'The Melodies of Manic-Depressive Illness': a case study of bipolar disorder

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Abstract

The purpose of this manuscript is to provide the reader with a qualitative insight into the, 'mind of a medic who has manic-depressive illness'. The article contains a succinct description of the cultural and spiritual factors that have shaped my mindset. I then go on to signpost my own personal trajectory and I also refer to diverse source material, from Dante to Kipling, to illustrate how bipolar disorder has transformed the inner landscapes of my mind and how it has profoundly influenced my values and attitude towards life. It is my hope that my exposition will be comforting for those who derive solace from shared experience. I also hope that it will aid me in my quest to banish the stigma, certainly in the medical profession, towards doctors who have a psychiatric disorder.

Key words: autobiographical narrative, psychopathology, manic-depressive illness.

"The Saracens say that this disease [Hansen's disease] is God's vengeance against the vanity of our kingdom. As wretched as I am, the Arabs believe that the chastisement that awaits me in hell is far more lasting and severe. If that is true, then I call it unfair…"
King Baldwin 'the Leper' of Jerusalem circa 1200 AD

The epigraph of this manuscript was derived from Oscar nominated director Ridley Scott's epic motion picture The Kingdom of Heaven. It alludes to King Baldwin's horrendous affliction which was first suspected when his brilliant physician noticed that the King felt no pain upon sustaining trauma to his arm. It aptly illustrates, in my opinion, the immeasurable anguish that sufferers of this incapacitating illness experience. Not only are they disfigured in an aesthetic sense (to the extent that they are rendered so ghastly that they resort to, as the King did, wearing a mask to conceal their hideous appearance) but they are also, more often than not, labelled outcasts and as such ostracized from the society to which they once belonged. This social exclusion, consequently and in no small part, contributed to the torment that to which lepers were subjected. It is perhaps not superfluous to add then that the scars that can't be seen are indeed the deepest.

The venerable Saladin was the shrewd commander of the powerful Muslim forces during the epoch of the crusades during which the Crescent and the Cross would repeatedly clash in conquest for the helm of the Kingdom of Heaven. Saladin was not oblivious to the plight of his adversary. Such was the mutual respect and chivalry between these two noble leaders, that the magnanimous Saladin would offer the valorous King Baldwin his very own personal physician. The veracity of this report is verified by a score of contemporary historians who have sifted through the works of chroniclers of the Orient (see Amin Maalouf's ground breaking book The Crusades through Arab Eyes).

The Kurdish vicegerent was beneficiary of the Islamic Golden Age which paved the way for the European Renaissance and produced some of medical history's most honoured and finest healers and polymaths such as the illustrious Avicenna, to name but one. Such a gesture by Saladin appeals to my psychopathology and my morality (perhaps not in equal measure depending on whereabouts I am situated on the bipolar spectrum) even centuries after the event took place. The twentieth century French thinker Michael Foucault viewed psychopathology (or 'madness' as he referred to it) as the natural inheritor of leprosy. Much in the same way that lepers were marginalized, those who suffer from mental illness have become today's social outcasts and must now bear the brunt of stigma.

On a personal note, I feel that mental illness evokes negative emotions such as fear in the general public's mind. Those who suffer from psychopathology relinquish their capacity for reason and this

may help explain the general public's aforementioned reaction. I like to think that gone are the days that those who suffer from psychopathology are shackled to chains or are treated in any manner of inhumane ways. If anything, I feel as though my personal experiences with mental illness have made me more human and humbled me and made me realize how powerless human beings can be to the vicissitudes of life. It is my contention that we can breathe meaning into human suffering and this can help you to realize with hindsight that it wasn't a breakdown but rather a breakthrough that you were experiencing. Psychopathology has made me realize that come what may I can never have the license to be judgmental towards another human soul. It has also made me realize how important it is to adorn my face with a smile that never fades, to bear a heart that never hates and to have a touch that never hurts…

Not only does bipolar disorder provoke you to reflect on the ontology of identity but it also prompts you to cogitate on the meaning of human existence and the purpose of life. Moreover, manic-depressive illness helps you to realize if anything how transient human existence is, as Dante so eloquently put it himself in his book Inferno, "Life is as ephemeral as foam in the water and as short lived as smoke in the wind."

An inordinate amount of misconceptions about mental illness abound and my intention is to encourage people to deconstruct and reformulate their views on psychiatric illnesses in general. This should hopefully lessen the stigma if not abolish it altogether. Stigma is a recurring theme that I will expand upon in more detail later in this exposition.

I unashamedly disclose my having bipolar disorder, one of the most persistent and severe of mental illnesses, for a number of reasons. I am aware that there are employers who do not look favourably upon applicants who have a psychiatric illness and it is an established fact that sufferers of psychopathology are less likely to be employed than those who have a physical ailment. My aim is to increase awareness and dispel myths about psychopathology in general and manic-depressive illness in particular by elaborating on my personal experiences and by signposting my own journey. In the same vein as the creative David Holloway said in his moving article, My 'Colorful' life with Schizophrenia, "I pray that the perception of manic-depressive illness can be altered to that of a renewed awareness which evokes notions of love, peace and harmony".

My purpose is to provide you with a qualitative insight of manic-depressive illness. As a recently qualified doctor I will attempt to do this through the dual perspectives of objectivity and subjectivity, by reconciling healer and healed and hopefully, by doing so, repudiate the unfounded perception that service provider and service user are ostensibly dichotomous. By this I intend to bridge the gap between the two.

If this article provokes you to reflect on how many of us take the stability of our moods for granted and how dysfunctional we can become when our moods do go haywire it would have served part of its purpose. However such oscillations and extremes in mood do not come without their gems for, as Khalil Gibran so wondrously put it, the more sorrow carves into your being the more joy it can contain…

Disclaimer Alert

"They learn in suffering what they teach in song. An artist survives, describes and then transforms psychological pain into an experience with more universal meaning and his or her own journey becomes one that others can, thus better protected, take."
- Professor Kay Redfield Jamison, author of the international bestseller An Unquiet Mind, Professor of Psychiatry in Johns Hopkins University, world authority on bipolar disorder, voice of manic-depression…

I am aware that, much like myself, there are those who derive solace from shared experience and my fellow manic-depressives may find comfort and even redemption in my lines. However I lay no claim to being master of the illness that afflicts me. If you do suffer from bipolar disorder the best recourse is

to seek attention from a friendly GP or other qualified mental health practitioner for a systematic and thorough psychiatric assessment. You are not the best person to plan your assessment, treatment and referral. So although I have personally experienced psychopathology, the devastating lows and the ebullient highs, this exposition should never replace the advice, guidance and recommendation given by an expert i.e. a consultant psychiatrist.

Indeed, in the wise words of the founder of modern medicine himself, Sir William Osler, "The physician who doctors himself has a fool for a patient".
My narrative will not delve so much into the basic science of bipolar disorder; what I want to convey is what it's like to have manic–depressive illness, to have to grapple with this disorder of affect that "was bequeathed to me by antiquity; that has survived the ravages of time and has possessed me much in the same way that a malevolent spirit possesses its victims however despite its proclivity to cause so much carnage it is something I vacillate over exorcising from my being..." I have referred to the tools of prose and verse in an attempt to express the inexpressible anguish that manic-depressive illness causes to sufferers and their loved ones.

The written word can serve as a medium to transmit the essence of bipolar disorder to all those who wish to inform themselves about this capricious illness. Indeed the benefits can be manifold. However, that is beyond the scope of this essay. Suffice it to enumerate that famous novelists, such as William Styron and John Berryman, to name but two, both wrote candidly about their own psychopathology and reported finding this very same activity both engaging and therapeutic.

Bipolar disorder: historical perspective

Bipolar affective disorder has been known since ancient times. Hippocrates described patients as 'amic' and 'melancholic', and clear connections between melancholia and mania date back to the descriptions of the two syndromes by Aretaeus of Cappadocia (c. 150 BC) and Paul of Aegina (625-690). Thinking at that time reflected 'humoral' theories, with melancholia believed to be caused by excess of 'black bile' and mania by excess of yellow bile.

The reductionism of nomenclature…

"The clinical reality of manic-depressive illness is far more lethal and infinitely more complex than the current psychiatric nomenclature would suggest. Cycles of fluctuating moods and energy levels serve as a background to constantly changing thoughts, behaviours and feelings. The illness encompasses the extremes of human experience. Thinking can range from florid psychosis, or 'madness', to patterns of unusually clear, fast and creative associations, to retardation so profound that no meaningful mental activity can occur. Behaviour can be frenzied, expansive, bizarre, and seductive, or it can be seclusive, sluggish, and dangerously suicidal. Moods may swing erratically between euphoria and despair or irritability and desperation. The rapid oscillations and combinations of such extremes result in an intricately textured clinical picture. Manic patients, for example, are depressed and irritable as often as they are euphoric; the highs associated with mania are generally only pleasant and productive during the earlier milder stages".
- Dr Kay Redfield Jamison (1993) Touched with fire: manic-depressive illness and the artistic temperament, pp. 47-48, New York, The Free Press, Macmillan

Case Study: Dr Ahmed Hankir

I was born on the 15/09/1982 in Belfast, Ireland. I lived in the picturesque city of Dublin for a spell before moving to the idyllic county of Worcestershire where I resided for half a decade prior to being whisked away to the war-torn lands of Lebanon, where I am ethnically from.

I spent my formative years in the Middle-East. I attended a school with an American curriculum and by virtue of this I assimilated into my identity aspects of the American culture: the accent, the zest for life, the gregariousness and also a passion - perhaps even an obsession - for basketball (this proved

to serve me well in fact, for I would go on to captain the Manchester University Men's First basketball team despite my diminutive stature and it was during my tenure as team captain that the squad won the British University Sport's Association national tournament in 2006).

I returned to the British Isles at the tender age of 17. This was a significant mark in my life; from that point on I would be totally dependent on myself in the financial sense but also in the emotional sense in that I would no longer be living in the immediate milieu of my parents. But the UK wasn't like Lebanon where if you don't work, you don't eat and furthermore a good education was your birth right and I'd be damned if I squandered this golden opportunity, this decent shot at life that I had been granted because of the sacrifice that other Britons of previous generations had made in order that I live a better life than them. It didn't take what the Columbia University Scholar C. Wright Mills called a "sociological imagination" that I would later acquire to realize at that time that I had plenty to be grateful and sanguine about.
Money didn't grow on trees and so I worked full-time for three years prior to matriculating in higher education. The calluses on my hands were testament to the toil of my labour. You reap what you sow and it would only be a matter of time before this became apparent. Until then, I started to notice feelings of melancholia; however I feared that any expression of ennui would be tantamount to complaining so in a maladaptive manner, I repressed my feelings.

Leaving my family at a young age, migrating to a culture that was quite different to the one I was immersed and integrated in for the previous five years and having to support myself to survive were all factors that precipitated the low mood. A facet of my pre-morbid personality - my sensitivity- only perpetuated the depressive illness that I was experiencing, albeit a mild depressive illness. This was tempered more or less by another trait of my pre-morbid personality and that is to always be thankful for what I have been bestowed with and to constantly be mindful of how fortunate I am relative to so many others (in a way I was providing myself with cognitive behavioural therapy). It is important to note that, although I may have had a looming insight into how I was feeling, this was largely ineffectual at stopping me from feeling the way I did when I was in extremis. Although I was fully aware that there were people who were damned and doomed for the rest of their cursed existence in dungeons I was feeling the way I did regardless, for my persecution assumed a different guise.

I enrolled in a sixth form for the A-Level assessments since, despite graduating top of the school that I attended in Lebanon, the qualification that I was in possession of was not recognized. Even though I was in full-time employment I still managed to receive straight As and I was granted admission into Manchester Medical School. My dream had come true...
"All men dream but not equally; those who dream by night in the dusty recesses of their minds wake in the day to find that it was vanity. But it is the dreamers of the day who are dangerous men for they may act their dreams to make them possible. This I did".
- Lawrence of Arabia

In 2006 reports started trickling in about a war that was being waged upon Lebanon. The sheer abruptness was astounding; Lebanon was only just recovering from a devastating civil war and after many, many years of reconstruction Beirut was now, once again, becoming a tourist attraction. It only took a matter of days for Lebanon's concrete infrastructure (for Lebanon's abstract fabric is impregnable) to be obliterated. It was around this time that I started to notice the following:

- "I was dreaming dreams that no mortal ever dared to dream before…"
- Grandiloquent ideas, racing thoughts, Knight's Move thinking evident
- Pressurized speech
- Argumentative, irritable, impetuous, over-familiarity
- Over-generosity and spending sprees
- Reduced need for sleep
- Increased amounts of energy (subjective 11/10)
- Affective incongruity (feeling elated despite the fact that my world has turned upside down, but this will soon change…)

Predisposition: both my parents suffer from depressive illness. However, it is noteworthy that my monozygotic twin brother was spared of the disorder, highlighting the environmental role played in manic-depressive illness (my twin brother has gone on to achieve great feats of his own, obtaining a doctorate from Imperial College London and is presently a post-doctoral research fellow at The Department of Physiology Anatomy and Genetics, Oxford University).
Precipitating factor: war waged upon my country of origin was a major stressor, although there were a number of other factors that also culminated and compounded.
Perpetuating factors: refusing to seek psychiatric treatment out of fear that I was ungrateful for all of what I have been given in life and parents living overseas so they were not able to care for me and provide me with the support that they would have wanted to due to logistics.

I have devised a simple formula in an attempt to understand what was happening to me:

Lack of moral support by those closest to me
+
War waged upon my country of origin
+
12 hours a day intense preparation for high stake assessments
=
STRESS!
And never forget, "Sometimes an appropriate response to reality is to go insane…" And always remember, "Insanity is much like gravity all it takes is a little push…"

A full-blown mania ensued. When beholden to the spur, flights of fancy and notions of romanticism compel you. I came across a terse biography of Thomas Willis in the footnote of the OHCM. It outlined his many scholarly achievements, apart from his famous circle, his accomplishments in the field of academic medicine include tracing the track of the spinal accessory nerve (few have followed him I am told) and associating the sweet taste of glycosuria to diabetes mellitus.

This was all good and well but what truly inspired me was yet to come. Apparently during his lunch break whilst he was lecturing in Oxford, he developed the peculiar habit of giving his meals away to the poor and destitute. I was awe-struck by this august man's altruism and so naturally I sought to emulate him…

Who am I to complain? I have been bestowed with so much good fortune in my life and yet still I find something to moan about. I felt like I was taking having shelter for granted. What is life like for those who are less fortunate, the homeless say? Atticus Finch in Harper Lee's To Kill a Mocking Bird proclaimed "you can never really know a man unless you slip into their shoes and walk around in them".

So I took heed to his calling. I crossed the Atlantic and worked as a Spare Change Newspaper vendor in Boston. I slept on the cold and hard streets of Boston. I kept on saying to myself "If I want to understand how hard it must be for the homeless I have to slip into their shoes and walk around in them…" I composed an article that was published in the same newspaper I was attempting to sell to the people of Boston. It was my first real attempt at writing. With hindsight, I realize that it wasn't as good as I perceived it to be (indeed whilst manic grandiosity will inflate your perception of your own ability and may even cause you to become self-aggrandizing) but it does illustrate a number of salient points:

(1), those who suffer manic-depressive illness find comfort and therapy writing and reading (bibliotherapy) as mentioned above and
(2), there is a theory that there exists a correlation between manic-depressive illness and the artistic temperament. The litany of writers, artists and composers who suffer from this form of psychopathology includes some of the most creative and brilliant people in history. Not that manic-depressive illness makes me the next Lord Byron, or does it?!
The aftermath of mania is invariably melancholia… I started to sink into the murky depths of a

depressive illness, a depression too dreadful to describe. Suicidal ideation, irregular/disturbed sleeping patterns, socially withdrawn, listlessness, feelings of worthlessness, utter guilt and sheer shame, inability to concentrate and a bleak outlook for the future are all part and parcel of the depressive dimension of bipolar disorder. I was, ironically, rendered homeless consequent to the spending spree as a result of being over-generous whilst manic; for two nights I slept on the hard and cold streets of Moss Side (déjà vu?). These were the toughest times of my life and things were not going to get much better any time soon…

The namesakes that have affectionately been bestowed upon me include wandering poet, travelling healer and repository of medical mnemonics and quotes. The three vital signs of psychic life are introspection, ambivalence and turmoil. I composed some original poetry which may provide a window to my turmoil of mind at the time…

"Regard the conflagration in my wake, an inexorable inferno burning bridge after bridge! Wipe that tear, my dear I say. Stay, don't go away. If only you know that for you I'd bleed myself dry. For you, I'd bleed myself dry…"

As I alluded to in the above stanza, whilst the bridges in Lebanon were burning quite literally, I started to burn bridges in the metaphorical sense with people who, at the time, I thought were my closest companions.

"Champagne to my real friends and real pain to my sham friends…"
- Edward Norton, 25th Hour.

It is true that my friends became fewer but firmer and my reputation tarnished apparently irrevocably so to the extent that I was ostracized by these so-called 'sham' friends of mine. Social exclusion had a deleterious effect on me. I was sinking deeper and deeper into the darkness…

Stigma

A stigma was a scar on the skin of ancient Greek criminals. It was a sign to all that they were unsafe, unclean and unwanted. Stigma stills persists today in the public's attitude towards those who are mentally ill. We see a fundamental divide between the psychotic mind and the asthmatic lung, as if those who suffer from psychopathology do so out of their own making and as such do not deserve the same kind of sympathy we would ordinarily show to someone with another chronic or long term illness like cancer but instead they are made to endure the howls of derision that are hurled at them…

So what, might you ask, deterred me from abusing substances? Wouldn't that help me to escape from reality (for mankind cannot bear very much reality - TS Elliot)? Simple, one word: Chief! It behoves me to make a popular culture reference at this stage:
"Every time the old man put the bottle to his mouth, he wouldn't suck from out of it but it would suck from out of him until he was yellow and he was wrinkled and not even the dogs would recognize him"
- Chief from 'One Flew Over the Cuckoo's Nest'

So popular culture actually conferred protection, although my religious beliefs did have a more powerful hold on me this is not to negate this medium as a useful interface to promote public health campaigns (and perhaps promoting abstinence was not the intended effect of the scene but the outcome was a positive one in my case)…

Medication

Patients with manic-depressive illness may not opt to popping pills in order to cure themselves (a lot of patients don't believe that there is anything the matter with them in the first place). The reason behind this resistance is that they perceive the taking of medication to be a sign of weakness. Also, manic-depressive illness has a profound effect on a person's identity and some patients believe that taking medication will rob them of their character. There is also the concern of medicalising human

emotion. A person with manic-depressive illness can no longer merely be angry any more, for any manifestation of human emotion is regarded as symptomatic of his illness.

An SSRI (i.e. citalopram) was prescribed by my family doctor. However, the consequences were deleterious. An adverse reaction ensued (SSRI used to treat depressive illness in patients with bipolar disorder can cause a drug- induced hypomanic or manic episode which is what happened). Consequently I became "dysfunctional" as a result of this drug-induced hypomanic state (people at my work place were complaining about my being more assertive and inappropriate displays of ebullience). Citalopram was then discontinued. The anti-psychotic quetiapine was then instigated since it has mood-stabilising properties. Also used as an off-license sedative (which is the reason why most patients, including myself, refuse to continue complying with this medication).
AED carbamazepine was considered, since it is known to have mood-stabilising properties, yet not commenced since it is hepatotoxic and blood results revealed that I had unexplained deranged LFTs. Lamotrigine, another AED, was considered. However, it has been known to cause Stephens-Johnson syndrome and must be commenced with caution. Lithium has a narrow therapeutic index and is not advocated by some psychiatrists on the grounds of its toxic side-effect profile.

A Taste of the High life…

After having completed a fascinating special student component in Bedford with Dr Agius and Dr Zaman as my co-supervisors I received one of the most extraordinary phone calls in my life. A good friend of mine is presently serving a dual appointment as professor of political economy and international business. He is also a consultant for the United Nations on radicalization.
I received an unexpected phone call from him almost immediately after my interlude in the south of England asking me if I'd like to tutor a very important person on sociology. The subject matter was not my area of expertise. However, since the student was a first year undergraduate I accepted his request and met the challenge. Before I knew it, I found myself before the presence of a powerful personage. For the purposes of discretion, a strict anonymity of my student's true identity must be observed. I made it clear to him that the subject matter, although not esoteric enough to be beyond my capacity to fathom and teach, was not a specialist interest of mine. However, my client seemed more than content after the first tutorial and invited me to be his personal tutor for three months.

My employers generously provided me with accommodation in a five star hotel in Mayfair, London, and unlimited room service. They also remunerated me rather handsomely. The whole experience felt so surreal. Having a contact with arguably the highest echelon in society was beyond my wildest imagining. It spoke volumes about the character of my student, who proved to be a most humble and hospitable man who was not one to be perturbed and always maintained equanimity. He was also rather docile and intelligent and I have great expectations for his future.

Medication did not heal me the way reading books did and I would voraciously read whatever I could lay my hands on. Theology, sociology, psychology, English literature (my favourite of all), you name it. Whether manic-depressive illness was responsible for my unquenchable thirst to acquire knowledge is perhaps a matter for further discussion and analysis. All I know is that my life experiences have been so diverse and wide ranging, from as Rudyard Kipling so poetically puts it, talking to crowds and keeping my virtue to walking with kings and not losing that common touch. However, I still feel so terribly inadequate and I want to achieve so much more in this life. I will not despair for I know that it is the discontent that drives human progress and that when there is optimism there is nothing that cannot be transcended.

And today…

"11 years ago a young disillusioned 17 year old man arrived on these shores with nothing but two suitcases, hope and faith. He said he wanted to be a doctor and that he would do anything it takes to realize his dream. Now, as I write these lines reclined on a sofa inhaling the sweet scent of Jasmine that permeates the Mediterranean breeze I can reveal to all that hope is most certainly audacious and that with forbearance and fortitude you can overcome the seemingly formidable obstacles that may come

your way and achieve your goals, however lofty they may seem. After all, why aim for the sky when there are footprints on the moon?"

An Ode to the Salmon Family, my Saviours…

"No man is an Island, entire of itself…"
- John Donne Meditation XVII

Toby Salmon is an incredibly cultured, intelligent and confident young man whom I met when we were both in our first year in university. Toby was charming and eloquent. A firm friendship soon transpired between us. To this day, the only person I have met who has better listening skills than Toby is his father, the honourable Charles Salmon QC. When life became unbearable I turned up at Charles's doorstep in London. Vanessa, Toby's mother, provided for me as if she were my very own mother. They cared for me and supported me and showed me a kindness that to this day still brings tears to my eyes. I was down and out; nobody wanted to know me when I broke down. But the Salmon family wouldn't give up on me. They remembered who I was and what I was like before the breakdown and they had unshakable belief in me. For the next five years, they would provide me with emotional and even financial support. When I was literally penniless a phone call to Charles and he would transfer the funds for me to get some food. His generosity is the like of which I have never come across before in my life. I would spend weekends in their family home where I would experience unbridled joy and unalloyed happiness basking in the warmth of their presence and I would return to Manchester with bags full of groceries.

The love that I received from the Salmon family is why I am a doctor today. **I COULD NOT HAVE QUALIFIED WITHOUT THE ASSISTANCE OF THE SALMON FAMILY.** If manic-depression makes you learn more about the nefarious side of the human condition, of how cruel people can be to you, it can also make you learn about how altruistic and good-hearted people can be. I owe everything to the Salmon family. There isn't a day that goes by that I don't think about them. It is people like them that make this world a better place to live in.

And last, but by no means the least, my older brother Khoder Hankir is the person to whom I dedicate this article. Khoder's trajectory is one laden with pathos. However, he would never reveal this outwardly, lest he burden others with his own tales of woe. He is the most considerate, conscientious and earnest individual I have ever met and also one of the most compassionate, industrious and diligent. He is the bedrock of the Hankir family and his support, both moral and financial, helped me to realize my dreams. Thank you immeasurably, Khoder Hankir, for being the great man that you are, and for inspiring me to be a better man.

GP Comment

What have I learned from this paper?

This was an insightful, courageous and moving account of a colleague with mental illness that touched a chord within me. We all at some point question our own sanity and display traits of some of the criteria.

In this current age of dependence on pharmacologic interventions, the importance of emotional support of a family structure, should never be underestimated.

Dr Vishal Naidoo, GP.