentional plan to kill myself. I sincerely thought I would be doing the world a favor and the voices I kept hearing in my mind told me it was the right thing to do.

Another intervention saved my life. An out-patient addiction counselor I had been working with called the local crisis team. In minutes, two people knocked on my door and sat down and spoke with me. I spent the next eleven months between in-patient psychiatric care and an out-patient partial hospitalization program. After numerous trials of medications, combinations of medications, intensive and sometimes confrontational therapy, and a round of ECT, the wounds in my soul suffered from a lifetime of depression began to heal.

In the nearly two decades since I was hospitalized with severe, psychotic depression, I worked in several capacities caring for and providing community based services for people with a variety of disabilities. I also cared for my wife, who was slowly dying from complications caused by lupus. When my wife passed away in 2005, I found myself again at the door of a professional counselor. I have since come to view monthly appointments with mental health professionals as “preventative maintenance”, much like taking my car for an oil change. I remain on psychotropic medication and will be for life. I continue to monitor my symptoms, mood changes, and even my behavior. I am okay with this because I

have also learned that I have an inner strength and a determination to persevere, survive, and thrive.

I once had grandiose ideas of what I would become in life. I now know that a simple life being honest with myself and others and working to help make the world just a little bit better is truly noble and honorable. I have left full-time employment but I continue to volunteer my time and energy to helping others. Bipolar type II has been added to my diagnosis to reflect the frequent hypomanic episodes I experience. I must continually monitor symptoms and my medication sometimes needs adjusting. I have remarried and my spouse is truly a partner who supports and encourages me to maintain my mental health. She monitors my symptoms and is honest with me even when it may make me uncomfortable. Being male, I have learned there is no shame in being honest about my mental illness. I feel a calling to help other men realize this as well because society has long taught that talking about our feelings was not okay. This barrier caused by stigma destroys many lives and needs to be broken. There is strength in honesty and healing.

My name is Robbie Graves. I am a man with mental illness. I preserve, strive, and thrive.

Sonja Mattison

In the dark year of 1999, I was challenged with a dilemma that I thought could not be solved. But luckily, with treatment and time, I recovered gracefully. I learned how to grasp onto my once lost will while I erased my self-pity, self-doubt and self-defeat. In essence, I overcame my mental disorder, bipolar, and I refused to let it block my success in life. I never thought I would have been able to write a self-affirming story about my experience with bipolar. My suffering seemed too gloomy without any possible retraction. My psychiatric disorder began when I was twenty-six years old. I was a top customer service representative and I received many accolades for my performance along with other merits and awards until my one-year anniversary. My life took a total spin.

As a customer service representative it was normal for me to handle a high volume of calls even if they seemed overwhelming. Without notice, it seemed as if I lost control of my thoughts. The calls at work were

decreasing in volume, but to me it seemed as if they were quadrupling by the millions each second. I became unaware of time. I also began to lose touch with reality. The more calls I received, the more confused I became. The voices of customers were distorted and scary to me. I also began to have “visions”. My perception of the *biblical* world became an unreal fantasy. Now I was in two worlds—real and unreal.

Hence, I could not perform my job any longer. My unreal mind told me that I was going on a pilgrimage, so I, without question left my place of employment, with resignation that I was “going into a new world.”

I was so focused on becoming my own Savior that I walked night and day trying to save the world, to find Jerusalem, but to no avail the many days I walked around without a plan led me not only to be malnourished, but an undiagnosed patient into a crisis center (the night I tried to drive myself to space or heaven).

Thankfully, on December 31, 1999, treatment began for me when my loved ones coaxed me into going to a crisis center. Although my behavior was mimicked in the year of 2003, and I was once again convinced to go to a crisis center again. When I was admitted I was given medication that “woke me up” or rather brought me back to reality. Once I discovered that my disorder was a lifelong illness I was disappointed as

well as depressed. I turned my depression into words of pain, anxiety, and frustration on paper—I journaled every day. Tear drops landed on many pages of my many entries.

Though I journaled, I almost became reclusive. I was ashamed of who I was. But I came to an epiphany, “why worry?” My misery soon was released after three years of writing, and journaling. I concluded that bipolar should be a major concern and managed with responsibility, but not obsessed with worry.

Empowered, my low self-esteem eventually diminished. I chose to believe that bipolar was only a “condition” and a part of me, which I accepted. I began to love myself for who I am and moved forward. I regained my confidence and re-established what I had lost. I found employment, gained control of my finances, and my social life; it was like a bad dream and waking up to a new fresh morning.

Furthermore, as recovery is always an ongoing process, I claim myself as “healed.” I continue my methods of treatment. Faith, prayer, and positive thinking contribute to my everyday lifestyle. They all are a part of my daily routine, and keep me well. I will live with this disorder for eternity, but I will embrace my journey that led me to be able to tell this story. Also, I greatly wish for others who have this disorder to overcome it and defeat stigma without giving up hope, and to identify themselves as “extraordinary.

STORIES OF COPING AND COURAGE

These are real stories. These people have decided to share their stories to help others understand how it feels to have a mood disorder; what treatment, relationship, and work issues arise; and what really works in coping. They are helping all of us fight the social stigma that prevents so many people from seeking help, and they are giving us hope that recovery is possible, no matter what the circumstances. While each person has a unique story, the stories share common themes, including:

Determination

They continue seeking the best treatment possible and are dedicated to improving their lives;

Commitment

They stick with their treatment plans, despite setbacks or relapses;

Support

They seek help from multiple sources, including doctors, talk therapists, family, friends and support groups;

Hope

They believe that they will get better over time.

If you have depression or bipolar disorder, it does not mean you are weak, flawed, or alone. These illnesses affect millions of people. With the right treatment, a full, happy life in the community can be achieved.

The stories in this handout are about people at different stages of recovery. Sometimes it takes some time to receive a correct diagnosis, or to find the right treatment. Some have to try more than one method or wait awhile for treatment to become effective. Although it may be difficult, it's important not to give up hope, and that you stick with your recovery plan.

Consider the following questions as you read.

- What were the major challenges that the person faced? Are they still facing challenges? Do you expect challenges for them in the future?
- What worked for this person? Why? Do you think other factors played a role in their success beyond what is listed in the What works part of the story?
- What connections can you draw to your own experiences, and what lessons can you learn as you move forward?

I felt like I would be giving in.

—Missy, age 42

Although Missy struggled with bouts of depression since childhood, she refused to take medication. “Therapists recommended that I take medication, but I always resisted. I felt like I would be giving in. I didn’t need medication, and I could do it on my own.” Missy finally sought treatment in order to be well for her daughter. At first the prescribed antidepressant helped, but then Missy became manic and was hospitalized. She continued to suffer for years, until she received a correct diagnosis of bipolar disorder and got the treatment she needed.

What works

The turning point was when my doctor changed my diagnosis to bipolar disorder and prescribed a mood stabilizer with an antipsychotic medication. The combination of the new medications, along with the joint counseling for Bill and me, and support from our church and family, is what works for me.

To help their family, Bill learned as much as he could about bipolar disorder. Though Bill and Missy drifted apart due to stress for awhile, they are now re-united and better than ever. Missy continues to work with her doctor to fine-tune her treatment plan and is doing well.

I was hospitalized several times after stopping the medication and I hated being in the hospital.

—Zack, age 19

Less than a year ago, Zack had his first major manic episode while away at college. After using some recreational drugs with his friends, he felt a sudden change come over him that persisted even after the effects of the drugs wore off. “The next day, I thought that I was enlightened and knew the meaning of life, like I was a Buddha or Gandhi,” he recalls. “I felt invincible, like I was on top of the world and could do anything. I even thought I had psychic powers, like ESP. I didn’t sleep because I felt like it was a waste of time. I stayed up all night writing poetry. I talked nonstop even though I’m usually quiet. I spent a thousand dollars on CDs, clothes, and food for my friends.” When Zack came home, his mother, Nancy, realized that Zack was manic because her daughter also suffers from bipolar disorder. She immediately got him to the hospital.

What works

Things are good when I stay on my medication. At first I wouldn’t—I was afraid it would change my personality and I didn’t want to accept that I had an illness. Then I was hospitalized several times after stopping the medication and I hated being in the hospital. I also lost two girlfriends that I really cared about because of things I said when I was manic, so I need the medication.

Nancy has helped manage Zack’s hospitalizations, consulted with doctors, and overseen his prescriptions. She has also found support by joining the Balanced Mind Parent Network. Zack’s friends accepted his condition after he talked to them openly about having bipolar disorder and they saw him go through his hospitalizations. Now they are protective of him and help him stay away from drugs. He is stabilized on medication, feeling well, and looking forward to returning to school in the fall.

I couldn’t imagine living past a certain age.

—Siu Wai, age 44

Siu Wai was adopted from a Hong Kong orphanage when she was two years old. She had been so neglected in the orphanage that her growth was stunted and she couldn’t walk. She believes that this trauma contributed to her depression. “When I was a child, I got a diary for Christmas,” says Siu Wai. “I wrote on the last page, ‘I died of pneumonia,’ because I couldn’t imagine living past a certain age.” After a difficult pregnancy and the birth of her second child, Siu Wai’s depression worsened. “When my daughter cried in the crib, it tore me apart because it reminded me of myself as an orphan baby girl,” explains Siu Wai. “I was so upset that I started hitting my head against the wall.” Five years after that, Siu Wai became intensely suicidal and had to be hospitalized. It was at that time she received a correct diagnosis of bipolar disorder.

What works

I have to stay on my medications. My doctor and I are working together to adjust them, to reduce side effects and control my depression. But I realize that this is part of the process. Rich provides stability. He manages the finances and the house, and can take over caring for the kids when needed. I have regular contact with my friends, belong to a supportive church, and attend a structured therapy group.

Now that Siu Wai receives the right treatment, her moods are more stable. She enjoys being a mother, playing the piano and using her new computer. When Siu Wai feels depressed, Rich supports her by reminding her of her positive traits and her children’s love for her. “Siu Wai carries this darkness with her,” says Rich, “but she has an equal desire for life. She is a caring mother and our children really open up to her.”

I will use any method I can to give people hope.

—John, age 67

After his initial diagnosis of manic depression in 1979, John threw away his medications and denied there was anything wrong. He later had a manic episode on a business trip. “I was on an airplane,” he recalls, “and I thought I could fly it. Later, I ended up locking myself in my hotel room. When I got home, still manic, my family wanted me to sign myself into a hospital. I spent three days in that hospital’s quiet room and I did a lot of praying. I said, if I ever get out of here, I’ll do anything I can to help other people who have this illness.” John realized he needed to be around people who understood his illness and joined the Chicago chapter of the Depression and Bipolar Support, which was then in its infancy. John and his wife worked together to make the groups more inclusive of families and get more groups started.

What works

Being with people who understand what it’s like to have this illness and sharing my experience with others have been extremely helpful. In 1981, some of the first support groups for people with depression and manic depression were beginning to form in Chicago. I called them and they told me to show up at a restaurant several towns away. I thought, who are these people – what are they trying to do? But I didn’t have a choice. I drove 45 miles to the restaurant to see them. That’s where I met the people who changed my life.

Early in his recovery, John began speaking about his experiences, and he continues to do so today. His goal is to inspire people and make them believe they can get better. John speaks to a variety of audiences, including patients, psychology and psychiatry students, social workers and primary care physicians. “I will use any method I can to give people hope,” he says. “I tell them my story and I stress that it’s just one person’s experience. Everyone may not agree or understand, but that’s all right with me.”

The fact that I know mood episodes don’t last forever has helped me cope.

—Jane, age 51

Jane first experienced depression as a freshman in college. “I became extremely depressed, my grades dropped, and I left school for a year,” she remembers. At age 26, after graduating from medical school, Jane had another severe depressive episode that lasted a year. “I was suicidal and started driving around, looking for a gun shop. That’s when I decided to get help,” says Jane. She was diagnosed with major depression and went into psychotherapy. Still, she did not receive proper treatment. Instead, her therapy was focused on “fixing” her sexual orientation. Jane went on to become a psychiatrist, treating patients with eating disorders. While still undergoing psychotherapy herself, she stayed up one night, obsessed with thoughts of how she could restructure psychiatric theory. She realized something was wrong and told her psychiatrist about her symptoms. It was then that she was diagnosed with bipolar disorder and medication was added to her treatment plan.

What works

The fact that I am a psychiatrist and know that mood episodes don’t last forever has helped me cope. I know that there are always new treatments coming out that may improve my condition. I realize it takes time to get well, and as long as there is something that I can try, I can hang onto hope.

In the last two years, Jane has developed a deep sense of spirituality. “I came to accept the Serenity Prayer, to let God grant me the serenity to accept the things I cannot change,” she explains. “My partner, Eileen, has also helped me, just by being there. Her support makes me feel like I am not a burden or a failure.”

I've been episode-free for more than 20 years.

—Rich, age 59

Rich suffered his worst major depressive episode in 1979, followed by a manic episode in 1980. It took him a while to get the proper treatment, even in New York City. Rich recognized that he could benefit from the support of others who were living with mood disorders and he knew there were others who needed help. So he, his wife and a small group of others started the Mood Disorders Support Group (MDSG), an affiliate of DBSA, in 1981. The group has grown to include a lecture series, newsletter and website (www.mdsg.org) and now serves approximately 10,000 people per year at three sites in New York City.

What works

I am one of the fortunate ones who have responded extremely well to treatment and I've been episode-free for more than 20 years. I owe my recovery to four factors: excellent treatment with my psychopharmacologist; a wonderful supportive wife; dedicated work with a good psychologist; and my work with my support group. Despite the absence of episodes and symptoms, my road to recovery has still been long and difficult. My greatest challenges have included guilt, self-stigma, and a tendency to spend too much energy looking for symptoms. My involvement with a DBSA support group has given me a lot of confidence in my executive and leadership skills. After my initial bout with mania and a long reactive depression, I worried that I would lose these skills, but I use them now more than ever. Today I have everything I need including a loving family, an interesting job, sufficient income, plus the enormous satisfaction of helping others manage their illness in a way that we could only have dreamed of in 1981.

My opponent tried to use my illness to discredit me.

—Lynn Rivers, age 45

Lynn Rivers is a 4th term United States Representative for Michigan's 13th district. In 1995, one year after she was first elected, Rivers was the first member of the U.S. Congress to talk openly about having bipolar disorder. "I had made a promise to myself during the campaign that I would speak out," says Rivers. "Then, my opponent tried to use my illness to discredit me. So, I gave a speech about my experience at a fundraiser." Encouraged by the crowd's positive response, she went on to tell her story to the press. Today she continues to give talks to audiences around the country. Rivers had her first daughter at age eighteen and soon after began experiencing severe anxiety attacks. Three years later, her anxiety increased and depression followed with the birth of her second daughter. Sensing something was very wrong, Rivers sought the help of a psychiatrist. She was first diagnosed with depression; then her diagnosis was changed to bipolar disorder. Over the next 12 years she worked closely with her psychiatrist to find a combination of medications that stabilized her.

What works

I've managed to reach balance with my medication and have been in good health for ten years. But I had to continue working with my doctor for 12 years to get to this point. I had a number of relapses and each time it was not only heartbreaking to feel I was losing, but also very embarrassing. I had to keep starting over, fighting the same battles. There is a real anger and frustration that goes along with that. Psychotherapy has also been a great help. I've learned how to function as a healthy person and had a chance to talk through my feelings. My family and community have been very supportive and we talk openly about my condition.

Writing has helped bring me back to sanity.

—John McManamy, age 53

Hope was the last thing on John McManamy's mind in January 1999 when his family brought him to the local emergency room for suicidal depression. He was diagnosed with bipolar disorder, an illness he had long suspected but denied that he had. One of the first things he did once he was able to crawl out from under the covers was get to the computer to educate himself. Soon after, he began writing articles about bipolar disorder treatment and his own experience. Eventually he started a website devoted to educating people about bipolar disorder (www.mcmanweb.com) and an e-mail newsletter, *McMan's Depression and Bipolar Weekly*. By sharing his experience and knowledge, he was able to help himself and countless others. "I remember one mixed manic episode," says John, "that left me jobless and nearly penniless in a far away country, and the depression that landed me in the emergency room. I know what's at stake should this illness try to reassert itself. I'm in complete awe of the destructive power of this perfect mental storm. Maybe that's why I'm still here."

What works

Staying informed has given me the tools to actively manage my illness. In addition to sticking with my medications and treatment plan, I also jog, do yoga, meditate and regularly attend my Wednesday support group meetings. Writing is another thing that helped bring me back to sanity. For me, it is a healing activity. When my writing takes full flight, there is no time and space. The sun takes its leave, booming music falls mute, and the steaming hot cup of tea by my side is stone cold when I pick it up a minute later.

I can track my moods and look back to see how I'm making progress.

— Sharon, age 42

Growing up, Sharon had constant tantrums and cried for no apparent reason. "There were times when I would break every glass in the house," says Sharon. "I would get angry, destroy things, then go to sleep and feel peaceful." Her tantrums continued as an adult, she quit jobs constantly, and her relationships never lasted longer than six months. Gradually, Sharon realized she needed help. When she was 25, Sharon sought treatment from a doctor. But her family discouraged her, telling her pills were bad, doctors were quacks, and faith would help her get over her problems. Sharon stopped the medication and tried to control her moods by herself. At age 38, Sharon vowed she would get help. She had to try several doctors before she found one who could give her the treatment she needed. She meets with him regularly to monitor her treatment plan.

What works

Calvin, my fiancé, really helps me. He takes the lead on finding and reading information about bipolar disorder. Everyday he asks me, "Did you take your medicine?" When I'm not feeling well, Calvin takes over household duties. We both try to talk about how we feel so we don't bottle up resentment. My doctor is also a godsend. He works with me to improve my treatment. He suggested that I keep a diary, so I can track my moods and look back to see how I'm making progress.

Today Sharon is very satisfied with her treatment. Although she still has some bad days, she feels that she is better than ever and on her way to recovery.

Support groups have really helped me

—Dennis, age 55

Mood disorders can place a huge strain on close relationships. Dennis and Joan have experienced hospitalizations, job losses, and financial difficulties as a result of mood disorders, but their struggles have brought them closer together. Joan has major depression and Dennis has bipolar disorder. Dennis recalls that during manic episodes, he had more energy than usual, felt very creative and started writing a play, then in the snap of a finger, became psychotic. He felt he had learned all the secrets of the world, but couldn't quite articulate them. He later became depressed and had suicidal thoughts. It took both Dennis and Joan decades to find the treatments that now work for them.

What works

In addition to my medication and Joan, support groups have really helped me. When someone else is talking, I can identify with it, because it resonates with my experience. I don't have to speak, all I have to do is listen and make connections. There is a profound recognition and connection to other people that really drives the group. We all feel like we can finally breathe, relax, and be with other people in way we haven't been able to before.

Dennis is a support group leader for DBSA Boston, where he and Joan first met six years ago. He says that when people first come to a group, their reaction is usually, "I'm home, I've found people that finally understand me." Dennis and Joan were married last year in a poignant celebration that marked newfound stability and wellness. They continue to draw strength from each other and from their support group involvement. Their compassionate understanding of one another's illness, a common Irish Catholic upbringing, and a strong will to recover have united them.

WHAT IS RECOVERY?

Recovery is a full, meaningful life in the community without hindrance from a mental illness.

Mental health recovery is a journey of healing and transformation for a person with a mental illness to be able to live a meaningful life in the communities of his or her choice while striving to achieve full human potential or "personhood."

—SAMHSA

Recovery refers to the process in which people (with a mental illness) are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

—The President's New Freedom Commission

Recovery is a deeply personal process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfied, hopeful and contributing life even with limitation caused by illness; and involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

-Dr. William Anthony, Boston University Center for Psychiatric Studies

MY MOST IMPORTANT "LIVING SUCCESSFULLY" LESSONS

1. The most important thing I learned about **myself** through the experience of this course is...

2. The most important thing I learned about **helping others** through the experience of this course is...

3. The most important thing I learned about **mood disorders** through the experience of this course is...

4. The most important thing I learned about **recovery** through the experience of this course is...

5. The most important thing I learned about **finding help and support** through the experience of this course is...

6. The one thing that I want to **always remember** from this course is...
