

An Unquiet Mind



INTRODUCTION

BRIEF BIOGRAPHY OF KAY REDFIELD JAMISON

Kay Redfield Jamison was born into a military family on June 22nd, 1946. By the time she was in fifth grade, her family had already lived in Florida, Puerto Rico, California, Tokyo, and Washington, D.C. Jamison attended elementary school near the Andrews Air Force Base, worked as a candy striper in and around the D.C. area throughout her early years of high school, and she moved with her family to California in 1961 so that her father could accept a position as a scientist at the Rand Corporation. Jamison attended Pacific Palisades High School and learned to adjust to her new life on the West Coast—but her father’s increasingly difficult battles with mental illness and alcoholism took a toll on Jamison and her family. Jamison herself was, from a young age, the frequent victim of erratic periods of mania followed by stultifying periods of depression—but she chose to ignore her symptoms, which emerged during her senior year of high school, and pursue an advanced education in clinical psychology at the University of California Los Angeles. Throughout her years at UCLA, Jamison battled the tides of mania and depression, struggled to stay on the powerful mood-stabilizing drug lithium, and survived a suicide attempt—all while conducting vital research on mood disorders, helping patients survive their own struggles, and learning lessons about life, love, and the differences between the brain and the mind. Since 1993, Jamison has been a tenured professor of psychiatry at the John Hopkins University School of Medicine and has worked at the Mood Disorders Center since 2005. The author of seven books of nonfiction, memoir, and academic writing, Jamison has been a finalist for the Pulitzer Prize and the recipient of prestigious grants and awards such as the MacArthur “genius” grant and the Lewis Thomas Prize. Jamison has dedicated her life to understanding, destigmatizing, and educating others about the illness known as bipolar disorder.

HISTORICAL CONTEXT

The events of *An Unquiet Mind* span the years of Jamison’s childhood in the 1950s and 1960s through her adolescence and adulthood in the 1970s and 1980s. Though the book takes place throughout some significant moments in American history, Jamison chooses not to focus too much on historical or political events. She does so both to stress the insular, isolating ways in which mental illness acts upon one’s consciousness, and one’s capacity to feel interest in or excitement about the world—and to center her historical perspective mainly on the treatment that women (especially women affected by the

societal stigma associated with mental illness) have received in the workplace and in academia over the second half of the twentieth century.

RELATED LITERARY WORKS

An Unquiet Mind was published in the mid-1990s—a time when other women writers and academics like Kay Redfield Jamison were working together to break the societal stigma surrounding mental illness by writing their own stories. Susanna Kaysen’s [Girl, Interrupted](#) was published in 1993 and later famously adapted into a 1999 film starring Winona Ryder and Angelina Jolie. Kaysen’s memoir incorporates unredacted documents from her own personal medical file to tell the story of how her struggles with borderline personality disorder as a young woman landed her in McLean Hospital in Belmont, MA; like *An Unquiet Mind*, *Girl, Interrupted* offers an inquiry into the differences between the brain and the mind, the advances (and failures) in the treatment of both, and the societal stigmas that plague sufferers of mental illness. Elizabeth Wurtzel’s controversial 1994 memoir *Prozac Nation* describes the author’s experiences with depression and the search for treatment. Jamison’s own follow-up to *An Unquiet Mind*, titled *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* expands upon many of the ideas contained within her 1995 autobiography, drawing more academic and scientific connections between the illness commonly known as bipolar disorder and the lives of great artists and thinkers throughout history.

KEY FACTS

- **Full Title:** *An Unquiet Mind: A Memoir of Moods and Madness*
- **When Written:** Early 1990s
- **Where Written:** Washington, D.C.
- **When Published:** September 18th, 1995
- **Literary Period:** Contemporary autobiography
- **Genre:** Memoir; psychology
- **Setting:** Washington, D.C.; Los Angeles, California; St. Andrews, Scotland; London, England
- **Climax:** Kay attempts to commit suicide by swallowing an entire bottle of lithium pills—the medication that was meant to save her from the debilitating symptoms of manic-depressive illness
- **Antagonist:** Manic-depressive illness, or bipolar disorder as it is now most commonly termed
- **Point of View:** First-person retrospective

EXTRA CREDIT

All in the Family. Toward the end of the memoir, Kay Redfield Jamison writes of her close relationships with her young nephews and 11-year-old niece—the latter she describes as being “very determined to become a writer.” Jamison’s niece is Leslie Jamison, who is now the author of a novel and several lauded books of nonfiction, including *The Empathy Exams* and *Make it Scream, Make it Burn*. Her debut novel, *The Gin Closet*, detailed the relationship between a young New Yorker and her estranged alcoholic aunt.



PLOT SUMMARY

In *An Unquiet Mind*, lauded researcher and professor of psychiatry at Johns Hopkins Kay Redfield Jamison tells the story of her lifelong struggle with manic-depressive illness. The memoir narrates her journey toward a better understanding of her own mind through the realms of love, academia, and introspection. Jamison begins part one of her memoir by describing her childhood near an Air Force base in Washington D.C. Her father, a charismatic and gregarious Air Force pilot and meteorologist, and her mother, a buttoned-up homemaker, were supportive of the young Kay’s early interest in medicine as she volunteered as a candy striper at a local hospital. As a teenager, Kay’s moods became more mercurial and difficult to manage—but after a frightening visit to a nearby psychiatric institution, Kay grew too afraid to admit to herself or anybody else what she was experiencing. When Kay was fifteen, her father retired from the Air Force and moved the family to California. There, Kay began experiencing cycles of mania and depression, while her father, too, grew prone to violent rages, “black” depressions, and alcoholism. At eighteen, after her first true manic episode, Kay enrolled in the University of California Los Angeles and began studying psychology. Her moods continued cycling, frightening her and distracting her from her studies. Still, she managed to keep appearances up and even began working as a research assistant in one of her psychology professor’s laboratories. After graduating with a bachelor’s degree and marrying a sensitive and handsome French artist, Kay decided to continue her studies by enrolling in UCLA’s doctoral program in psychology. Even as she treated patients whose symptoms mirrored her own and studied disorders of the mind and moods, she remained in denial about what her symptoms indicated.

In Part Two, Kay describes her gradual descent into madness over the course of her first couple of years as an assistant professor of clinical psychology at UCLA. Kay experienced mania as a time of increased productivity, radical confidence, intense sexual desire, heightened joy, and the “cosmic” sense that everything in her life made sense—but the depressions that followed were mentally and physically debilitating. As Kay’s marriage suffered and her manic overspending brought

financial troubles, her brother provided help and financial support. One of Kay’s concerned friends and colleagues at UCLA had begun to understand what Kay was going through, too, and he suggested she see a psychiatrist and start on lithium, a powerful mood stabilizer. After a particularly violent episode of mania, Kay relented and began seeing a psychiatrist at UCLA’s Neuropsychiatric Institute—though she began to fear that if anyone found out about her condition, she’d lose her job and her license to practice medicine.

Kay struggled to adjust to lithium and failed to take her medication as prescribed—the drug’s powerful physical side effects, her own sense of rebellion, and her judgmental, dismissive sister’s assertion that Kay should be able to weather her moods on her own contributed to her inability to remain on the regimen her psychiatrist prescribed. Even after watching one of her own patients take his own life after failing to adhere to the regimen of lithium she herself prescribed, Kay remained in denial as to the seriousness of her situation and continued to allow herself to cycle through manias and depressions. Eventually, Kay attempted to commit suicide by swallowing an entire bottle of lithium pills—but when she answered a phone call from her brother and he heard that something was wrong, he called the paramedics, and Kay entered the hospital.

In the wake of her suicide attempt, Kay’s mother came to her side to help care for her. The long road “from suicide to life” tested Kay—but with the help of her mother, her friends, her colleagues, and her psychiatrist, she began learning to reconcile the various parts of herself and start the healing process. As Kay got better and better, she began pursuing a tenured position at UCLA, craving the stability and security that tenure would provide. She worked extremely hard for several years to prove to her colleagues, her superiors, and herself that she could handle the rigors of clinical practice—even while suffering from her own mental illness. Eventually, Jamison secured tenure and celebrated her triumph not just over the sexist academic “maze” that led her there, but also over the parts of her own mind which had once threatened to hold her back.

In Part Three, Jamison explores the role love played in her healing process over the years. She writes about an affair with a British Royal Army Medical Corps psychiatrist named David Laurie which began just months after her suicide attempt. Kay and David visited one another in Los Angeles and London for over a year, falling deeply in love. When Kay confided in David about her manic-depressive illness, he reacted with kindness and understanding. Kay dreamt of building a life with David, but he died suddenly of a heart attack. In the wake of David’s death, Kay retreated into her work—but after months of pushing herself to the brink, she decided to take a sabbatical and focus on healing.

Kay traveled back to England, where she conducted research in London and Oxford and had another affair with another

handsome Englishman who suggested that Kay—under the supervision of a psychiatrist—lower her lithium dose. Upon doing so, Kay found that her experience of the world’s vitality was renewed and her mental stamina was restored. Kay returned to California, where she began work on a textbook on mood disorders—still, she remained reluctant to include her own personal experiences in the project. At a party in Washington, D.C., Kay met Richard Wyatt—the Chief of Neuropsychiatry at the National Institute of Mental Health. The two fell in love right away, and Kay resigned from UCLA to take up a position at Johns Hopkins. Kay and Richard’s personalities were nearly polar opposites, yet Kay found her second husband’s love, understanding, and sensitivity proved to be “very strong medicine.”

In Part Four, Jamison investigates the broader stigmas that sufferers of mental illness must face every day. She shares how these issues have affected her and she explores her journey from feeling terror at the idea of sharing her personal experiences with manic-depressive illness to reaching a point at which it became unthinkable for her to hide the truth any longer. Jamison writes of how a combination of social responsibility, personal rejuvenation, and support from friends and colleagues allowed her to step into the light. She discusses her work with prominent psychiatrists and researchers like Jim Watson and Mogens Schou, investigates the implications of research which suggests that manic-depressive illness and other mood disorders are based in genes and biology, and writes about difficult emotional questions such as whether she’d choose to live with manic-depressive illness if given the choice. Jamison raises serious existential dilemmas—not all of which, she admits, have neat or simple answers—and ultimately concludes that while her illness has been a burden at times, it has ultimately given her “limitless” insight into her own capacity for loyalty and advocacy and has helped her to appreciate the fragility and resilience of the entire human race.

clinical appointment at the hospital. Even as Kay advanced in the professional world, she remained dogged by alternating cycles of violent manias, bleak, stultifying depressions, and the side effects of the powerful mood-stabilizing drug lithium. As Kay charts her descent into psychosis and describes a suicide attempt in the late 1970s, she uses her personal story to illuminate the work of her professional life: understanding mood disorders and the people who live with them. As the memoir unfolds, Kay wrestles with the shame and stigma of mental illness, and the ways in which fears of being professionally sidelined or stripped of her medical license held her back from transparently using her own personal history in her teaching, counseling, and research. She investigates the larger societal effects of stigma against mental illness and calls for a revolution in public education, advocacy, and litigation on behalf of the mentally ill. She explores the idea of love as medicine and uses the major formative romantic relationships in her life to show how love allowed her to feel worthy and alive even in her darkest moments. In *An Unquiet Mind*, Jamison crafts a living document of one woman’s struggle—but she uses her personal story to elevate awareness of the issues in research, science, clinical practice, and social and legal advocacy as they relate to the destigmatizing, understanding, and treating of mood disorders and mental illnesses.

Kay’s Father – Kay Redfield Jamison describes her father as a charming, ebullient, and magnetic man whose gregariousness was overwhelming, whose passion for life was unrivaled, and whose mercurial shifts in mood were often violent. An Air Force pilot and meteorologist, Kay’s father followed his work around the globe, and eventually he settled in California—where, in spite of an exciting new professional opportunity, a series of “black” depressions and a descent into alcoholism took over his life and cost him his job. Kay suggests that she inherited her manic-depressive illness from her father, and that he gave her the “unbroken **horse**” of mental illness to wrestle with.

Kay’s Mother – Kay’s mother was a pragmatic, kind, and conservative woman whose steadiness balanced out her husband (Kay’s father) and his mercurial and volatile moods. Thoughtful and supportive—even when the young Kay rebelled against her strict, mannered, military upbringing—Kay’s mother would later come to stay by Kay’s side through the worst of her depression in the wake of her daughter’s suicide attempt.

Kay’s Sister – Kay’s older sister is beautiful and tempestuous. She and Kay have always had a difficult relationship marred by jealousy, misunderstanding, and judgment. Kay’s sister’s cruel, callous statements about Kay’s decision to take lithium (a mood stabilizer) directly contributed to Kay’s struggle with staying on the medication that she needed to function.

Kay’s Brother – Kay’s older brother is described as a kind, smart, sensitive, and supportive individual who used his financial and emotional stability to help Kay out of a deep hole



CHARACTERS

MAJOR CHARACTERS

Kay Redfield Jamison – The narrator and main character of *An Unquiet Mind*, Kay Redfield Jamison is a writer, psychiatrist, and researcher. Her work on mood disorders—specifically manic-depressive illness, or bipolar disorder, which she has lived with since her late teens—has brought her international recognition. *An Unquiet Mind* provides an account of Jamison’s life—a life tinged by mercurial and sometimes violent shifts in mood, the result of manic-depressive illness inherited from her father. Drawn to psychiatry as a way of understanding her own internal struggles, Jamison spends much of her memoir chronicling her time at the psychiatry department of UCLA, where she earned an undergraduate degree and, later, a doctorate, before securing a tenured professorship and a

of debt, depression, and loneliness during one of the worst times in her life. Unlike Kay's sister, whom Kay describes as being judgmental and unsupportive in the face of Kay's illness, Kay attributes to her brother a well of deep understanding, empathy, and compassion.

Kay's Psychology Professor – A psychology professor at UCLA whose class Kay took as an undergraduate. An intelligent and open man, this professor noticed a spark in Kay during class and admired her for taking an upper-level course as an underclassman. Because of this, he invited her to work as his research assistant. Kay's experiences working with this professor cemented her desire to pursue psychiatry not just throughout her undergraduate education, but into higher education as well.

Kay's First Husband – An unnamed French artist whom Kay married in the early 1970s while at the beginning of her doctoral studies at UCLA, Kay's first husband is a kind, gentle, and passionate but level-headed man. He provided the intense Kay with a safe "harbor" for her feelings and emotions. The marriage could not survive the ravages of Kay's struggles with manic-depressive illness, and after several years, Kay separated from and then divorced her first husband.

Kay's Colleague – This male colleague of Kay's frequently checked in on her while she was in the darkest days of her manic-depressive illness in the mid-1970s at UCLA. After Kay's illness became too much to handle, her colleague helped her to pay bills, organize her medications, and keep her family updated about what was going on. A steadfast and supportive friend, Kay also describes a brief romance with this colleague.

Kay's Psychiatrist – A good-looking, charming, intelligent man who served as the chief resident at the UCLA Neuropsychiatric Institute during Kay's time there. As Kay's manias and depressions worsened in the mid-1970s, she reluctantly sought the help of a psychiatrist for the first time—and she began taking the lithium he prescribed her. In spite of Kay's shame about her illness and her resistance to treatment, her psychiatrist remained a steadfast colleague and caretaker alike throughout her time at UCLA.

David Laurie – One of Kay's major love interests, David Laurie was a psychiatrist for the Royal Army Medical Corps in England. Kay and David met during one of David's visits to UCLA. Though she was attracted to him, Kay was still living with her first husband when she met David and she was therefore unable to pursue him romantically. After finalizing her divorce over a year later, Kay reconnected with David during his second visit to Los Angeles and the two began a passionate love affair which spanned two continents and lasted over a year. David showed Kay love, kindness, and acceptance—and, as their relationship was her first serious one following her suicide attempt, it helped to show her that she was worthy of all those things. David died suddenly of a massive heart attack in between two of his and Kay's visits,

leaving Kay devastated—but not broken.

The Englishman – The Englishman is an unnamed lover with whom Kay takes up during her yearlong sabbatical in England. A passionate and sensitive man, The Englishman was instrumental in helping Kay make the decision to lower her dosage of lithium, by offering to watch her closely and carefully and take her to the doctor should her levels fluctuate too much. Lowering her dose of lithium was a choice which restored Kay's understanding of the world's vitality and renewed her capacity for thinking, seeing, and feeling deeply.

Richard Wyatt – Kay Redfield Jamison's second husband, Richard Wyatt, is a schizophrenia researcher and Chief of Neuropsychiatry at the National Institute of Mental Health. Kay lovingly describes Richard as her perfect opposite: a level-headed and deeply practical man who loves her deeply in spite of the vast differences between them, and who always does his best to support and love her—even when he has difficulty understanding the specifics of her moods and her illness.

Jim Watson – A scientist whose research in the 1950s was instrumental in determining the double-helix structure of DNA. A colleague of Kay's in the 1980s, Kay recalls Jim as a highly intelligent and restless man with a vested interest in uncovering the biological and genetic roots of manic-depressive illness and other mood disorders.

Mogens Schou – A Danish psychiatrist who was instrumental in introducing lithium as a modern-day treatment for manic-depressive illness. Kay recalls spending a day on a boat trip with him during a break from an American Psychiatric Association conference. Schou was honest and transparent about his family history of manic-depressive illness, and, during his and Kay's frank discussion, he urged her to view her personal connection to the illness as a professional advantage rather than a secret to hide.

Kay's Chairman – The chairman of the Department of Psychiatry at Johns Hopkins. He surprises Kay by reacting to the news of her manic-depressive illness by telling her that many people on the faculty are affected by the disorder, and that without such faculty members, the school would be a much more boring place.

MINOR CHARACTERS

Kay's Patient – A male patient of Kay's who suffered from manic-depressive illness, just as she did. Though Kay and her colleagues did everything they could to save the man's life, he was unable to stick to his regimen of lithium and he ultimately died, presumably of suicide.

The Oyster – A crass, slimy, and chauvinistic man who worked at in the adult psychiatry division at UCLA during Kay's time there.

Mouseheart – A former colleague and friend of Kay's who

reacts poorly when she confides in him about her struggles with manic-depressive illness, condemning her for “selfish[ly]” attempting suicide and proceeding to ask cruel, invasive questions.

TERMS

Manic-depressive illness – Most commonly known today as bipolar disorder, **Kay Redfield Jamison** uses the term “manic-depressive illness” because she feels that it most accurately describes her experience with this illness. Manic-depressive illness is part of a larger group of mood disorders that can cause their sufferers to experience fluctuating states of mania (marked by excitement, hyperactivity, restlessness and racing thoughts, euphoria, and delusions of grandeur), as well as states of depression (marked by fatigue, lethargy, a flat emotional affect, and suicidal ideation or action).

Mania – A psychological state most frequently marked by excitement, hyperactivity, restlessness and racing thoughts, euphoria, and delusions of grandeur. When **Kay Redfield Jamison** writes of her experience with states of mania, she describes feeling seductive, powerful, interesting, and beautiful, and she recalls feeling both excited and terrified by her racing thoughts, overtalkativeness, and propensity to spend beyond her means.

Depression – A psychological state most frequently marked by lethargy, fatigue, loss of interest in work and leisure activities, a flat emotional affect, and suicidal ideation or attempts at committing suicide. When **Kay Redfield Jamison** writes of her experience with states of depression, she describes feelings of “blackness,” “doom,” and physical pain and exhaustion.

Lithium – A psychiatric medication derived from the element lithium and most frequently used in the depression of bipolar disorder, or manic-depressive illness. **Kay Redfield Jamison** connects much of her struggle against manic-depressive illness to her struggle to find the correct dosage of lithium—and her struggle to remain on top of taking the drug in the face of side effects and stigma. Jamison ultimately credits lithium with saving her life, although she points out that there are many other medications available to sufferers of manic-depressive illness.

Rorschach Test – Also known as an inkblot test, a Rorschach test is a psychological test in which the subject is asked to interpret dark, abstract blots of ink against a white background. A projective test which reached the height of its popularity in the 1960s, the test has long been controversial for its wide ranges of interpretation and the difficulty that accompanies validating or verifying concrete results.



THEMES

In LitCharts literature guides, each theme gets its own color-coded icon. These icons make it easy to track where the themes occur most prominently throughout the work. If you don't have a color printer, you can still use the icons to track themes in black and white.



MADNESS

In *An Unquiet Mind*, Kay Redfield Jamison tells the story of her life—a life which has been affected since her adolescence by the constant presence and pressure of what she calls manic-depressive illness, a mental illness now most commonly known as bipolar disorder. As a mentally-ill person, Jamison wrestles with what “madness” truly means—she investigates the difference between the brain and the mind, the link between bipolar disorder and creativity, and the unlikely gifts and enormous range of feeling her illness has given her over the course of her life. Ultimately, Jamison suggests that people should seek to expand and complicate their ideas of madness and try to understand how difference and difficulty can enhance rather than merely derail a person's life.

Madness, for Jamison, is not easily definable. Madness does not comprise a certain set of thoughts, opinions, behaviors, or problems—rather, it is more like a place, a “florid” setting in which one's capacity for violence, love, creativity, and destruction are all heightened. The subtitle of *An Unquiet Mind* is “A Memoir of Moods and Madness,” and, indeed, throughout the pages of the memoir, Jamison shows how madness is a complex subject—and how her own experience with the state known as insanity has, counterintuitively, expanded her point of view and enhanced her experience of being alive. As Jamison writes of her early experiences with manic-depressive illness, she describes how her fear of her own madness and psychosis often overlapped with a sense of invincibility, boundless creativity, and confidence. As such, she suggests that there are “complicated, permeable boundaries” between madness and sanity. As a senior in high school, Jamison experienced her first attack of manic-depressive illness. She “lost [her] mind,” she says, “rather rapidly” as she cycled through a period of ecstatic mania and then crashed into a spell of devastating depression. Though she knew that what was happening to her was “dreadfully wrong,” she tried to keep her fear and uncertainty to herself. In college, as she continued to struggle with her undiagnosed illness, she found a “seductive side” to the “pattern of shifting moods and energies” through which she was perpetually cycling. When a college psychology professor, intrigued by Jamison's answers to an in-class exercise on the Rorschach test, pulled her aside to compliment her “imaginative” nature, Jamison began to see that there was a “positive rather than pathological” perspective to what she was

going through. This shift prompted Jamison to start a course of study in psychology that would change her life forever. Jamison's recollections of her earliest experiences with manic-depressive illness reveal her own prejudices against the idea of "madness" and her desire to try to either ignore her symptoms or reframe them into a positive light. Though some of this impulse comes from shame and fear, Jamison thinks that perhaps she delayed seeking treatment because she enjoyed the "imaginative" and "positive" aspects of mania, which suggests that there is more to so-called madness than meets the eye.

"My family and friends expected that I would welcome being 'normal,'" Jamison writes of her early experiences taking the mood-stabilizing medication lithium. But in spite of other people's expectations of her, Jamison felt in denial about the seriousness of her disorder and full of a "horrible sense of loss for who I had been [without lithium.]" Mania made Jamison feel as if she had the "stars at [her] feet"—the world opened up to her during her manic episodes in spite of how detrimental they were to many aspects of her physical and mental well-being. She writes that even in the present, she still "compare[s her]self with the best [she has] been"—which, she feels, was when she was "mildly manic." Ultimately, Jamison declares that even if she had the choice to live her life free of manic-depressive illness, she would want her circumstances to stay the same—in other words, she doesn't believe she'd be the person she is without the influences, good and bad, of her disorder. Her feeling on the matter is complicated, but she asserts that her experiences have allowed her into "limitless corners [of the human experience], with [...] limitless views." Madness, then, is not what ordinary people might imagine it to be—it is something infinitely more complicated.

An Unquiet Mind is a book about "moods and madness"—and within it, Kay Redfield Jamison seeks a softer definition of "madness" and insanity that might broaden and destigmatize people's understanding of mental illness. Manic-depressive illness indeed destabilized much of Jamison's early life and wreaked havoc on her mental and emotional health—but ultimately, she argues that to write off the life she's lived as one defined by madness, or to do the same to others facing similar struggles, is to do a disservice to an entire community of intelligent, creative, capable individuals.



LOVE AS MEDICINE

Kay Redfield Jamison is adamant about the fact that, without the mood-stabilizing drug lithium, she would likely not have survived the debilitating waves of mania and depression brought on by her bipolar disorder (which she calls manic-depressive illness). By the same token, however, Jamison admits that medicine is not the only reason she has been able to survive in the face of her illness: "love as sustainer, as renewer, and as protector," she argues, is

what has allowed her to battle against the stigma and pain of mental illness. Over the course of *An Unquiet Mind*, Jamison never undercuts the importance of medicine in the management of mental illness—but she ultimately suggests that love is its own kind of medicine, one with the power to "shut out the terror and awfulness, while, at the same time, allowing in life and beauty and vitality."

"No amount of love can cure madness or unblacken one's dark moods," Jamison writes in *An Unquiet Mind*—and yet the author uses her memoir to explore her faith in the idea of love as a healing force. As Jamison cycles through memory, she points to recollections of romantic relationships to explain how her experiences with love have helped to mitigate her experience of manic-depressive illness's debilitating effects. Jamison focuses on several important relationships in her life in order to demonstrate the ways in which the feeling of being in love with another person—and being loved deeply in return—helped her to survive.

Jamison's marriage to the unnamed French artist who was her first husband is the first major romantic relationship the book explores. Kay describes the marriage as one bolstered by passion—she was, she says "painfully intense" at the time, while her husband was steadier and calmer. Their marriage, she says, allowed her to feel she lived in a "reasonably quiet and harbored world." As Jamison's illness worsened, however, she found herself "increasingly restless" and she longed to rebel against the stability her marriage provided; she separated from her husband under the guise of wanting children when he did not, moved into a brand-new apartment, and, in a fit of mania, filled it with furniture she hated. Jamison's first marriage sets up the idea of love as medicine—but also informs her readers that love is not a cure or a fix for the very real threats mental illness represents. Though Jamison's first marriage allowed her to feel a sense of calm in the midst of her rocky early adulthood, it did not provide an alternative to the very real help she needed (and denied herself) by not taking her lithium regularly or admitting to any of her colleagues that she needed help and understanding. The rocky ending to Jamison's first marriage culminated in her succumbing to a manic episode in which she purchased tons of ugly furniture, demonstrating that without the dual help of "love medicine" and chemical medication, Jamison was adrift on the seas of her illness.

David Laurie is the second of Kay Redfield Jamison's major romantic partners featured in the book. Jamison describes meeting David in 1975 during her first year on the faculty at UCLA—not very long after her suicide attempt. David was a psychiatrist with the British Royal Army Medical Corps, and the two bonded over their shared interests in music, poetry, and psychiatry. David allowed Jamison to see life, she writes, in its best possible spirit—but after a short time together, David died suddenly of a heart attack. His death shocked and saddened Jamison, but the loss did not "plunge [her] into unendurable

darkness” or trigger another suicide attempt—in fact, Jamison found herself comforted by memories of David and able to allow time to “bring [her] relief” over the course of the next several years. Jamison’s relationship with David demonstrated to her that even after hitting rock bottom, attempting suicide, and risking her life, her professional stability, and her sense of self, she was still worthy of love and happiness. David’s death, though tragic, enabled Jamison to see how far she’d come in her own recovery; David’s love was not what stabilized her, but the foundation it provided did allow her to survive his death without plunging herself into the lows she’d faced before.

Richard Wyatt is Jamison’s second husband, a schizophrenia researcher with whom Jamison shared a “short but very convincing courtship.” Jamison quickly moved from California to Washington to marry and make a life with Richard, and she found herself grounded and stabilized by him in spite of their very different personalities. Where Jamison was intense and quick to anger, Richard was low-key and laid-back. Though Jamison writes that Richard initially struggled to handle her “mercurial moods,” his pragmatism, steady love, and common intellectual interests made their relationship a “safe harbor.” Jamison’s language in describing her relationship with Richard echoes the language she uses to describe her first marriage: both are “harbors” of sorts, which help her to feel moored not just to the world, but also to her sense of self. Richard’s love and understanding are not the “cure[s]” to Jamison’s manic spells or depressive episodes—but they are a kind of “very strong medicine.”

Jamison never argues that sex, romance, or even self-love are cures for mental illness or substitutes for the medical treatment that many mental illnesses often require—but she does use *An Unquiet Mind* to suggest that feeling (and giving) love, acceptance, and trust from and to one’s family, friends, and romantic partners can help ease the pain of such illnesses. Jamison enumerates her many experiences with different kinds of love in order to show how feelings of infatuation, companionship, and steady devotion have made her feel worthy and whole. As such, she argues that for those struggling with mental illness, the need to feel and be loved (and to give that love back to others) is important in managing the long-term effects of the many debilitating disorders that can affect the brain.



STIGMA AND SOCIETY

Over the course of her memoir *An Unquiet Mind*, Kay Redfield Jamison explores the many ways in which society stigmatizes mental illness and its sufferers, relegating them physically, professionally, and ideologically to the sidelines of life. Jamison weaves her own experiences with feeling stigmatized into the narrative in order to argue that the more stigma society associates with mentally ill people—and with their complicated diagnoses—the more

devastating the effects of those illnesses will become.

Throughout her memoir, Jamison carefully catalogs the ways in which society stigmatizes mental illness on both large, structural levels and on smaller, more intimate, and perhaps more sinister ones, as well. Jamison details her own experiences with manic-depressive illness from her senior year of high school through well into her psychiatry residency at UCLA. She recalls the fear of being somehow outed as “mad” and of being institutionalized in a facility with unruly patients and “hosed down” by overworked orderlies (she’d seen this happen as an adolescent hospital volunteer). She also feared being perceived as weak or incapable, compounding the prejudices and difficulties she already faced as a woman working in a field dominated by men. By issuing critiques of the structural problems which perpetuate stigma against mental illness (inadequate treatment for society’s most vulnerable, limited professional opportunities for those who need additional resources, and a lack of understanding for the daily struggles those with mental disorders face), Jamison highlights the very real societal problems which contribute to the furthering of stigma.

Jamison also appeals to the personal in order to discuss and condemn stigma. She points out instances in which friends, lovers, colleagues, and even family members have condemned her as weak for taking medication and “lithiumizing away [her] feelings,” according to one particularly cruel comment from her elder sister. One colleague in Los Angeles, whom Jamison refers to as “Mouseheart” for his cowardice and cruelty, told Jamison he was “deeply disappointed” in her as a person after learning she’d attempted suicide many years before their friendship began. In another instance, at a routine visit to a physician, Jamison was told she should never have children due to her illness. When Jamison sarcastically asked the man whether he held this opinion due to the disorder’s genetic component or the possibility that Jamison might, as a result of her struggles, make a poor mother, he straightforwardly replied, “Both.” Jamison’s personal anecdotes of societal stigma against mental illness that she’s encountered throughout her life are sad and lamentable—but also deeply illuminating. Not only must Jamison, and countless others like her, contend daily with the structural barriers that limit their opportunities and cause them to live in shame—they must also deal with small aggressions and cruelties from people they love and respect.

Late in the book, after describing her own personal experiences with the different moods and states of “madness” her illness has caused, Jamison offers the following summation: “In the language that is used to discuss and describe mental illness, many different things—descriptiveness, banality, clinical precision, and stigma—intersect to create confusion, misunderstanding, and a gradual bleaching out of traditional words and phrases. It is no longer clear what place words such as ‘mad’ [...] should have in [contemporary] society.” Jamison is

effectively saying that the ways in which society talks about madness both deny the truth of what it's like to experience "madness" and stigmatize the effects of mental illness. By failing to come up with ways to plainly, empathetically, and nonjudgmentally "discuss and describe" a slew of illnesses, disorders, and differences, Jamison argues that society is failing itself by stigmatizing mental illness. This ultimately leads to a widespread misunderstanding of people's limitations and potential, and it perpetuates an outdated and false idea of "madness." Jamison also points out many ways in which society can lessen or mitigate the stigma surrounding mental illness. One way is by changing the language we collectively use—eliminating words like "fruitcake," "loon," and "batty," for example. Others include exploring public education efforts, publicizing successful treatments for mental illnesses, conducting genetic and biological research into the origins of such illnesses, and taking legislative actions such as the Americans with Disabilities Act. By adopting positive changes like these, Jamison says, the "glacial" pace of de-stigmatization just might speed up a bit and potentially save millions of lives.

Ultimately, Kay Redfield Jamison warns her readers against the stigmatization of mental illness throughout society not simply because of the emotional or ideological damage it might create within a person who is suffering, but also because of the larger systemic prejudices and imbalances it creates by relegating sufferers into the shadows. Without interrogating prejudices and reimagining how society might care for those it has historically sidelined, stigmatized, and even harmed, Jamison suggests, there will be no answer to the ongoing misunderstandings and cruelties facing individuals living with mental illness.



AUTHENTICITY IN THE PROFESSIONAL WORLD

"My major concerns in discussing my illness [...] have tended to be professional in nature," writes

Kay Redfield Jamison in the concluding pages of *An Unquiet Mind*. Throughout the book, as Jamison writes of her struggles with manic-depressive illness (or bipolar disorder, as it's now more commonly called), she entwines her struggles with mania and depression with her struggles to advance in the worlds of medicine and academia. Throughout Jamison's undergraduate, masters, and doctorate training in clinical psychiatry at UCLA, she fought to keep the extent of her illness hidden from her colleagues and professors out of fear that they'd stigmatize her and prevent her from taking on new research opportunities, or otherwise bar her from chasing her dreams of helping others. As Jamison charts her path toward transparency in both her personal and professional lives, she ultimately argues that individuals—especially women and especially people suffering from mental illness—should be able to feel like they can be their authentic selves in their work lives without fear of stigma or

discrimination.

Over the course of *An Unquiet Mind*, Jamison demonstrates how difficult it is for those who have any degree of difference to hold their own in the professional world. She sheds light on the reasons why those very individuals the workplace threatens must be those whose authentic voices, ideas, and experiences are lifted up. Jamison writes about her early years as a researcher at UCLA with a mixture of fondness and lingering fear. Before leveling out thanks to the help of lithium (a mood-stabilizing medication), she writes, she "had developed mechanisms of self-control, to keep down the peals of singularly inappropriate laughter, and set rigid limits on my irritability. [...] I learned to pretend I was paying attention or following a logical point when my mind was off chasing rabbits [...] My work and professional life flowed." While Jamison was able to tread water in her professional life and keep things flowing, underneath the surface, she was struggling greatly. Not only was Jamison desperate to hold things together to prove to herself that she was capable of staying on course professionally and academically, but also she was "terrified and deeply embarrassed" by the prospect of losing her job should someone realize the extent of her mania.

Throughout the rest of Jamison's career, even after surviving a suicide attempt and finding solace in the stabilizing effects of lithium, she struggled to manage the gulf between the personal and the professional. At an American Psychiatric Association conference, Jamison gave a talk about lithium treatment—but, too afraid to share her own personal experience with the drug, she read a testimonial about the medication from a "patient," never revealing that she was reading her own words and sharing with her colleagues her deepest secrets and feelings. While seeking tenure at UCLA, her alma mater, Jamison undertook an enormous amount of research work in order to prove to both her colleagues and herself that she could keep up with her "sane" counterparts on the faculty, and she describes this period of uncertainty in her life as "high-pressure" yet lonely. In spite of all her concerns for her professional future, she had next to no one she felt comfortable talking to about her specific struggles.

Jamison's assorted anecdotes demonstrate her internalized need to hide the truth, outperform her "normal" colleagues and coworkers in order to prove herself worthy and capable, and ignore the advantage of firsthand experience with the very struggles and illnesses she was studying. All of these struggles show how societal stigma creates the sense that one cannot be fully authentic in one's professional life if one is at all different from the norm. Jamison finally felt emboldened to pull back the curtains on her own experience of mental illness—and her family history of manic-depressive illness—when working with a Danish psychiatrist named Mogens Schou during an APA conference. As Mogens opened up about his family history of mood disorders and his academic work on tracing the heredity

of such disorders, Jamison felt “trapped, but also relieved” as she opened up to the man about her personal life. Schou immediately and “aggressively” urged Jamison to use her own experiences in her private research and public writing and teaching efforts. There is an overwhelming sense of relief as Jamison describes feeling—for the first time in her professional life—a sense of openness, a lessening of stigma, and permission to be her authentic self.

Kay Redfield Jamison is a lauded professional who has held prestigious positions at UCLA, Johns Hopkins School of Medicine, and the Johns Hopkins Mood Disorders Center. Still, she has had to fight against people—often men—who dismissed her as soon as she revealed that she suffered from manic-depressive illness, even after she’d learned how to reliably manage the effects of her disorder. Jamison views the writing and publishing of *An Unquiet Mind* as an opportunity to break down the stigma surrounding manic-depressive illness within the workplace, ultimately suggesting that sufferers of the disorder should be afforded the same opportunities for authenticity, transparency, and self-assurance in the workplace as their non-affected counterparts.



SYMBOLS

Symbols appear in **teal text** throughout the Summary and Analysis sections of this LitChart.



KAY'S HORSE

In 1971, as a manic (and in-denial) Kay Redfield Jamison began her doctoral studies in psychology at UCLA, she sought to find a way to weather the increasingly unpredictable cycles of mania and depression which had plagued her throughout her undergraduate studies. Rather than seek the help of a psychiatrist, confide in a friend, family member, or colleague, or admit even to herself that she was in the throes of a terrifying illness, Kay used the money from her fellowship to buy herself a horse. The horse was stubborn, neurotic, and prone to lameness, and though Kay spent lots of money on the horse (as well as lots of time caring for it), she was ultimately forced to sell it, unable to keep up with its costs. The horse, then, is a symbol for Kay's slow, painful journey toward escaping her denial about her manic-depressive illness—and her need for treatment. Though Kay's selling of the horse did not coincide directly with her reaching out and seeking help, her failure to be able to care for the horse symbolizes her failure to be able to care for herself, and it compounds the story's increasing sense of pressure as the Kay of the early 1970s descended further into madness.



THE PLANETS AND THE HEAVENS

Throughout the book, Kay Redfield Jamison makes reference to the sky, the ether, heavenly bodies, and far-off planets as she describes the feelings that the fits of mania she experienced in her late teens and early twenties allowed her to experience. When manic, Kay was flying high—so high, she says, that she believed she might one day touch the rings of Saturn. While Jamison perhaps doesn't mean such statements literally, she invokes the planets and the heavens to symbolize the freedom mania gave her—and the delusions with which it burdened her. The planets and the heavens, whenever discussed throughout *An Unquiet Mind*, come to symbolize the duality of manic-depressive illness: its soaring highs, its devastating lows, and its ability to profoundly disconnect its sufferers from reality.



QUOTES

Note: all page numbers for the quotes below refer to the Vintage edition of *An Unquiet Mind* published in 1995.

Prologue Quotes

☹️ Intensely emotional as a child, mercurial as a young girl, [...] and then unrelentingly caught up in the cycles of manic-depressive illness by the time I began my professional life, I became, both by necessity and intellectual inclination, a student of moods. It has been the only way I know to understand, indeed to accept, the illness I have; it also has been the only way I know to try and make a difference in the lives of others who also suffer from mood disorders.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:   

Page Number: 4-5

Explanation and Analysis

In this brief prologue to her memoir *An Unquiet Mind*, lauded psychiatrist and professor Kay Redfield Jamison outlines the trajectory her unique and “unquiet” life has taken—and how it has affected how she experiences the world. Jamison writes of a lifelong struggle against mercurial moods and alternating fits of mania and depression which worsened as she entered adulthood. In order not just to understand, but also to accept and conquer the illness that has defined so much of her life, Jamison has become a “student” of moods and of the human mind by pursuing a career in psychiatry. In treating others and helping them to understand their minds,

she has found meaning, direction, and fulfillment. *An Unquiet Mind* is an extension of her life's work in that it seeks to illuminate her personal story of life with manic-depressive illness in order to destigmatize how society views the struggles of those living with mental illness.

☛ The war that I waged against myself is not an uncommon one. The major clinical problem in treating manic-depressive illness is not that there are not effective medications—there are—but that patients so often refuse to take them. Worse yet, because of a lack of information, poor medical advice, stigma, or fear of personal and professional reprisals, they do not seek treatment at all.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:   

Page Number: 6

Explanation and Analysis

In this passage, Kay Redfield Jamison outlines one of the major issues facing sufferers of manic-depressive illness: stigma. Stigma is deadly, Jamison asserts, because it leads to a domino effect in which all aspects of society—from public perception to lack of medical funding to unstable footing in the professional world—all conspire to make it difficult for the mentally ill to seek treatment in the first place, let alone begin to heal. Jamison's endeavor in *An Unquiet Mind* is to unravel the layers of social stigma which contribute to such a difficult climate for sufferers of mental illness, especially those wrestling with the mercurial tides of manic-depressive illness. Jamison's struggle to own her identity both personally and professionally and to find solace in love, friendship, and work has been a lifelong one—through her memoir, she hopes to share her own experiences and make it easier for others to do the same.

Chapter 2 Quotes

☛ [The professor] was kind enough to call creative that which some, no doubt, would have called psychotic. It was my first lesson in appreciating the complicated, permeable boundaries between bizarre and original thought, and I remain deeply indebted to him for the intellectual tolerance that cast a positive rather than pathological hue over what I had written.

Related Characters: Kay Redfield Jamison (speaker), Kay's

Psychology Professor

Related Themes:   

Page Number: 47


Explanation and Analysis

In this passage, Kay Redfield Jamison describes getting the attention of one of her psychology professors after completing an in-class written response to a Rorschach inkblot test during one of her manic phases. Jamison worried, when her professor asked to see her after class, that he'd seen something insane or inappropriate in her responses—instead he called her work imaginative and “creative” and asked her to apply to work as his research assistant. This moment was not just important but formative for Jamison, she writes, because it allowed her to see that there were certain creative advantages to her manic-depressive illness and “complicated, permeable boundaries” between madness and sanity. Over the course of her life and career, Jamison would go on to feel great shame and anxiety about her disorder at various points—but when individuals like her psychology professor reached out in good faith to show her that she was not alone (and that her disorder did not discount her intelligence, creativity, or capacity for original thought), Jamison felt bolstered, harbored, and a bit more free to be herself.

☛ I decided early in graduate school that I needed to do something about my moods. It quickly came down to a choice between seeing a psychiatrist or buying a horse. Since almost everyone I knew was seeing a psychiatrist, and since I had an absolute belief that I should be able to handle my own problems, I naturally bought a horse. Not just any horse, but an unrelentingly stubborn and blindingly neurotic one, a sort of equine Woody Allen, but without the entertainment value.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:   

Related Symbols: 

Page Number: 55

Explanation and Analysis

In this passage, Kay Redfield Jamison describes making a major decision as she entered graduate school—though it was not the one she knew, in her heart of hearts, that she

needed to make. Rather than seek treatment for the cycles of mania and depression that had dogged her for years, Kay chose to buy herself a horse. The horse was neurotic, stubborn, and prone to injuries which put it out of commission for weeks at a time. The horse, then, becomes a potent symbol of Kay's manic-depressive illness, which is needy, unruly, and distracting, just like the horse. Kay hoped, perhaps, that loving a pet would be a kind of medicine—instead, she simply gave into her fears of being stigmatized or sidelined because of her illness and ducked away from seeking treatment or confiding in a friend or loved one. She was ultimately forced to sell the horse in an act which foreshadowed her impending acquiescence to the fact that she needed to seek help for her increasingly deteriorating mental state.

Chapter 3 Quotes

☝ Then, too, are the bitter reminders—medicine to take, resent, forget... [...] Credit cards revoked, bounced checks to cover, explanations due at work, apologies to make, intermittent memories (what *did* I do?), friendships gone or drained, a ruined marriage. And always, when will it happen again? Which of my feelings are real? Which of the me's is me? The wild, impulsive, chaotic, energetic, and crazy one? Or the shy, withdrawn, desperate, suicidal, doomed, and tired one? Probably a bit of both, hopefully much that is neither.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:   

Page Number: 68

Explanation and Analysis

In this passage, Kay Redfield Jamison describes the “bitter reminders” of her often-forgotten experiences during an attack of mania. Jamison says that, in her experience, mania made her reckless and impaired her judgement. She spent thousands of dollars at a time on frivolous purchases, behaved wildly at parties, dressed promiscuously, and lashed out in anger and even violence. The depressive episodes which followed were marked instead by feelings of sadness, lethargy, and doom—and after several cycles of these opposing states, Jamison writes, she began to question which “her” was the real “her.” The shame and stigma already foisted upon sufferers of mental illness, Jamison suggests, is compounded by the poor judgment and impulsive decision-making characteristic of both depressions and manias—and, in sharing her experiences,

Jamison hopes to help other manic-depressives feel less alone and more seen by a fellow sufferer.

☝ Now he made no judgments about my completely irrational purchases; or, if he did, at least he didn't make them to me. Courtesy of a personal loan he had taken out [...] we were able to write checks to cover all of the outstanding bills. Slowly, over a period of many years, I was able to pay him back what I owed him. More accurate, I was able to pay back the money I owed him. I can never pay back the love, kindness, and understanding.

Related Characters: Kay Redfield Jamison (speaker), Kay's Brother

Related Themes:  

Page Number: 79

Explanation and Analysis

In this passage, Kay Redfield Jamison describes a visit she received from her empathetic, compassionate, and helpful brother, who had long been her friend and ally through thick and thin, in the wake of a particularly destructive manic episode. Having spent thousands of dollars on nonessential, frivolous items—one standout Jamison recalls is a taxidermized fox—Jamison turned to her brother for help organizing her receipts and making sense of the financial ruin she'd created for herself. Her brother, always caring and nonjudgmental, went a step further and took out a loan to cover Jamison's expenses. As Jamison writes that she paid her brother back monetarily but fears she will never be able to pay him back emotionally or karmically, she engages with several of the book's major themes, particularly with the idea of love as a medicinal healing force. Her brother's love is the deepest familial love she knows—and while Jamison writes later that what she truly needed was medication and psychiatric supervision, she concedes that her brother's love for her did help heal her wounds both emotional and financial and enable her to feel less alone.

☝ I was not only very ill when I first called for an appointment, I was also terrified and deeply embarrassed. I had never been to a psychiatrist or a psychologist before. I had no choice. I had completely, but completely, lost my mind; if I didn't get professional help, I was quite likely to lose my job, my already precarious marriage, and my life as well.

Related Characters: Kay Redfield Jamison (speaker), Kay's Psychiatrist

Related Themes:   

Page Number: 84

Explanation and Analysis

In this passage, Kay Redfield Jamison describes at last going to visit with a psychiatrist at UCLA after years and years of cycling through unending tides of the mania and depression characteristic of her undiagnosed manic-depressive illness. This passage demonstrates how social stigma, fear of professional retribution, and revulsion at the idea of being categorized as “mad” or “insane” all deterred the young Kay from seeking the help she so desperately needed until it was nearly too late. Jamison waited until the scales were “precarious[ly]” tipped against her before going to a professional for help—a fact which reflects the intense fear, anxiety, and shame that deter countless psychiatric patients each year from getting the therapy and medication they need to weather their illnesses. Jamison wants to use her memoir to help break down the stigma surrounding mental illness and let her readers know it’s okay to ask for help—in sharing the story of her own tipping point, she hopes to let others know that one should never wait too long to seek guidance or treatment from a mental health professional.

Unquiet Mind, Kay Redfield Jamison discusses her preoccupation with the planets and the heavens, particularly with Saturn. In the throes of mania during her youth, she once believed she could touch Saturn’s rings. Her literal desire to ascend to the heavens reflects the symbolic effects of mania in her life. The delusions of grandeur and disconnection from reality her manic phases produced made her feel euphoric and invincible, and when it was time to seek help and begin a course of medication, Jamison found it “difficult” to give up her highs. This passage is significant because it explores Jamison’s singular experience of “madness,” and thus helps to illuminate, normalize, and destigmatize mental illness and manic-depression more specifically. Jamison seeks to explain why she resisted seeking help and complying with her psychiatrist’s regimen of lithium for so long, and in so doing she hopes to illuminate why other manic-depressive patients do so as well: the highs are indescribably high and this helps soften the blows of the depressions that inevitably follow.

“ I genuinely believed [...] I ought to be able to handle whatever difficulties came my way without having to rely upon crutches such as medication.


I was not the only one who felt this way. When I became ill, my sister was adamant that I should not take lithium... [...] She made it clear that she thought I should “weather it through” my depressions and manias, and that my soul would wither if I chose to dampen the intensity and pain of my experiences by using medication. [...] One evening, now many years ago, she tore into me for [...] “lithiumizing away my feelings.”

Chapter 4 Quotes

“ Long since that extended voyage of my mind and soul, Saturn and its icy rings took on an elegiac beauty and I don’t see Saturn’s image now without feeling an acute sadness at is being so far away from me, so unobtainable in so many ways. The intensity, glory, and absolute assuredness of my mind’s flight made it very difficult for me to believe, once I was better, that the illness was one I should willingly give up. [...] It was difficult to give up the high flights of mind and mood, even though the depressions that inevitably followed nearly cost me my life.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes: 



Related Symbols: 

Page Number: 91

Explanation and Analysis

In the introduction to chapter four of her memoir *An*

Related Characters: Kay’s Sister, Kay Redfield Jamison (speaker)

Related Themes:  

Page Number: 99

Explanation and Analysis



In this passage, Kay Redfield Jamison delves deeper into the reasons why she resisted complying with her psychiatrist’s prescribed regimen of lithium treatment for manic-depressive illness. First, Jamison suggests that her buttoned-up background contributed to her belief that she should be able to adopt a stiff upper lip and handle whatever came her way. Next, she describes several interactions with her tempestuous and judgmental older sister which made her feel small and weak. Her sister accused her of taking the easy way out, of ignoring her emotions, and of using medicine as a crutch. Jamison’s sister


either failed to realize or simply failed to care that lithium was the only thing standing between Jamison and intense suicidal ideation. Jamison suggests that these specific triggers deterred her from taking her medication regularly, leading to repeated cycles of mania and depression and intensified suicidality. She also leaves room for the reader to piece together the fact that the ways in which “normal” individuals process, internalize, and regurgitate societal stigmas against mental illness and the many treatments available for it have negative, often devastating effects on actual sufferers of mental illnesses.

Chapter 5 Quotes

☛☛ The complexities of what we are given in life are vast and beyond comprehension. It was as if my father had given me, by way of temperament, an impossibly wild, dark, and unbroken horse. It was a horse without a name, and a horse with no experience of a bit between its teeth.

Related Characters: Kay Redfield Jamison (speaker), Kay's Father

Related Themes:  

Related Symbols: 


Page Number: 119

Explanation and Analysis

In this passage, Kay Redfield Jamison once again invokes the central symbol of her horse to describe a different, new understanding of her mental illness. Whereas the neurotic, lame horse she purchased during her first year in graduate school symbolized her desire to distract herself from her mental illness and put off seeking psychiatric help or treatment, the horse she summons in this passage is a wild and “unbroken” steed whom she must learn to rein in. She is of course talking about her manic-depressive illness—an illness inherited from her father, yet one which he could never help her to tame or understand. Kay now realizes that she cannot simply sell the horse back when it doesn't do her bidding—she must learn to tame and nurture it or else lose her very life. This passage represents Kay's evolving relationship to her illness at this point in the narrative and foreshadows the different ways in which she'll try to rein in the “dark” horse of her manic-depression—through love, through medicine, through study, and through hard-won self-acceptance.

☛☛ Manic-depression is a disease that both kills and gives life. Fire, by its nature, both creates and destroys. [...] Mania is a strange and driving force, a destroyer, a fire in the blood. Fortunately, having fire in one's blood is not without its benefits in the world of academic medicine...

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:  

Page Number: 123

Explanation and Analysis

In this passage, Jamison examines the complex nature of manic-depressive illness—a mood disorder which, she posits, “both kills and gives life.” Though Jamison's experiences with manic-depressive illness brought her to the brink of insanity (and even threatened her life), she asserts that the disease is not merely a ravage or a blight. Like fire, a powerful force which “both creates and destroys,” mania can be a destructive or inspirational force. Many manic-depressives, Jamison goes on to discuss later in the book, are artists and creatives—their kinetic energy, emotional intensity, and unique, ever-shifting perspectives help them hone their craft and develop a singular voice. In academia, too, Jamison posits, such a “fire” is useful and advantageous. Even though Jamison has spent much of the book so far outlining the ways in which manic-depressive illness challenged or demoralized her in her youth, she uses this passage to complicate her own assessment of the disorder and suggest that there is more to manic-depression than meets the eye.

Chapter 6 Quotes

☛☛ Obtaining tenure was not only a matter of academic and financial security for me. [...] Tenure became a time of both possibility and transformation; it also became a symbol of the stability I craved and the ultimate recognition I sought for having competed and survived in the normal world.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:  

Page Number: 125

Explanation and Analysis



In this passage, Kay Redfield Jamison reflects on the period of her life during which she was pursuing a promotion from assistant professor of psychology at UCLA to a tenured associate professor position—one that would provide her


with a job and a place at the university for life. Tenure, Jamison writes, was more than a professional achievement to her: it was the promise of stability and security, two things which had eluded her for so long as a result of her ever-changing moods. Tenure would also mean that she had successfully pushed through her illness—and hid it just as successfully from her colleagues and superiors. This passage is important because it examines the shame and fear Jamison felt for so long about the idea of being authentically herself in the professional realm and explores the ways in which she tried to always go above and beyond to prove to herself that she could excel in the face of difficult circumstances. Tenure is an honor for any academic—but for Jamison, it meant much more than a steady job.

Chapter 7 Quotes

☞ There a time when I honestly believed that there was only a certain amount of pain one had to go through in life. Because manic-depressive illness had brought such misery and uncertainty in its wake, I presumed life should therefore be kinder to me in other, more balancing ways. But then I also had believed that I could fly through starfields and slide along the rings of Saturn.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:  

Related Symbols: 

Page Number: 139

Explanation and Analysis

In this passage, Kay Redfield Jamison invokes the “starfields” and the “rings of Saturn” high up in the heavens as she muses on the idea that once upon a time, she truly believed that life could only contain a certain amount of pain, suffering, and strife. The planets and the heavens are symbols, throughout the novel, for the ecstatic highs and cosmic, almost magical allure of mania—in invoking them now, she shows just how lofty, unrealistic, and downright foolish it was of her to believe that her manic-depressive illness would be the only source of pain she’d know throughout her life. Jamison is about to delve into a poignant story of love and loss—and she wants to use this moment to illustrate to her readers that the tides of life are unpredictable and uncertain, yet always survivable if one doesn’t allow hubris or ignorance to blind them to the fact that storms cross into each and every person’s life.

Chapter 9 Quotes

☞ No amount of love can cure madness or unblacken one’s dark moods. [...] But if love is not the cure, it certainly can act as a very strong medicine.

Related Characters: Kay Redfield Jamison (speaker), Kay’s First Husband, The Englishman, David Laurie, Richard Wyatt

Related Themes:  

Page Number: 174-175

Explanation and Analysis

In this short passage, taken from the end of the section of *An Unquiet Mind* which explores the idea of love as medicine, Jamison puts forth part of her memoir’s definitive ethos: that while no amount of love, however good or pure, can cure madness, it can be a “very strong” healing force all the same. Throughout the book, Jamison has attempted to show how love has been one of the most important parts of her life, arguing that while she needed a combination of medication and psychotherapy to heal her mind, it is love that healed her soul and her heart after the traumas and ravages of manic-depressive illness. Here, as Jamison concludes the section of the book which illuminates several of the major romances in her life, Jamison declares that the love she’s been shown by the men in her life has allowed her to feel beautiful, strong, and worthy even in her darkest moments. Those feelings have been healing balms against the shame and self-doubt her manic-depressive illness has often made her feel.

Chapter 10 Quotes

☞ The question also arises whether, ultimately, the destigmatization of mental illness comes about from merely a change in the language or, instead, from aggressive publication efforts; from successful treatments [which] somehow also catch the imagination of the public and media [or] [...] from discovery of the underlying genetic or other biological causes of mental illness; [...] or from legislative actions, such as the Americans with Disabilities Act... [...] Attitudes about mental illness are changing, however glacially, and it is in large measure due to a combination of [all] these things.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:  

Page Number: 183



Explanation and Analysis

In this passage, Kay Redfield Jamison discusses the many factors that are necessary in order to change the public perception of mental illness and end the stigma that mental illnesses and mood disorders still carry. Not only is a change in language necessary—eliminating the derogatory use of terms like “loon,” “batty,” and “fruitcake” to describe madness and mental illness—but several other practical and comprehensive changes throughout all levels of society from the ground up are needed. Changing the way everyday individuals talk about the mentally ill is just one part of the puzzle, Jamison argues—without action in the medical community, legislation in the courts, and activism amongst organizers and advocates in the mental health community, nothing will ever change. Jamison doesn’t regret or resent going through life with a mental illness—but it is clear that she wishes for an end to stigma so that other sufferers of mental illness do not have to feel the same shame and fear of being oneself that she felt for much of her life.

Chapter 11 Quotes

☝☝ Talking with Mogens was extremely helpful, in part because he aggressively encouraged me to use my own experiences in my research, writing, and teaching, and in part because it was very important to me to be able to talk with a senior professor who not only had some knowledge of what I had been through, but who had used his own experiences to make a profound difference in the lives of hundreds of thousands of people. Including my own.

Related Characters: Kay Redfield Jamison (speaker), Mogens Schou

Related Themes:  

Page Number: 189-190

Explanation and Analysis



In this passage, Kay Redfield Jamison recalls a lunch meeting with the prominent Danish psychiatrist Mogens Schou during an American Psychiatric Association conference. Schou, a researcher who was integral to introducing lithium to the market as an approved treatment for manic-depressive illness, is a larger-than-life figure to Jamison for many reasons—the least of which being that his advocacy for lithium is what kept her alive in her darkest moments. As Schou and Jamison ate and talked, Schou began discussing his own personal experiences with manic-depressive illness and sketching out on a napkin all the

sufferers of the disorder along his family tree. Schou’s transparency and “aggressive” encouragement of Jamison to include her personal story in her professional work provided a major turning point for Jamison. She’d spent her whole life afraid of societal and social stigma as well as being sidelined professionally, especially given her role as a psychiatric clinician—but with the support of the respected and intelligent Schou, Jamison began feeling she no longer had to hide.

Chapter 12 Quotes

☝☝ It was not without a sense of dread that I waited for [my chairman’s] response to my telling him that I was being treated for manic-depressive illness, and that I needed to discuss the issue of my hospital privileges with him. I watched his face for some indication of how he felt. Suddenly, he reached across the table, put his hand on mine, and smiled. “Kay, dear,” he said, “I know you have manic- depressive illness.” He paused, and then laughed. “If we got rid of all of the manic-depressives on the medical school faculty, not only would we have a much smaller faculty, it would also be a far more boring one.”

Related Characters: Kay Redfield Jamison (speaker), Kay’s Chairman

Related Themes:  

Page Number: 209

Explanation and Analysis



In this passage, Jamison recalls meeting with the chairman of the Department of Psychiatry at Johns Hopkins shortly after accepting a faculty appointment at the renowned university and teaching hospital. While filling out a clinical privileges form, she’d encountered a question asking her to identify whether or not she had a mental illness or disability and called a meeting with the chairman to discuss her manic-depressive illness with him. For days Jamison harbored a “sense of dread” about what the chairman would say—and in this passage, as he responds that not only would the faculty be smaller without sufferers of manic-depressive illness but “far more boring,” Jamison is flooded with a sense of relief and a long-awaited feeling of acceptance and validation. Throughout this chapter, Jamison spent time outlining several encounters with friends, colleagues, and even a physician who reacted badly to news of her manic-depressive illness by judging or lambasting her. Now, Kay finds solidarity and acceptance from her boss. Having spent her whole life fearing what would happen if her personal struggles came to bear on her

professional life—and hiding the truth about her mood disorder as a result—Jamison recalls this experience as one which reoriented her understanding of kindness, empathy, and acceptance, and which gave her courage to proudly be herself in the workplace at last.

Chapter 13 Quotes

☛ I long ago abandoned the notion of a life without storms, or a world without dry and killing seasons. Life is too complicated, too constantly changing, to be anything but what it is. [...] It is, at the end of the day, the individual moments of restlessness, of bleakness, of strong persuasions and maddened enthusiasms, that inform one's life, change the nature and direction of one's work, and give final meaning and color to one's loves and friendships.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:  

Page Number: 215

Explanation and Analysis

In this passage, Jamison writes about how living a life affected by manic-depressive illness has changed her perspective on what life can—and perhaps should—entail. Many people, she implicitly asserts, assume that an ideal life should be smooth, simple, and constant. Living with manic-depressive illness and growing used to a more “tidal existence,” as she writes earlier in the book, has helped Jamison understand that life is not in fact complete without strong storms and tough seasons. Even the difficult moments in life, Jamison tries to impress upon her readers, are important and vital because they give “meaning and color” to the sweeter things in life. Jamison’s memoir is an attempt to show readers that moods and madness are not black and white, cut-and-dry things—a stormy life tinged by what large parts of society might see as “madness” is not necessarily a life filled with confusion and bleakness.

Epilogue Quotes

☛ So why would I want anything to do with this illness? Because I honestly believe that as a result of it I have felt more things, more deeply; had more experiences, more intensely; loved more, and been more loved; laughed more often for having cried more often; [...] seen the finest and the most terrible in people, and slowly learned the values of caring, loyalty, and seeing things through. I have seen the breadth and depth and width of my mind and heart and seen how frail they both are, and how ultimately unknowable they both are.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:   

Page Number: 218

Explanation and Analysis

In this passage, taken from the epilogue of *An Unquiet Mind*, Kay Redfield Jamison makes the assertion that, if given the choice between going through life without manic-depressive illness and going through life with it, she would choose the latter option. Though her mood disorder has made her life hard at times, in this passage, she asserts that the disorder has been invaluable in broadening her worldview and deepening her experience of living and loving. Jamison has experienced more not just of the world, but also of herself: she has come to understand her own heart and mind more intimately than she ever imagined, and yet she remains awed by their ultimate unknowability. Manic-depressive illness is full of contradictions and complexities, and as she closes out her memoir, Jamison sums up her experience by declaring proudly that were it not for her disorder, she would not be the person she is today. Those who see mental illness as carrying a stigma, she knows, may find themselves confounded by such a statement, but Jamison’s whole book has been an exploration in blurring the bounds of “madness” and seeking to complicate readers’ notions of how mental illness can impact a life.

☛ Even when I have been most psychotic—delusional, hallucinating, frenzied—I have been aware of finding new corners in my mind and heart. Some of those corners were incredible and beautiful and took my breath away.... [...] Some of them were grotesque and ugly and I never wanted to know they were there or to see them again. But, always, there were those new corners and—when feeling my normal self, beholden for that self to medicine and love—I cannot imagine becoming jaded to life, because I know of those limitless corners, with their limitless views.

Related Characters: Kay Redfield Jamison (speaker)

Related Themes:   

Page Number: 219

Explanation and Analysis

In this passage, Kay Redfield Jamison elaborates upon the statement she made earlier in the epilogue—the statement that she is ultimately grateful for what manic-depressive illness has given her over the course of her life, and that she would, if given the choice, not elect to live without it. As Jamison describes the “new corners in [her] mind and heart” that her disorder has, depending on how one views it, either

forced or allowed her to experience, she expresses a great deal of gratitude for the ways in which those “limitless corners” have prevented her from becoming “jaded to life.” In spite of all the struggles, stigmas, trials, and tribulations Jamison has faced throughout her life, she feels her illness has ultimately allowed her to feel more grateful for the simple experience of living—even when life has been intense or unpleasant, it has been surprising, fulfilling, and eye-opening. Some may see Jamison’s assertion that she would not choose to go through life without her illness as a controversial one, but she is steadfast in her belief that manic depression has opened her up rather than closed her off to life’s joys and possibilities.



SUMMARY AND ANALYSIS

The color-coded icons under each analysis entry make it easy to track where the themes occur most prominently throughout the work. Each icon corresponds to one of the themes explained in the Themes section of this LitChart.

PROLOGUE

In a brief prologue, Kay Redfield Jamison describes running around the parking lot of the UCLA Medical Center at two in the morning during her residency at the hospital. A colleague who at first eagerly joined her in running back and forth now sat on the curb, watching the “boundless, restless, manic” Kay sprint around the lot. When a police officer pulled up and asked what the two of them were doing, Kay’s colleague told him they were both on the faculty of the UCLA psychiatry department. The officer left without further questioning. “Being professors of psychiatry,” Jamison writes now, “explained everything.”

In 1974, Kay Redfield Jamison had just signed a contract to become an assistant professor of psychiatry at UCLA—she was twenty-eight and “well on [her] way to madness.” Although she had, all her life, been “ beholden to moods,” the mania Kay experienced in her first few months as a faculty member was beyond anything she’d ever experienced. She’d become a professor in order to try to understand her own condition. Her life, she writes now, has been a long journey to transform the manic-depressive illness that has been a part of her since her youth into something she can understand and conquer.

Jamison waged “war” against herself for years by refusing to take the medications that would level out her recurrent manias. Many patients have the same struggle, and stigma, lack of information, and fear all contribute to patients feeling too scared or ashamed to seek treatment that would help them. Jamison counts herself among the lucky survivors of manic-depressive illness. She states that she has pledged to dedicate her life and career to helping others understand the disorder by weaving her own experiences together with her understanding of science, psychiatry, and biology.

Jamison writes that she has long been nervous about writing a book which “so explicitly” delves into her experiences with mania, depression, and psychosis—but she knows that “whatever the consequences” may be in her personal and professional lives, it will be better than remaining silent. She no longer wants to hide behind her degrees and titles. She wants to go public about her struggles with manic-depressive illness, and, in the words of the poet Robert Lowell, “say what happened.”

Kay Redfield Jamison chooses to open her memoir with this anecdote in order to illustrate how psychiatrists and other mental health professionals are regarded as experts and authorities. Even in a situation where she is clearly behaving abnormally, invoking her medical expertise dismisses the officer’s concerns. This first scene also sets up how her own experience with mental illness as both a sufferer and a medical practitioner undermines the notion that expertise alone can fix mental illness: the illness or mood disorder, not the doctor, is often in control.



In this passage, Jamison encapsulates all she hopes to explore in the pages of her memoir: her struggle with mental illness, her desire to understand her own condition by dedicating her life to the study of the mind, and her fight to accept and love herself not just in spite of but because of her life’s challenges and differences.



Jamison also wants to use her memoir to explore the role that stigma against mental illness plays in the perpetuation of shame, self-sabotage, and even suicide in mentally ill individuals. She knows that the only way to do this is to speak up about her own experiences—by being transparent, she hopes and believes that she can make a difference in how others perceive manic-depressive illness and its sufferers.



This passage makes clear that Jamison is ready to surrender her hesitations about blurring the lines between the personal and the professional. She knows that she must have courage if she is to help educate others by telling her own stories.



CHAPTER 1: INTO THE SUN

One afternoon, while playing outside at her elementary school near the Andrews Air Force Base outside Washington, D.C., Kay Redfield Jamison and her classmates noticed a plane flying overhead lower than usual. The young Kay didn't think anything of it at first—she often loved staring up into the sky and imagining the “**wild blue yonder**” and the blazing **sun** above. As Kay looked up at the aircraft on that day, however, her wonder turned to horror as the plane crashed into the trees beyond the playground and exploded. Over the next few days, Kay and her classmates would learn that the pilot chose to crash the plane rather than saving his own life by bailing out—which would've made him hit the playground below. From then on, Kay could never look at the sky the same way.

Kay's family, like all military families, moved around a lot—she attended four different elementary schools in several different countries by the time she reached the fifth grade. Her brother, the eldest of her siblings, was her “staunch ally” and role model. Her relationship with her charismatic, rebellious, and beautiful older sister, however, was “complicated”—Kay's older sister hated military life and resented Kay for being their parents' golden child. All of that would change, Kay writes, when her “black moods” descended on her later in life.

Kay goes on to describe her parents. Her father, she says was, an “ebullient [and] funny” man who loved telling stories about the world, who brought home lavish gifts from his frequent travels, who enrolled his children in Russian lessons and bought them copies of old, rare books. Kay's father was given to excess, yet “there was a contagious magic to his expansiveness,” she writes. Kay's mother described her husband as a kind of “Pied Piper”—and the description is apt for a man whose charisma and moods brought everyone under his spell.

Kay's mother, meanwhile, was more pragmatic—she always wanted to be kind and fair. A conservative and refined woman, Kay's mother was beautiful and had been popular in high school. As an adult, she hosted tea parties for the Daughters of the American Revolution and focused on homemaking. Kay believes that her mother's calm was what made her capable of dealing with all of the strife that would accompany the “madness” in her family.

Kay includes this passage in order to symbolize the death of innocence she experienced in childhood—and to foreshadow the role that her preoccupation with the heavens and the sky above would come to play in her life, perhaps as a result of this very incident. Kay's belief in possibility and goodness was shattered when she witnessed a violent incident firsthand, even though it could have been worse: the pilot died to save Kay and her classmates on the playground.



Kay describes herself as a “golden child” in her youth—but she also foreshadows that, in the years to come, she'll fall from grace and lose this title. Just as in the previous passage, Kay is hinting at the presence of madness and unpredictable moods that her younger self did not realize were just around the corner.



Kay uses this passage, in which she introduces her father, to hint that her father too was suffering from hallmark symptoms of manic-depressive illness—her family just couldn't see things clearly yet.



Kay paints her mother as a kind and levelheaded figure who was able to counterbalance her family members' struggles with moods and madness. Throughout the book, Kay will show her appreciation for the people in her life who helped to even out her intensity and moodiness.



Kay describes her parents as thoughtful and supportive people who wholeheartedly encouraged her childhood interests—especially her interest in medicine. Kay began volunteering as a candy striper at the Andrews Air Force Base hospital, assisting doctors and nurses with rounds and even minor surgical procedures. Kay was full of endless questions, and, in difficult or repulsive situations such as autopsies, she focused on asking questions and obtaining facts to help “avoid the awfulness” of what was in front of her. The scientific side of her mind, she writes, has always helped her to forge through difficult situations.

At fifteen, Kay and her fellow candy strippers went on a group outing to St. Elizabeths, the federal psychiatric hospital in Washington, D.C. The experience was “horrificing.” The “genteel” grounds concealed the nightmare inside the hospital building—Kay and her fellow candy strippers found the ward understaffed, with ninety patients for each orderly. Attendants proclaimed blithely that when patients got too unruly, they were simply “hosed down.” Kay found herself frightened by the women on the ward, yet fascinated, too. She never imagined that one day, she would look into the mirror “and see their sadness and insanity in [her] own eyes.”

As her teen years dawned, however, Kay felt herself increasingly ruled by her moods. Kay grew frustrated during Navy Cotillion, where officers’ children learned etiquette. During a lesson on curtsying, Kay grew infuriated and refused to practice her curtsy. Her father—a colonel to whom manners were important—understood her frustration and helped her come up with a “compromise curtsy.” Kay never imagined that those “uncomplicated days” of her youth would soon come to an end, or that within two years, she’d be psychotic and suicidal.

In 1961, when Kay was 15, her father retired from the Air Force and took a job in California. Their family moved to Los Angeles, and everything in Kay’s world shifted. She attended Pacific Palisades high school—a radically different environment from her buttoned-up D.C. school full of military children. Kay felt lonely and she missed a boyfriend she’d left behind in Washington. She found herself in fierce competition with her classmates and struggled to keep up for a long time. Her classmates were not just academically advanced—socially and sexually, too, they led complicated, mature lives that shocked the sheltered young Kay.

Kay describes her early interest in medicine in order to hammer home how devoted she is—and always has been—to investigating the mysteries of the body and the mind and weathering difficult situations in pursuit of the truth.



Kay includes this passage to explain, to a certain degree, why she resisted acknowledging that she had a problem with her moods and her mind for so long. Having seen the cruel treatment of mentally ill individuals within a place that was meant to be a haven and refuge for them, she failed to develop any trust in the systems meant to look after society’s most vulnerable members.



Kay begins charting her descent into madness by recalling the ways in which she felt victimized by her own moods even as a young adult. Kay knew how to behave in certain situations, but she found that she was beholden to emotions and impulses beyond her control.



In this passage, Jamison suggests that the upheaval of a cross-country move and the demands of adjusting to a new and foreign social situation may have further destabilized her or made her more susceptible to her ever-changing moods.



Kay slowly adjusted to life in California. She began volunteering in the pharmacology department at UCLA and there she met a new boyfriend whom she loved. Still, things weren't always easy. With her brother off at college, her relationship with her sister became much more combative. Her parents' relationship, too, began to deteriorate—her father's moods "soared" and blackened without warning, and Kay no longer recognized the man who'd been her friend and ally throughout her childhood. Kay's own moods, too, began to exhaust those around her—for weeks she'd be "flying high" only to crash into a depression that felt sudden and all-consuming.

During her senior year Kay experienced her first attack of manic-depressive illness. For weeks she "raced about like a crazed weasel" with a sense of invincibility and confidence—and the feeling that there was a "marvelous kind of **cosmic** relatedness" to everything in her life. After weeks of mania, she came to a "grinding halt." Depressed, lethargic, and plagued by brain fog and exhaustion, she felt her mind had turned against her.

The only reason Kay was able to dodge her friends' and teachers' concerns, she believes, was that "other people [...] seldom notice despair in others if those despairing make an effort to disguise the pain." Kay didn't dare admit what was happening to her—the reality of her situation frightened her too greatly. Looking back, she says, she is amazed that she survived those terrible months—she feels she experienced a loss of her true self during the episode.

CHAPTER 2: AN EDUCATION FOR LIFE

At eighteen, Kay enrolled as an undergraduate at UCLA. She had hoped to attend the University of Chicago, but her father's erratic moods and deepening alcoholism had cost him his job and there was little money for college. Kay soon found herself enjoying her life at UCLA—though her happiness couldn't shield her from the ongoing pain within her mind. College was a constant battle against her ever-shifting moods. When seized by mania, Kay became sensual, outspoken, obsessed with drawing unlikely connections between the many subjects she was studying, and compelled to spend money irresponsibly to the point of over-drafting her bank account.

Kay describes her father's own descent into madness and relates to her readers how disorienting and frightening it was. When she began to sense the same thing happening in her own mind, then, it makes sense that she would have balked at recognizing or admitting what was happening.



Kay's first earnest attack of manic-depressive illness leaves her exhausted, disoriented, and fearful of the power of her own moods to derail her life.



Here, Jamison admits that she was too frightened of herself to ask for help from anyone in her life. This sentiment sets up the book's project of illuminating and destigmatizing manic-depressive illness in hopes that others don't have to suffer alone and in silence the way Jamison herself did for so long.



College should have been the happiest, most freeing time of Jamison's life—instead, she found herself dogged by symptoms she could not understand, saddened by her father's descent into madness and alcoholism, and controlled, puppet-like, by a series of ever-changing moods, impulses, and emotions.



These bouts of mania inevitably gave way to depressions which numbed Kay to the world around her, filled her with an unspecified but “profound” dread, and rendered her unable to focus in class or connect with friends. The racing thoughts characteristic of mania remained, but instead of being “exuberant and cosmic,” the thoughts were horrific, graphic, and violent. Kay felt unable to ask for help, and now, upon looking back, can see that she didn’t even understand that she was ill.

This period in Jamison’s life was painful, but she admits that there was one bright stroke of luck. Although she was a freshman, she was taking an upper-level psychology course. One day, the professor asked the class to conduct written responses to images from the Rorschach test—a series of inkblots meant to be interpreted by psychiatric patients to help determine their mindset and provide insight into their associations. Kay, in a manic state, filled “page after page” with strange responses. The professor read some of the students’ work out loud anonymously—and when he got to Kay’s responses, asked that the student who’d written them stay after class.

Kay was “terrified” that the professor had seen in her responses something terribly wrong—but when she met him after class, he brought her back to his office to tell her that her responses had been “imaginative.” Jamison states that this was her first lesson in recognizing the “complicated, permeable boundaries between bizarre and original thought.” The professor, impressed by Kay’s rebelliousness in taking a class meant for seniors as a freshman, invited her to apply to be his lab assistant. Kay gratefully agreed to help the professor in his studies on “the structure of human personality” by coding data, designing studies, and writing up scientific papers. Though Kay loved working as a research assistant, her academics suffered as a result of her cycling moods, and she began to feel stifled and stymied.

At twenty, as her junior year was about to start, Kay took some time off from UCLA to study at the University of St. Andrews in Scotland—her brother and cousin were studying in England, and she wanted to be nearby. A federal grant allowed Kay to focus on her studies there full-time rather than relying on side jobs or apprenticeships to help pay tuition—and with that, Kay was off. In St. Andrews, Kay found happiness and fulfillment in spite of the harsh weather. She took courses in zoology, learned a lot, made friends, and found refuge in the peace and calm that being in the “ancient” and “mystical” city provided. Jamison describes St. Andrews in loving, lush detail, recalling her time there as a “marrow experience”—in other words, something deeply impactful on who she was and who she has become.

Jamison describes her personal experiences with mania and depression to show that the states are not always experienced how one might think they would be. She suggests that because depression didn’t feel like what she might have imagined it to feel like—and because the same went for mania—she was unable to recognize what was going on inside her own mind.



Jamison uses this passage to begin exploring the advantages and insights that can accompany mental illness. Manic-depressive illness is a complex disorder, and though Kay found herself tossed about by her moods at times, this passage begins the book’s exploration of instances in which Kay’s unlikely way of thinking and feeling actually helped open up ideas and opportunities for her.



Kay’s strange but “imaginative” answers caught her professor’s attention and allowed her to further her study of psychology. Jamison suggests that while she was, at the time of the in-class Rorschach test, decidedly manic, her mania in this instance opened a door for her rather than closing one.



Jamison remembers her time studying at St. Andrews in Scotland as a time of peace and happiness. She includes this passage to show that, in spite of the struggles she has faced throughout her life as a result of her manic-depressive illness, not everything has been bad—in fact, she has experienced moments of peace, joy, and happiness quite often. This passage also relates to the theme of love as medicine because it suggests that the love Kay felt for Scotland itself and for the friends she made there nourished and helped to heal her in the midst of a stressful, difficult time.



When she was twenty-one, Jamison returned to UCLA—the abrupt shift made it difficult to settle into her old routines. In addition to readjusting to her work, school, and social life, she had her moods to contend with. She decided to further her studies in psychology and accepted another apprenticeship with a second professor in the psychology department to study the effects of mood-altering drugs. The professor leading the study was himself, Jamison writes, given to mood swings—he understood her struggles with moods as well, though they rarely discussed their shared struggle. Only once did they speak about their moods—and about the possibility of taking antidepressants—but both, Jamison says, had too much “pride” to seek help from medication.

In 1971, Jamison began her doctoral studies in psychology at UCLA. With her moods more difficult to control than ever, she made a last-ditch effort at improving her state of mind—not by seeing a psychiatrist or seeking out medication, but by buying a **horse**. The horse was stubborn, neurotic, and prone to lameness, and Jamison sank a lot of money from her graduate fellowship into boarding and treating the horse before acknowledging he was too much for her to take care of and selling him.

Jamison began enjoying graduate school in a way she never did college—looking back now, she can see that she was in remission from manic-depressive illness, largely free from the manias and depressions that had defined the previous several years of her life. She got married to a French artist who was kind, gentle, apolitical, and passionate. Although she was in a kind of remission, Jamison was still an intense person—throughout their relationship, she was restless and volatile, and yet her first husband’s steadiness and calm helped balance their relationship out. Jamison felt “harbored” with her husband.

Jamison soon chose a specialty in clinical psychology, a move that allowed her to see patients and learn how to make clinical diagnoses. Even then, however, she writes that she was profoundly unable to make a connection between the illnesses she was diagnosing in her patients and the manic-depressive illness she suffered from herself. Looking back now, she writes that her “denial and ignorance seem virtually incomprehensible.”

This passage shows how Jamison was not alone in her reluctance to share her personal experience of mental illness in a professional setting— this passage demonstrates that others are also likely hiding mood disorders out of fear of being stigmatized or sidelined.



Unwilling to confront her inner demons, Jamison chose to distract herself from her woes by buying a horse. The horse, then, symbolizes Jamison’s unwillingness to treat her mental illness or even acknowledge she was suffering from one.



In spite of the setbacks she’d suffered earlier on in her education, Jamison found this point in her life bolstered by steady relationships and fulfilling work. She points out that the intensity of her personality was often, at various points throughout her life, a positive rather than a negative.



Jamison uses this passage to illustrate how deeply in denial she was. She treated patients whose symptoms mirrored hers every single day, yet she could not bring herself to admit that she was suffering in many of the same ways that they were.



Jamison writes that, at the time, the emphasis on treating patients was based in talk therapy, understanding dreams, and other aspects of psychoanalysis. Centering diagnosis, symptoms, and medical treatment through prescription drugs wouldn't become popular until after Jamison had already entered her internship at the UCLA Neuropsychiatric Institute years later. She writes that, although she believes medications such as lithium and antidepressants are indispensable in treating severe mood disorders—and that to treat these diseases without medication is, in some cases, malpractice—she is nonetheless grateful for her background in psychoanalytic thought.

Jamison did, however, balk at the use of psychological and intelligence tests such as the Rorschach test and the WAIS, or Wechsler Adult Intelligence Scale. When she administered them to her husband as part of a test for class, his results, scored according to the tests' metrics, rendered him “sociopathic” and “deeply disturbed.” To lessen the disappointment of finding herself disillusioned with many psychoanalytic practices, Jamison threw herself into her relationships with her patients and her coursework. After completing her coursework, her doctoral dissertation, and her final oral examination, Jamison was awarded her Ph.D. and hired as an assistant professor. Within three months of the momentous appointment, she writes, she would be “ravingly psychotic.”

CHAPTER 3: FLIGHTS OF THE MIND

Kay Redfield Jamison attempts to describe the “high” of mania—during such states, she says, feelings are like “**shooting stars**” that grow brighter and brighter. One feels captivating, sensual, intense, capable, and euphoric—at least at first. At a certain point, she says, the feelings change and become confusing as thoughts pile up and irritability, anger, and terror take over. Jamison describes an inability to recall the things one said and did during a state of mania, leaving a kind of apocalyptic wreckage for the sufferer to sift through—even as they struggle to understand which feelings are legitimate, which self is the “real” self, and when mania will visit again.

Jamison writes that she didn't wake up one morning to find herself mad—rather, the process of realizing she had lost control came gradually. In July of 1974, Jamison had just joined the faculty at UCLA and was assigned to an adult inpatient ward for her clinical and teaching responsibilities. She had a relatively stress-free transition from student to faculty, and she found that she loved the time and freedom she had in both her personal and professional lives—so much so that she barely noticed when she stopped sleeping, a hallmark sign of a new manic phase.

Jamison uses this passage to highlight all of the many different ways that therapists, psychologists, and psychiatrists treat their patients. While Jamison believes that sometimes medication is the only solution, she clearly believes in a holistic practice that allows room for analysis of a patient's thoughts, feelings, and past experiences.



Jamison found herself questioning many of the methods that were, at the time, used in the diagnosis and treatment of mental illness. She tried to find other ways of fulfilling herself through her research and her practice, but she found herself resigned to the fact that if she wanted to succeed in the professional world she'd chosen, she'd need to sublimate her own problems and submit to the status quo.



Jamison uses this passage to describe in great detail the euphoria and ecstasy that accompany certain experiences with mania. She does so to illuminate and destigmatize the state of mind—and to show how patients like herself may in fact become addicted to the magnetic highs of such states even as they fear or dread the fallout that follows them.



Jamison wants to clarify even further what it feels like to descend into madness and mania. She is determined to break down the misconceptions around manic-depressive illness that lead to judgment and stigma. By showing what her specific experiences have been like, she is able to demystify and make more accessible an accurate account of what it feels like to lose one's mind.



At an annual garden party given to welcome new faculty, Jamison felt charismatic and charming as she mingled with new acquaintances and old teachers and colleagues alike. She had long conversations with the chancellor of the university and the chairman of her department and was certain that both men found her engaging, even attractive. The man who would soon become her psychiatrist was also in attendance at the party. Months later, as they discussed it, he would report thinking that Kay was decidedly “manic.”

Around this time, Kay noticed that she was having difficulty keeping up with the rapidity of her own thoughts. She was drawing connections between strange, disparate research materials, often making hundreds of copies of poems and academic articles to distribute to her colleagues. While she can now look back and see that they had nothing to do with one another, these materials seemed, at the time, to have “profound [...] relevance.” As her strange behavior at work continued, her marriage began to fall apart. She separated from her first husband, moved into a modern apartment in Santa Monica, and purchased an enormous amount of furniture she didn’t like or need, putting herself in serious credit card debt.

Kay reminisces about other times her mania caused her to overspend. Once, while picking up a prescription at the store, she purchased twelve snakebite kits; other times, she bought multiple Rolexes and even shoplifted. The compulsion to spend money one doesn’t have, Jamison writes, is one of the most devastating aspects of manic-depressive illness, and one which often debilitates sufferers even further by compounding their sense of isolation and hopelessness once they come out of their manic stage and see how much they’ve spent.

Kay’s brother, a Harvard economist, came to California to visit once and found himself confronted with a “sprawling” financial disaster. Kay, newly-medicated and feeling “dreary,” helped her brother sift through receipts, but found herself unable to recall or understand many of the purchases they detailed—one was for a taxidermized fox, a fact which horrified the animal-loving Kay. Kay’s brother, however, remained committed to helping her sort through the disarray. Jamison writes that, over the years, her brother has been a steadfast supporter of hers through thick and thin, always there for her without judgement whenever she’s needed him. Kay’s brother took out a loan to pay off her debt, and over the years that followed, she worked hard to pay it back to him—but she knows she’ll never be able to repay his “love, kindness, and understanding.”

This passage illustrates the disconnect between a person’s experience of mania and what mania looks like from the outside to a casual observer. While Kay herself felt exciting and magnetic, others looking at her could clearly observe a woman in a state of distress.



Though Jamison had been working hard to keep her colleagues in the dark about what she was going through, her increasingly frequent manias made this difficult to do. She could not control or constrain her wild thoughts and she began to self-sabotage in other areas of her life as her mental state deteriorated further and further.



Jamison wants to help destigmatize not just manic-depressive illness itself, but all of the disorder’s attendant behaviors as well. Overspending and compulsive shopping, she asserts, is something sufferers of manias struggle helplessly to control.



This passage represents an instance in which love—in this case, familial love—acted as a kind of medicine. In the depths of her despair over her compulsive, manic overspending, Kay found solace and refuge in her brother’s kindness and willingness to help and support her. While Kay of course needed more help than her brother could provide—namely, medication and therapy—the love he showed her in this moment, and the enduring memory of it, has helped heal her in the long run.



Before Kay allowed herself to be medicated, she pushed through her mania by working long hours and shunning sleep. She kept purchasing books and clothes at an astounding rate and wrote incoherent poems on scraps of paper which she scattered about her apartment. Everything felt more intense, including the experience of listening to music, and soon Kay could not even listen to her favorite records without becoming overwhelmed and disoriented. Darkness began to infiltrate her mind, and soon Kay began hallucinating terrible images and figures. She recalls seeing a towering, bloody person infiltrating her apartment and spraying blood everywhere—the moment was so terrifying that she at last called a colleague and admitted that she needed help.

Kay's colleague told her he believed she had manic-depressive illness and needed to be medicated. Kay was resistant to being confronted with the truth—but she agreed to read up on the illness and its treatments. Lithium, a mood stabilizer, had been approved for use in the management of mania in 1970, just four years earlier—but Kay was willing to try it in order to end her mania and hallucinations. Kay's colleague helped her fill and take her prescriptions and inform her family of what was going on. He helped Kay file for a leave of absence from work and made sure there was always someone to look after her.

Kay met her psychiatrist when he was chief resident at the UCLA Neuropsychiatric Institute. He was a good-looking, charming, intelligent man who used a mixture of medical treatment and psychotherapy to help his patients. Kay was embarrassed when she first called him for an appointment, fearful that she'd lose her job, but as she arrived at the man's office for her first session and answered his questions about her mental state, she began to realize just how serious her condition was. When Kay's psychiatrist told her that she definitely had manic-depressive illness and needed to start on lithium right away (and would likely have to stay on it for life), she tried to blame her state of mind on stress from her job and her divorce, but the man did not waver.

Jamison writes about the gratitude she feels now, looking back, for her psychiatrist's insistence on treating her for manic-depressive illness. Over the years to come she'd visit his office once a week, and his support would keep her alive "a thousand times over" as he helped her through mania, depression, madness, and despair. Through her sessions with her psychiatrist, Kay learned the totality of "the beholdenness of brain to mind and mind to brain." She began to understand the complexity of her illness—and the combination of lithium, personal will, and self-awareness needed to fight it.

Jamison uses this passage to track the turning point in her illness—the point at which she recognized that she needed immediate help. As Jamison's mania began to mutate into psychosis with hallucinations, she realizes that she is not just the victim of mercurial moods—something more powerful has a hold of her. Finally, her need for relief from her symptoms outweighed her fear of being judged, stigmatized, or sidelined at work.



In this passage, as in the earlier passage about Kay's brother, Jamison demonstrates how her colleague's love and support acted as an additional kind of medicine in a time when she needed all the help she could get. Lithium, they both knew, was the only thing that would alleviate Kay's symptoms—but her colleague's solidarity helped make everything else in her life feel more manageable.



Even as Kay, in her first visit to her psychiatrist's office, was made to confront the laundry list of symptoms that had long been wreaking havoc on her life, she tried to remain in denial about the truth of her illness. Jamison points to a paralyzing fear of professional retribution and social stigma alike as the reasoning behind her unwillingness to accept the state of affairs.



Though Jamison's journey from illness to wellness and stability was a long and arduous one, it taught her a lot about the connection between the mind and the brain and the unique challenges mood disorders present. This knowledge equipped her to treat and care for patients suffering the same set of problems.



Jamison writes that now, she cannot imagine a “normal life” without lithium and psychotherapy in combination. Both have helped her to heal, but they each offer separate things: lithium attends to the chemical, while psychotherapy provides a “sanctuary” and space to learn more about her illness. While Jamison can see now that she ultimately owes her life to pills, it was hard for her to understand for a long time—and for years after her initial visit to her psychiatrist, she’d struggle with the problem of resisting her medication and failing to take the pills she needed to survive.

In this passage, Jamison expresses to her readers just how important medication is in the treatment of certain mental illnesses. She does so to help lessen the stigma surrounding pills—as she will go on to explain, those around her didn’t always understand the need for medication. Jamison faced a lot of scrutiny and judgment for taking medication for manic-depressive illness, and she never wants for her readers or patients to let the fear of facing the same thing deter them from taking life-saving medication.



CHAPTER 4: MISSING SATURN

Kay Redfield Jamison offers up a lyrical description of her descent into madness. A meteorologist’s daughter, she had always been fascinated by the **heavens**—her early days of madness provided the “illusion of high summer days [...] lurching through cloud banks and ethers, past stars”. She felt, at the heights of her mania, as if she could soar past Saturn itself. After the mania cleared and her medications began to level her out, Jamison found herself overcome by longing and nostalgia—even now, looking at pictures of Saturn’s rings fills her with melancholy.

As Jamison invokes her fascination with the heavens, stars, and planets, she crafts a lyrical and apt symbol for the feelings that mania inspired within her. Mania allowed her to feel invincible, untouchable, powerful, and deeply connected to the universe—without the highs of mania, Jamison felt disconnected from her own potential and imagination.



For many years, Jamison writes, she failed to take her medications as prescribed—even though as a clinician she knew the devastating effects of resisting psychiatric treatment. Still, it would take many more journeys through manias and depression for Kay to admit that she needed medication. Giving up her “high flights of mind and mood” was, for a time, a threat to her very sense of self.

Jamison begins detailing the ways in which her failures to take the medication prescribed to her by her psychiatrist would derail her mind even further. Jamison will later attribute her reluctance to many varying factors—but here, she outlines her own addiction to the highs of mania.



After Kay began taking lithium, her friends and family, she writes, assumed she’d be happy to finally be “normal”—but Kay could not stop comparing herself with her “former self,” believing that she’d been the best version of herself when mildly manic. She could not stop missing **Saturn**.

Medication gave Jamison stability—but it also stripped her of the version of herself who believed impossible things to be true and who felt nothing in the universe was beyond her reach.



Kay was prescribed lithium in the fall of 1974, but by the spring of 1975, she’d gone against her psychiatrist’s advice and stopped taking it. Her reasons for rejecting the medication were psychological as well as biological—lithium is a powerful drug with strong physiological side effects, and, if one takes too much, one can experience lithium toxicity. Kay often found herself nauseous or even “violently ill” in public. As she approached toxic levels due to her high dosage, she trembled, slurred her words, and appeared to the untrained eye to be drunk or high, a fact which embarrassed her.

Jamison outlines the many side effects of lithium in order to explain why it was so difficult for her to adhere to the regimen her psychiatrist prescribed. Not only were there physical and psychological side effects, but the stigma associated with taking a relatively new drug for an already misunderstood disease meant that Kay had to defend her choice to those in her life unwilling or unable to understand what she was going through.



All of the physical side effects, however, paled in comparison to the havoc lithium wreaked upon Kay's ability to read, comprehend, and remember the things she read—her attention span and memory were profoundly compromised. An avid reader who read several books a week, Kay could, in late 1974 and early 1975, barely focus long enough to get through a single paragraph. Kay attempted to keep her reading life alive by turning to poems and children's books, but she found herself left full of longing for her past and discontented with her "broken" present.

Kay felt embarrassed by her diagnosis and the lithium prescription it required. She attempted to hide it from guests, friends, and lovers by clearing out the medicine cabinet before having everyone over, laughing off her newly-acquired tremor, and attempting to sublimate her frustrations into patience by reading the Book of Job and learning to "be philosophical" about her situation. Kay eventually resisted taking her lithium because she "simply did not want to believe that [she] needed" it. "Addicted" to the highs of mania, Kay stopped taking the drug and sacrificed everything to experience the ecstasy of mania once again.

Other people in Kay's life, too, felt she should be able to power through without the help of drugs—her sister, in particular, ridiculed Kay for relying on prescription medication, a stance which both humiliated Kay and validated her own desire to move away from lithium. When Kay's sister declared that Kay was a "shell of [her] former self," Kay felt her own worst fears were true. Even though she knew that not just her sanity but her very life, too, was at stake, in March of 1975, Kay stopped taking lithium.

Over the course of the rest of the year, Kay continued to see her psychiatrist—but she went on and off of lithium, cycling through manias and severe depressions as she did. Every time the medication made her feel better, she felt she no longer needed it—the voice of her sister, her own staunch belief that she should be able to weather her moods alone, and simple resistance to taking a daily medication all contributed to making 1975 a difficult year. Kay knew, from a scientific standpoint, that lithium was effective; she also knew that her illness necessitated medical treatment. In spite of all this, however, her stubbornness prevailed. Underneath it all, Jamison writes, she resisted adhering to the regimen her psychiatrist prescribed because deep down she feared that lithium might not work even if she took it consistently.

Jamison admits that lithium has serious side effects—and that her misery at suffering them contributed to her desire to stop taking the drug. While Kay's manias and depressions took a lot from her life, they also gave her certain intellectual gifts—gifts that lithium now stripped away in exchange for stability.



Jamison recalls wanting to hide the truth of what she was going through from family, friends, and lovers—those who were the closest to her in the whole world. The societal stigma she feared suffering was worse, in her mind, than the symptoms she'd already endured, and so she ignored her doctor's orders and risked everything by going off her medication.



This passage demonstrates how the judgement and stigma Kay faced from those close to her exacerbated her symptoms by shaming her into stopping the very medication that was keeping her stable.



This passage shows how Kay's own resistance to complying with her doctor's orders was not the only factor in her failure to remain on lithium. Societal stigmas meant that those around her didn't understand what she was going through and dismissed or judged her without considering her point of view. Kay thus internalized an even greater sense of shame, not just about having an illness in the first place, but about needing medicine to treat it. Jamison points to this pattern as a vicious cycle which derails the lives of countless patients a year who fear the judgement or cruelty of those closest to them.



Years later, speaking before a packed conference hall at an annual meeting of the American Psychiatric Association, Jamison was giving a talk about the psychological and medical aspects of lithium treatment. She quoted a “patient” of hers suffering from manic-depressive illness—too afraid to share with the crowd gathered before her that she was, in fact, drawing on her own experiences with manic depression and lithium. As the audience reacted to both the humor and gravity of Jamison’s “patient’s” anecdote, she felt saddened not just for herself, but for the many patients each year who fail to take their lithium and suffer the “high costs” of doing so.

Jamison recalls one afternoon in the UCLA emergency room. One of her patients, strapped down to a gurney by his limbs, issued a blood-curdling scream that summoned Kay to his room. A year ago, this patient had held a knife to Kay’s throat in the midst of a psychotherapy session, yet Kay continued overseeing his treatment, desperate for him to get better through a combination of institutionalization, medication, and talk therapy. As Kay stood over the man’s bed that afternoon, she empathized with the “delusional mania” he was experiencing and tried to assure him that everything would be all right. She wasn’t lying—she was sure he’d be well, but the question of how long his remission would last, she knew, would depend entirely on his willingness to comply with the regimen of lithium she’d prescribed.

Kay reveals that eventually, this patient died—no amount of psychotherapy, medication, persuasion, nor coercion worked for him. Nothing psychology could do, Jamison writes now, could make this man stay on his medication. Tens of thousands of patients, she writes, lose their lives to manic-depressive illness each year—there are limits on what doctors can do for their patients. “We all,” she admits, “move uneasily within our restraints.”

CHAPTER 5: THE CHARNEL HOUSE

Kay Redfield Jamison continues describing the “bitter harvest” she reaped by failing to take lithium for over a year and a half. Though she was miserable each and every day whether she was experiencing mania or depression, she was unable to commit to taking the medication. Her thoughts became dark, desolate, and hopeless, and she thought of death constantly. She became fatigued and lethargic—something as simple as taking a shower became a herculean task which took hours to complete.

This passage illustrates the total fear and shame Jamison experienced for much of her career any time she even considered letting her colleagues know about her personal connection to manic-depressive illness. She felt unable to be her authentic self in the professional realm—even though doing so might have helped lessen the stigmas and misconceptions surrounding manic-depressive illness and lithium treatment.



Jamison uses this terrifying and deeply affecting anecdote to demonstrate how, in spite of her personal experience with many of the things her patients were feeling, there were still many instances in which neither her professional nor personal qualifications were enough to help. Sometimes, in the end, medication is the only thing that works—and, as she had to learn the hard way herself, resistance to the necessary drugs would only make life worse.



Even after witnessing a patient die because he refused to take the drugs that could have saved his life, Kay remained restrained by her own reluctance to take the lithium she needed to stabilize her moods and stop her endless cycles of mania and depression from subsuming her life.



Jamison includes the details of her descent into deeper and deeper manias and depressions as a result of refusing to take lithium because she believes that sharing her experience with others will let it live on as a cautionary tale—and a warning not to let stigma or fear tempt others into refusing life-saving medication.



Eventually, Kay resumed her lithium regimen. She continued seeing her psychiatrist several times a week, but nothing seemed to help with Kay's suicidal ideation. Due to California commitment laws, her psychiatrist could not have her hospitalized against her will—though he wrote in his notes that she was a definite suicide risk. Kay refused to submit to hospitalization—she was too afraid that if her manic-depressive illness became public knowledge at UCLA, she would lose her clinical privileges and be unable to complete her studies. Feeling as if she had nowhere to turn, Kay resolved to kill herself—but she shielded her intent from her psychiatrist.

Kay describes a hazy memory in which an unnamed man—possibly her colleague or her first husband—visited her apartment at the height of her suicidality to find her in a crazed state. Throwing furniture and bleeding in only her underwear, Kay purposefully attempted to scare the man off—he had, ostensibly, come to check on her or to make love to her. Raging and weeping alone in her apartment once again, Jamison writes, she finally understood “why Jekyll killed himself before Hyde had taken over completely,” and she proceeded to take a massive overdose of lithium.

Jamison writes that she felt suicide was the only way out of the unrelenting agony that was an eighteen-month-long suicidal depression. After taking an anti-emetic to keep herself from vomiting up the lithium, she swallowed her entire bottle of pills. She curled up in bed, waiting to die—but when the phone rang, she answered it to find her brother on the other end. Hearing Kay's slurred voice, he called her psychiatrist. She was hospitalized immediately and spent several days in a coma.

While Kay was in the hospital recovering from her overdose, her psychiatrist and a close male friend from UCLA who had been checking up on her each day for several months made a plan for her recovery. Between the two of them, they planned to stay with her day and night and nurse her through the trying times ahead. Jamison writes that she owes her life to both of the men who led her down the “cold and colder and colder still” road “from suicide to life.” Kay's mother, too, stayed with her for a long while and helped her readjust to life outside the hospital. Her mother, she writes, helped her to temper the “unbroken horse” of manic-depressive illness—an illness Kay inherited, she now knows, from her father.

In this passage, Jamison suggests that her fear of facing stigma at work or professional judgment or retribution directly contributed to her desire to commit suicide. Kay felt she couldn't be herself—more than that, she felt that she was a person so odious and dangerous that she'd be better off dead than presenting her authentic circumstances to the people around her.



This passage illustrates just how controlled Jamison felt by her moods and manias. She conceived of herself as a being like Dr. Jekyll, ruled by the cruel impostor Mr. Hyde. Jamison presents a scene in which she was both emotionally and physically violent and out of control in order to hammer home to readers just how lost, alone, and vulnerable she truly was—and how suicide seemed like the only option for escaping the turmoil within her.



Unable to handle the internal turmoil and external stigma any longer, Kay chose to try to take her own life. Kay barely survived her suicide attempt—and in this instance, it was lithium which threatened her life and the “medicine” of her brother's love which saved her.



As Jamison recalls beginning her journey back to “life” from the brink of suicide, she again invokes the image of a horse to symbolize her slow acceptance of the fact that her mental illness was something that needed to be reckoned with seriously. Her illness was at this point an “unbroken horse,” but, with the help of friends, colleagues, physicians, and family members, Kay would soon learn how to rein in the animal of her manic-depressive illness.



Jamison describes her experience with the violence that her manias and depressions alike inspired in her—she admits to having been “physically assaultive” as well as verbally abusive in the midst of her “blind manic rages.” She feels ashamed, she writes, to remember her darkest moments—but having gained distance from them, she experiences mostly gratitude to the friends, lovers, and family members who stuck by her side through the worst of her rages. In the wake of her suicide attempt, she says, part of her biggest task was reconciling all the different parts of herself: the gifted student, the rageful woman, the young girl who once attended cotillion balls and dinners at the Officers’ Club.

Kay writes that the flip side of the violent rage her mania brought on is the “fiery” attitude she had most of her life—there existed for her a fine line, she writes, between her passionate personality and her manic alter ego. The depressions she experienced were “more in line with society’s notions of what women are all about,” while her manias—which brought on aggressive behaviors normally associated with men—were less “tolerated” by those around her than her black states of woe. Manic-depressive illness, like fire, Jamison writes, “both creates and destroys.” The fire she felt in her blood, even after she evened out on lithium, would be essential to the next hurdle ahead of her: the pursuit of academic tenure at UCLA.

CHAPTER 6: TENURE

Securing tenure, Jamison writes, is a competitive “blood sport”—as a nonphysician, a woman, and a manic-depressive, she was nervous about pursuing and attaining a tenured position, yet by the early eighties, she needed to find some measure of academic and financial security. Tenure, she writes, became a symbol of the transformation, stability, and recognition against all odds that the ambitious young Kay wanted for herself. The wide-ranging studies she’d undertaken as an assistant professor no longer interested her; she wanted the time and resources to devote herself to the study and treatment of mood disorders, specifically manic-depressive illness.

Kay is ashamed of how she has behaved in the past during the height of mania—but she feels that this shame is outweighed by the gratitude she feels to those who stood by her. Again, this passage demonstrates how, even though manic-depressive illness has taken a lot from Jamison, it has also given her unexpected gifts—such as the ability to experience the generosity, loyalty, and kindness of steadfast friends and family members.



As Jamison examines the differences between mania and depression, she places both states in the context of her experiences as a woman in academia—and as a woman suffering from mental illness. She suggests that women have a harder time being taken seriously in the professional realm in the first place—and when a mental illness or mood disorder enters the equation, it becomes doubly difficult for women to feel they can be their authentic selves in the workplace.



Jamison writes that though tenure is a desirable outcome for any academic, being appointed to a tenured position held extra significance for her, since it represented all the stability, security, and certainty she’d rarely felt in her life. She also acknowledges her desire to prove that she was just as worthy of such a position as her “normal” colleagues, and she examines how far she pushed herself in pursuit of that goal.



Jamison had, at that point, set up an outpatient clinic at UCLA specializing in the diagnosis and treatment of depression and manic-depressive illness. Though Jamison herself was not a physician, she helped bring the Affective Disorders Clinic to prominence and used it as a tool to help thousands of patients suffering from mood disorders. The job was chaotic, stressful, and often emotionally devastating—but through a combination of medications and psychotherapy, Jamison and her fellow researchers, clinicians, and physicians made major strides in helping medication-averse patients manage their fluctuating moods. Jamison also drew on her own experiences in order to help her colleagues to understand that there were “advantage[s] as well as disadvantage[s]” to the disorder for its sufferers—and that some patients had perhaps become addicted, as she once was, to the highs of mania.

In spite of all the fundraising and local outreach Jamison did throughout the early 1980s, she still harbored “enormous” concerns about openly discussing her illness with her colleagues and superiors. She’d seen many other students and residents denied permission to practice due to their own psychiatric illnesses. She still felt severe fluctuations in mood—even on a steady, healthy dose of lithium—and was often out sick for days at a time. Hers was a “tidal existence,” still largely defined by frequent bouts of mania and depression. Still, she maintained an active social life and found that her friends and colleagues accepted her “loopy but intense” personality.

There were few women in Jamison’s social orbit, though, and barely any other women employed in the school’s adult psychiatry division. Several men in the department—such as a man she nicknamed “The Oyster” for his “slithery essence”—still believed that there was something “fundamentally flawed” about women in academia. A dull and callous man, The Oyster enjoyed a lot of power in the department—and so he was protected from any retribution for his steady stream of inappropriate innuendos and his condescending attitude with his female colleagues.

After “rodding [...] through the tenure maze” for years, Jamison was finally promoted to associate professor—she’d secured tenure and joined what one of her colleagues called an “all-men’s club.” Jamison celebrated for weeks, grateful to see her efforts rewarded—and aware that, all the while, she’d been struggling not only against a sexist establishment and a highly-stratified academic bureaucracy, but also against her own mental illness.

Jamison powered through her illness and worked hard to help and advocate for her patients. In addition to treating her own patients, she felt a responsibility to educate her colleagues about the nuance of manic-depressive illness and other mood disorders—even as she resisted being completely truthful about the specifics of her personal experience with manic-depressive illness. Jamison also uses this passage to illustrate that, although society stigmatizes mental health practitioners who suffer from mental illnesses themselves, those with mood disorders or mental illnesses are actually uniquely equipped to help patients fight against the issues that “normal” doctors and psychiatrists might not even realize are relevant.



Jamison uses this passage to communicate the constant tension, fear, and insecurity she felt as she attempted to climb higher in the professional world while keeping an important part of herself locked away from her friends, colleagues, and superiors. Jamison implicitly suggests that the stigmas which make this kind of fear and shame so widespread need to be addressed and corrected if mentally ill individuals are to ever feel comfortable and secure in their places of work.



Jamison includes a reference to “The Oyster” in order to show that not only was she struggling against her own “tidal existence,” but also against forces of sexism and structural inequality beyond her control. Jamison is aware of the many layers of stigma that women in the professional world face and she wants her readers to understand them as well.



Securing tenure was especially important to Jamison because it signaled to her that not only could she navigate and succeed within the bureaucratic, sexist structures of academic life—but also she was able to triumph over the personal, internal limitations she believed she’d be working against her whole life.

CHAPTER 7: AN OFFICER AND A GENTLEMAN

Jamison writes that once, when she was younger, she believed there was “only a certain amount of pain one had to go through in life.” Her illness had brought so much suffering to bear upon her, she thought, that her life would be “kinder” to her in other arenas. Jamison points out that she knows now that this belief was foolish—just months earlier, she’d imagined she could reach the rings of **Saturn**.

Early in 1975—six months after her psychotic episode and suicide attempt—Jamison’s nerves were still frayed and her “mind was skating on thin ice.” One morning, when she arrived at the inpatient ward of the UCLA psychiatric hospital for a morning meeting, she was introduced to David Laurie—a psychiatrist on leave from the Royal Army Medical Corps in England. The two liked one another immediately and bonded over lunch that afternoon at the hospital cafeteria. Their shared interests in music, poetry, and psychiatry bonded them together—but Jamison, who was still living with her first husband, did not pursue a romance with David, even though she found herself drawn to him. After a few months, David returned to London, and, in spite of her best efforts, Jamison found her marriage falling apart beyond repair at last.

Over a year later, after having exchanged letters with David intermittently, Jamison returned to her office at UCLA one afternoon to find him waiting there for her. He invited her out to dinner, and she at last accepted. The two spent several days together, and when David had to return to England, Jamison accompanied him. The passion she shared with David during this time, she writes, made her remember how important and healing love can be in the scope of one’s life. As close as Kay and David were, Jamison still hadn’t told her new lover that she was struggling with manic-depressive illness.

One afternoon, Kay went to Canterbury alone to visit the cathedral there. While kneeling to pray, Kay realized she’d forgotten to take her lithium the night before. When she reached into her purse for the bottle, she dropped the pills all over the filthy cathedral floor. She left without gathering them, knowing she’d need to ask David to write her a new prescription—and that that would mean telling him about her illness. That night, Kay told David the truth, dreading his reaction—but instead of reacting with fear or cruelty, he embraced her and said, “Rotten luck.” The two shared a laugh, and Kay felt that someone at last understood her. Kay answered all of David’s questions about her illness. When she told him that lithium interfered with her attention span and prevented her from reading, he pulled out a favorite book and began reading to her.

Jamison again invokes the symbol of a heavenly body to demonstrate the folly in her thinking that the pain she would experience in life was limited only to her manic-depressive illness.



Just months after her suicide attempt, Jamison found her capacity for love and attraction reignited. She had been feeling shaky and uncertain about herself and her ability to love and be loved in the wake of a psychotic episode and a failed marriage—but the introduction of David into her life allowed her to see that she was still worthy of love (and able to give love to another person in return).



In this passage, Kay introduces the idea that love can be a healing force in and of itself. At the same time, she acknowledges the ways in which she was historically afraid to surrender to the power of love because of the stigmas she’d been taught to fear throughout her life.



In this passage, Kay’s hesitation to talk to her lover about her mental illness stems from the stigma and judgment she’s faced from friends, family, and society more largely. Luckily, the love David shows her as she confesses the truth about herself allows her to feel truly held and accepted for one of the first times in her life. David devotes himself to helping Kay navigate her illness without hesitation—and his love proves a kind of medicine she didn’t know she needed.



Kay returned to the United States for work, and, later in the fall, David visited her. Again, their weeks together were filled with passion, companionship, and beauty. Kay felt more herself than she had in years. The following May, Kay went to visit David in London again, and they enjoyed a spring vacation across England. One Sunday morning, climbing a hill, Kay noticed that David was markedly out of breath. He assured her that he was fine, and they didn't discuss it again.

Kay returned home to California, planning to visit David during one of his posts at the British Army Hospital in Hong Kong in a few months. One night, though, Kay was working at her apartment when there was a knock at the door. When she answered it, she found a diplomatic courier with a letter from one of David's commanding officers—David was dead, at just forty-four years old, of a massive heart attack. Kay recalls feeling numb and disoriented as the days went by and plans for David's funeral got underway. She spoke to David's parents and commanding officers, booked a flight to London, and traveled across the sea in a state of total shock. In London, she tried to read through some of David's old love letters, but found she couldn't—to this day, Jamison writes, she's never looked at them again.

During her visit to London for David's funeral, Kay was met with kindness and compassion from David's colleagues in the British army. His commanding officer met with her for lunch and gave her details from the autopsy report—both to shock her into accepting the reality of David's death, and to point out that the heart attack was so massive and so unexpected that nothing could have been done to save him. At the funeral itself, David's friends, family members, and fellow officers stayed near to Kay and comforted her.

After David's funeral, Kay stayed in England a while to visit with friends. She mourned not just the loss of David, but of the potential future they could have had together. Still, David's death did not plunge Kay over the edge into "unendurable darkness." Though just a few short years ago she'd been deeply suicidal, taking her own life never once crossed her mind. She owes this fact to the support of her friends and loved ones—but also to the bolstering force of the love and acceptance David showed Kay during their time together. Recovering from the loss of David took a long time, Kay writes—but there did come a day when she at last felt relief from the pain.

In this passage, Kay demonstrates how her love for David—and his love for her—allowed them both to feel safe, happy, and excited about life. Their love, powerful and transformative, numbed them to adversity—though usually a positive thing, in this case, David and Kay missed an important warning sign that would have devastating consequences for them both.



The devastating news about David rattles Kay's world, and yet she feels next to nothing as she goes through the motions in preparing for his funeral. Whether this shock she experienced was a side effect of her medication or in any way related to her mood disorder is unknown—but by including her odd reaction to a loved one's death, she demonstrates the complexity of moods more largely.



The journey to understanding and accepting David's death was a difficult one, but with the love and support of his friends, colleagues, and family, Kay was able to come to terms with what had happened and focus on the gratitude she felt toward all David had given her while he lived.



David's death deeply impacts Kay's life, but she is able to maintain a sense of evenness and togetherness in spite of the pain it causes her. The love David showed Kay was such a stabilizing force in her life that it allowed her to remain on an even keel in spite of the disruption his death has caused.



CHAPTER 8: THEY TELL ME IT RAINED

After David's death, Kay retreated into herself and "shuttered her heart." She focused on work, determined not to allow the years of emotional pain she'd suffered recently affect her professional life. She remained on lithium and found that, though her moods were still intense and periods of depression still visited her, her life had a more even keel. Things were stable and good, but Kay soon found herself exhausted. She decided to take a yearlong sabbatical in England to study mood disorders in British artists and writers—it was to be her first break from UCLA in over eight years.

In England, Kay split her time between London and Oxford as she conducted research at two teaching hospitals. In Oxford, she found herself reminded of her time at St. Andrews, in awe of the place's grand traditions and ancient buildings. She enjoyed a large suite of rooms and sumptuous dinners with students and faculty alike each evening, and she often traveled back and forth to and from London, where she enjoyed walks in the parks and trips to the city's many museums. Kay's year in England helped her realize that back in California, she'd simply been "treading water"—she'd been focusing on surviving rather than living life to its fullest. She left England with a renewed sense of peace, and a renewed faith in the power of love.

During her year in England, Kay visited David's grave in the city of Dorset just once. The experience was emotional and overwhelming—but alongside her sadness, she felt a renewed sense of gratitude for the ways in which David had loved and accepted her. It had been four years since David's death when, in the middle of her sabbatical, she found love in England once again.

A "moody, [...] charming Englishman" swept Kay off her feet at a dinner party, where they were introduced by mutual friends. Kay found an ease in their relationship—and yet also an intensity. This new lover, like David, was understanding of Kay's struggles with manic-depressive illness. When she complained to him about feeling frightened to explore a lower dose of lithium, as her psychiatrist had recently suggested, the Englishman urged Kay to try it—he promised to watch out for her and take care of her no matter what happened. Kay cut back on her dosage and found a "dramatic" change in her experience of the world around her. Everything seemed vivid again—her focus improved, her concentration was restored, and her capacity to feel joy and sadness resurfaced.

The fact that David's death—though a painful and cataclysmic event for Kay—does not send her spiraling into an uncontrollable depression or reanimate her suicidal ideation shows that the love she shared with David, while not a literal "medicine," did help heal her significantly from the trials and traumas of her past.



Kay's experiences in England enliven and excite her. They allow her to see that there is no limit to how deeply she can experience the world around her—and that there is much more to life than how she's been living. This represents a turning point in her life—a moment in which she begins to want more from the world around her. Her love for England is yet another kind of medicine.



Kay continues to mourn David but accepts that the love he showed her was just one kind of love—her life will be full of many more romantic experiences that will open up different things for her at different times.



Again, Kay has an experience with love which makes her feel wanted and worthy. Her lover is supportive of her and even encourages her to take a step that will improve her quality of life, then promises to stand by her side no matter what the effects of the experiment may be. While lithium is the substance that chemically balances Kay out, love is the secret ingredient in her healing that gives her the confidence to advocate for herself.



Kay writes about an anthology of poems about love that the Englishman gave her after they'd spent several days alone together: one of the poems read "Thank you for a lovely weekend. They tell me it rained."

The poem cited here speaks to the ways in which love has helped Kay to heal. By blocking out the nonsense and noise of the world, Kay's experiences with love allow her to focus on herself and her own progress.



CHAPTER 9: LOVE WATCHING MADNESS

When it was time to return to California, Kay "dreaded" leaving England. She had adjusted to a new kind of life in London and was afraid of what leaving would mean not just for her happiness but for her very health. Daunted by the frenetic pace and demanding work of her job at UCLA, Kay returned to California feeling full of doubts about herself—but upon returning to her old routine, she found that her time in England had been "restorative" enough to allow her to appreciate anew the hustle and bustle of faculty life.

Afraid of returning to the professional realm so close after a major change in her medication, Kay doubted her ability to thrive—but soon found her worries were unfounded. Kay's belief in her own capabilities begins to shift in this chapter as she starts to have more faith in herself.



Kay resumed work on a textbook about manic-depressive illness and found herself able to concentrate longer and make deeper insights and associations as she drew upon her own experiences with the disorder as well as the writings of artists and even her own patients. Kay hoped to describe empathetically and accurately the experience of having manic-depressive illness while maintaining a "cerebral" and academic structure for the book—the challenge excited her, and she found herself genuinely enjoying the work even when it grew daunting.

Lowering her dose of lithium allowed Kay to focus more deeply on her work and express all the things she had been longing to express, even within the confines of academic work. Though Kay still maintained a distance from including her personal life in her academic work, this passage represents an important precursor to the turning point later in life after which she'll begin bridging the gap between her personal experience of mental illness and her professional world.



Lowering her lithium dose back in England, Jamison writes, had allowed her to "mind and emotions to sway a bit," much like the building codes in California require structures to sway in order to prevent earthquake damage. Her experience of the world was more intense and her moods more pronounced—but the effect was a positive rather than negative one. She began to understand that she was experiencing the "evenness and predictability most people [...] probably took for granted throughout their lives."

Jamison writes that lowering her lithium dose—under the supervision of a psychiatrist and with the support of a romantic partner—allowed her to experience the world more intensely without dipping into extremes. This is part of Jamison's complex argument about the gifts of manic-depressive illness—she finds being able to experience intensity and evenness for the first time ever a remarkable thing.



To illustrate this new experience of the world, Jamison relays an anecdote about tutoring a blind student in statistics. She and the student had a good rapport, and as they grew closer, she felt comfortable enough to ask him questions about what it was like to go through life as a blind man—and began to feel she could understand his experience of life. One day, when she went to meet him at in the blind reading room of the library, she found herself stunned to come across a dozen students reading in the dark in silence. It was one of those moments in life, she says, in which one realizes that they have “no real comprehension of the other person’s world.” Around this time, Kay began to see herself, too, as a “stranger to the normal world.”

For Kay, even normalcy was tinged with restlessness and a “low-grade, fitful instability.” This affected the things she believed were possible for the rest of her life—she knew she’d never experience the true evenness of her colleagues’ lives and routines, and she believed that in love, too, she’d have to find a partner whose passions and volatility matched her own. The man who would become her second husband, she writes, has taught her more about “steadiness and growth” than she ever thought possible.

After meeting a man named Richard Wyatt—a schizophrenia researcher and the Chief of Neuropsychiatry at the National Institute of Mental Health—at a Christmas party in Washington D.C., Kay didn’t imagine that the quiet academic would be a match for her. However, their “short but convincing courtship” showed her how very different people with divergent temperaments and interests can sometimes be a perfect fit. Within a year of meeting Richard, Kay resigned from UCLA and moved back to Washington to be near him.

Kay had few regrets about leaving California, though departing from UCLA itself was difficult—it was the place where she’d built a life and had secured, against all odds, a tenured position she loved. Richard and Kay moved in together in Georgetown and quickly found that the differences between them were even vaster than they’d known: Kay’s intensity baffled the “low-key” Richard, while Richard’s lack of interest in art, music, and poetry came very close to actively offending Kay. Nonetheless, their love for one another was steadfast and generous, and Richard—like David—was curious, sensitive, and reassuring in regard to Kay’s manic-depressive illness.

Jamison uses this anecdote to illustrate the subjectivity of how people perceive the world. Her own understanding of the world around her has shifted multiple times throughout her life—and even now, well into her adulthood, she still questions whether her perception of the world is “normal” or not. She seems to express a mixture of fear and excitement as she considers the radically different ways in which people perceive themselves and others.



This passage shows how love has transformed Kay’s understanding not just of the world but of herself. Love has allowed her to feel a “steadiness” that she never imagined would be possible—in this way, love has indeed been a kind of medicine.



Kay’s new relationship with Richard is different from her past romances in that she and Richard click instantly despite being very, very different. Love takes many forms and can heal in many different ways. Kay uses this part of her memoir to show how her vastly different experiences with love and romance over the years have helped her to heal in different ways at different points in her lifelong journey to recovery and wellness.



As Kay delves into the differences between her and her second husband, she is sure to communicate to readers that it is love which binds them together. Even though they have their differences—and even though Richard and Kay don’t always understand each other—they always respect and care for one another. This, Kay asserts, is the most important thing love can give: unconditional support and understanding even in difficult times.



Though Jamison writes about how she and Richard have enjoyed a long and happy partnership, there are still times when he fails to fully understand her experiences of mania or depression—and there are times when she fails to be capable of explaining to him what she’s going through. “No amount of love,” Jamison writes, “can cure madness or unblacken one’s dark moods”—and yet Richard’s stillness, quietness, and solidarity have allowed her to feel a sense of hope and unlikely serenity even in her worst moments. Love may not be the cure, Jamison writes—but it is without a doubt a “very strong medicine.”

This passage, which concludes part three of the book and the section on the idea of love as medicine, shows that Jamison doesn’t believe love is a cure—but she does believe that love has helped her to power through the most difficult moments of her life and to remember her inherent worth and beauty. Love is an essential part of life, and even those suffering from painful and difficult circumstances deserve to know the balm that love can provide.



CHAPTER 10: SPEAKING OF MADNESS

Just before leaving Los Angeles for Washington, Jamison received a terribly unpleasant letter from a woman who saw an announcement that Kay was going to give a lecture with the word “madness” in the title and objected heavily to its use. The woman wrote that Kay had “no idea at all” what it was like to suffer from mental illness and was just “one more doctor [...] climbing [...] up the academic ranks by walking over the bodies of the mentally ill.” The letter shook Kay—but also forced her to reckon with the ways in which even she was perpetuating harmful language surrounding mental illness.

This passage demonstrates a key moment in Jamison’s life. She began to realize that by hiding her personal connection to manic-depressive illness, she was misrepresenting herself and her work. Receiving this letter forced Jamison to question the choice she’d made to keep the personal and the professional separate, making her commit to acting as a more vocal advocate for the mentally ill.



Jamison suggests that words such as “bat,” “loon,” “wacko,” and “fruitcake,” when leveled against those suffering from mental illness, can not only injure an individual emotionally, but can also lead to continued stigma and discrimination against the mentally ill throughout society. At the same time, Jamison writes, simply expunging these words from the modern lexicon alone will not do anything for the stigmas surrounding mental illness. There is a need for more than a linguistic reckoning, but rather a profound change in how the public perceives the mentally ill.

Jamison wants to make her readers aware of the tensions that exist in the mental health and psychiatric communities. She knows that simply eliminating the use of offensive words isn’t quite enough—but she posits that it’s at least a start, and a way for individuals outside of the community to help end societal stigma against those with mental illnesses.



Jamison writes about the use of the term “bipolar disorder” to describe what she and the rest of the psychiatric community have called manic-depressive illness. Many patients feel that manic-depressive illness is a poor term for what they experience—Jamison herself, however, balks at the word “bipolar” and finds it offensive in how it minimizes her experience of having a mood disorder. She questions whether “bipolar” is even a medically accurate term, and she suggests that to separate mood disorders into bipolar and unipolar categories is to ignore important science about the dangers of segregating the fluctuating states of mind that accompany mood disorders.

Jamison uses this passage to explore the complex and deeply personal issues surrounding the language society uses to describe mental illness. Jamison understands that while some people feel bipolar is a more accurate term, it doesn’t resonate on a personal or experiential level with her. She doesn’t necessarily oppose the change in language—but she wants people in the scientific and medical communities (as well as lay people) to be aware of how language has the power to further or mitigate stigma.



Ultimately, Jamison suggests, destigmatizing mental illness will not come from a simple change in the language society uses to refer to conditions and illnesses—changes in public education efforts, advances in genetic and biological research, and legislative actions (such as the Americans with Disabilities Act) could all do far more for the sufferers of manic-depressive illness and related disorders. She celebrates the mental health advocacy groups that do important work in educating the public, the media, and the government, and suggests that they have helped Kay herself and untold sufferers like her to regain power over discussing their own experience of “the human condition.”

Jamison knows that there is a long way to go in terms of destigmatizing mental illness and taking the necessary steps to make the world a safer, more equitable place for all—but she believes that society has the power to do what needs to be done. Jamison is optimistic about the strides yet to be made in terms of advocacy, legislation, and increased awareness.



CHAPTER 11: THE TROUBLED HELIX

Jamison describes sitting in a meeting about finding the genetic basis of manic-depressive illness with a group of researchers, psychiatrists, geneticists, and biologists—including Jim Watson, a scientist who, in 1953, co-authored an academic paper proposing that DNA had a double-helix structure. As Jamison sat watching Watson twitch and yawn, she wondered what he could be thinking about. She writes that they have been colleagues for a long time, and that she knows him to be an “intense and exceedingly blunt” person with a kinetic, untamable energy.

In this chapter, Jamison introduces her work alongside several towering greats of the scientific community in pursuit of an answer to the mysteries of manic-depressive illness. This shows that a huge group of people are banded together in hopes of understanding the disorder further and ending societal stigmas surrounding its sufferers.



Lately, Jamison’s career has become increasingly entwined with the field of molecular biology as she and her colleagues have sought a scientific understanding of manic-depressive illness and its causes.

Jamison wants to use this chapter to explore advances in other fields that might help sufferers of manic-depressive illness find new ways to understand their disorder. She knows that the only way real progress will be made on both scientific and societal fronts is through collaboration and good faith.



Returning to the meeting, Jamison recalls watching her colleagues share, via projector, the genetic pedigrees of the families affected by manic-depressive illness being studied by the team of researchers present. Completely blackened circles represented sufferers of manic-depressive illness, while half-blackened circles represented depressive illness. Dark s’s or crosses signified those family members who had committed suicide. Jamison remembers feeling excited by the prospect that the men and women sitting with her in the room could be on the verge of a major scientific breakthrough that would help sufferers of manic-depressive illness the world over.

Seeing entire families’ pain and suffering laid out so starkly affects Jamison deeply—but also gives her a deep sense of hope that there are still answers to be found that may yet help sufferers of mental illness understand and combat their suffering.



After the presentation ended, Jamison found herself recalling a meeting with a Danish psychiatrist named Mogens Schou—the man responsible for the introduction of lithium as a treatment for manic-depressive illness—at an annual meeting of the APA in New Orleans. Taking a boat ride together on the Mississippi during a break in the conference, Schou and Jamison discussed their reasons for studying mood disorders. Schou revealed that his family was full of sufferers of depression and manic-depressive illness—all of his life’s research, he told Kay, had been driven by his personal investment in understanding the suffering within his own family.

Kay recalls feeling “relieved” by Schou’s honesty and thus emboldened to share her own diagnosis, as well as her family’s history, with the man. The two of them drew out their “pedigrees” on napkins together, and the visualization allowed Kay to realize that all of the instances of manic-depressive illness in her family were located on her father’s side. Kay credits that afternoon with Schou as a turning point in which the man’s “aggressive” encouragement allowed her to feel free to use her own experiences in her work.

Jamison goes on to describe the complex feelings that understanding manic-depressive illness as a genetic disorder has made her feel over the years. She discusses visiting a physician who asked whether she was planning on having children—and then told her that if she did, knowing there was a good chance she might pass on her illness to her child, she was being irresponsible. Jamison felt “sick” and “humiliated” at having her personhood and her condition regarded so cruelly. Jamison had never before questioned her ability to be a good mother. The doctor’s “cold-blooded[ness]” shocked Jamison. Jamison writes that one of her life’s regrets is having no children of her own—Richard has three from a previous marriage, and though she regrets not having children of her own, she enjoys being an aunt to her niece and nephews.

Jamison admits that she sometimes has concerns about what locating the genes that are responsible for the heredity of manic-depressive illness would mean. Better and earlier diagnoses, she says, would no doubt benefit patients—but there are dangers in prenatal diagnostic testing, and she worries that parents who learn their child carries the genes would lead to those parents choosing abortion and thus making the world “a blander, more homogenized place.” These ethical issues, she states, are difficult to solve—while manic-depressive illness derails and devastates many lives, there are also advantages to the disorder related to personality, thinking style, energy, expression, and artistic temperament.

Jamison’s meeting with Mogens Schou stands out in her mind for several reasons. He is a prominent psychiatrist responsible for advocating for the very drug that has saved Jamison’s very life—a fact which makes him seem trustworthy to her. As she listens to him and hears him speaking casually and publicly about his personal struggles with mental illness, Jamison begins to understand that the only way to change stigma is to fight it directly, with personal stories and reckonings from the heart.



Mogen Schou’s ability to discuss openly his own family history and personal story of mental illness helped embolden Jamison to do the same. She began to see that some of the most influential and intelligent people suffer the same trials she has—and that the only way to end stigma in society is to talk openly and without fear about one’s experiences.



Jamison provides a personal anecdote from her own life to demonstrate just how deeply-ingrained and harmful society’s stigmas against the mentally ill can be. A medical professional who took an oath to “do no harm” and be an advocate for all his patients completely destroyed Jamison’s trust in him and offended her on a deep personal level. Jamison seems to suggest that the visit with the doctor contributed, at least somewhat, to her painful decision not to have children. She wants to show her readers just how affecting stigma can be.



Jamison acknowledges the prickly ethics of genetic and biological testing for mental illness—she suggests that some who fear the disorder due to societal stigmas might seek to eliminate it from the world without understanding the “advantages” that can also be a large part of the condition. Jamison wants to help people understand that a world without people of different backgrounds—not just socially and culturally but mentally as well—would be a poorer one.



Jamison recalls attending a lecture at a psychiatry conference which she'd all but tuned out of until the speaker mentioned new updates on the research into structural brain abnormalities in sufferers of manic-depressive illness. Newly intrigued, Jamison listened as the speaker discussed studies revealing many small areas of "focus signal hyperintensities" which suggested abnormal brain tissue, the kind seen in other conditions such as dementia and multiple sclerosis. Jamison remembers feeling both excited and disturbed by the breakthrough, full of questions about what it could mean for her and her fellow manic-depressives.

Back at her new job at Johns Hopkins, Jamison began reading articles about the new brain scans which showed structural abnormalities in sufferers of bipolar affective disorders—only to find that there were "far more questions than answers" in the literature available. Many things could explain the sites of abnormal tissue, and as she digested this information, Jamison recalls being full of hope that the scientists at the forefront of the research were developing new insights into "the concept of losing one's mind."

CHAPTER 12: CLINICAL PRIVILEGES

Jamison writes that, although she's never had an easy time telling someone about her manic-depressive illness for the first time, there are one or two experiences that stand out to her as having been particularly difficult and painful. Most of her reluctance to share details of her illness has been based in a desire to keep her personal and professional lives separate, and there have been several instances in which a friend or colleague has hurt her and added to that sense of reluctance.

Jamison recalls telling a former colleague—and friend, or at least she thought—named Mouseheart about her illness over lunch. The two had grown close over several months of working together, and, at a certain point, Kay felt odd about not having shared the fact that she suffered from manic-depressive illness with him. At a restaurant in Malibu one afternoon, Kay finally confided in Mouseheart—the man began crying and told Kay he was "deeply disappointed" in her for having attempted the "selfish" act of suicide. Mouseheart began asking invasive and condescending questions about Kay's ability to work in her chosen profession; Kay responded with sarcastic answers which succeeded in shutting Mouseheart up. Though he later apologized and even sent roses to Kay's apartment, nothing he said or did could heal the hurt he inspired when he judged her so cruelly.

Jamison knows how much those living with manic-depressive illness can often suffer, and she hopes that new research into genetics and biology will help alleviate some of that suffering—even if it means learning something new and potentially frightening or upsetting about the mysterious inner workings of the human brain. Jamison is hopeful that any new research on these topics will help dismantle stigmas, not exacerbate them.



Jamison is a person who loves learning and wants to understand more about herself, her illness, and how she can help alleviate the suffering of others with the same condition. She hopes that the breakthroughs her colleagues are making—whatever they might signify about the brain—will help make strides in the ways psychiatrists and psychologists can treat and alleviate the burdens of the mind.



Jamison plans to explore in this chapter the ways in which people's personally-held prejudices and judgments can affect the larger societal stigmas against mental illness—even if they don't explicitly understand that that is what their biases are doing.



Jamison's anecdote about her friend named Mouseheart—which may be a real name or a nickname meant to point out the smallness and cowardice within this person's innermost self—reveals just how painful it was for Jamison to confront the fact that someone she thought cared for her was willing to judge her so quickly and mercilessly. Jamison has had to deal with her fear of being stigmatized on a professional level all her life, but to be scrutinized and othered by a friend and colleague hits especially hard.



In spite of the few unfortunate experiences she's had when revealing her mental illness to others, much of Jamison's reluctance to discuss her illness stems from a fear of affecting people's perception of her ability to be a professional. She has long been afraid of being labeled "unstable" or having a medical license denied or revoked.

Lately, however, Jamison has begun to fear that her students might, in sensing her own reluctance to bridge the personal and the professional, develop their own fears of being sidelined due to factors beyond their control. For this reason, she has begun to discuss her personal struggles with mental illness more openly. She still worries on occasion that her openness about manic-depressive illness will impact how her colleagues see her or read her work—but at the same time, she is mature enough to admit that her experiences have indeed colored her entire body of work, her clinical practice, and her professional choices.

Nevertheless, Jamison has, at many points in her career, found herself questioning whether someone with mental illness should be allowed to treat patients. In 1986, when she began an academic appointment at Johns Hopkins, she filled out an application for clinical privileges at the hospital with a sense of dread and uncertainty. When a question on the form asked if she suffered from a disability or illness, Jamison knew she needed to meet with the chairman of the Department of Psychiatry. Over lunch, she told him about her struggles with manic-depressive illness, and explained that at UCLA her colleagues had known of her mental illness and had promised to intervene if they ever felt she should take a break—or resign—from practicing medicine.

Jamison writes that practicing medicine is indeed a privilege, and that questions about hospital privileges are "neither unfair nor irrelevant." At the same time, she warns that the shame and stigma which accompanies divulging one's illness or disability status in the workplace often leads to doctors failing to do so for fear of being stigmatized or sidelined—which, of course, only puts their patients at risk, too. Jamison believes patients should never have to pay for their doctors' problems—but that the systems within which doctors work should be more open and accommodating so as not to dissuade doctors from seeking treatment when they need it or practicing transparency with their colleagues.

Jamison's many experiences with self-doubt and societal stigma on both personal and professional levels have made her feel insecure and vulnerable. She understands how wide the societal stigma against sufferers of mental illness is through painful first-hand experiences.



Jamison has decided that being open and transparent about herself, no matter the cost, is more important than maintaining a certain front in professional settings. Something in society needs to change—and Jamison wants to be on the front lines of reorganizing society's prejudices against and misunderstandings about those suffering from mental illnesses.



This passage makes clear the fact that Jamison's fears about practicing medicine even though she herself has a mental illness stem from society's stigma against sufferers like her around the globe. She has been made to feel less-than because of the unique challenges life has dealt her, rather than more powerful and more capable because of the storms she's weathered.



Jamison understands that, while society does unfairly stigmatize those with mental illness—especially in the professional realm—there are very real reasons that liability measures are in place. The problem, she suggests, is the stigma that exists in the first place; if she was as scared as she was to be honest about her illness, there are no doubt many, many others who lie on their forms or resist treatment out of fear of admitting they have a problem or need the support of their colleagues, actions which could potentially endanger themselves or their patients.



Jamison writes that the chairman at Hopkins, as an answer to her confession, told her that he already knew she had manic-depressive illness—and that if he were to “get rid of all the manic-depressives on the [...] faculty,” the hospital would be a much more boring and uninspired place.

Jamison was so concerned about how her boss at Hopkins would receive the news of her illness, but she was pleasantly surprised to learn that he feels mental illness is not a shameful thing but rather a part of the human condition which can enliven and enrich society.



CHAPTER 13: A LIFE IN MOODS

Kay Redfield Jamison sums up what thirty years of living with manic-depressive illness has taught her about the “restraints and possibilities” that accompany the disorder. She acknowledges that the “darkness” that has dogged her all her life has become a part of who she is, just as the recollections of past manias have tinged her present with a kind of melancholic longing for the intensity of her past. She misses the girl she once was—the girl who dreamed of dancing on **Saturn’s rings**—yet she never feels tempted to re-create such intensity in her present by going off her medication.

In this final chapter, Jamison prepares to sum up her feelings about her own experiences with manic-depressive illness. Her feelings about the disorder are, obviously, quite complex—but so too, she argues, is the disorder itself. Manic-depressive illness is something that defines her even as she seeks to overcome its pull on her.



Jamison still feels the effects of waves of mania and depression, even having been on lithium for decades—she is well for now, but she often cannot stop herself from preparing for the worst. Still, she feels that the cycles of moods that have defined her life have made her more philosophical, more capable, and more understanding of others. She can see life’s seasons and cycles more clearly, and she understands how impermanent so much of life truly is. This understanding, she says, has allowed her to live more fully in the moment and appreciate the present.

Jamison has been to the depths of her own mind and she knows that she could very well one day return to that unhappy place. Still, she tries to focus more on the positives of what her illness has given her than allow herself to be dragged down by the negatives. Jamison has a somber but grateful outlook at this point in her life and has learned to understand that life is ongoing and that no feeling is final—all because of what her illness has taught her.



Love and medicine, Jamison writes, are the two forces that allow her to “shut out the terror and awfulness” of life’s moments of sadness and overwhelm. Love is what has allowed her to “re-create hope” time and time again, even in her darkest moments.

Even though love is not a cure, it is a balm. Being loved by others—and giving love herself—has allowed her to feel hopeful about her capacity for connection and emotion throughout her toughest times.



Jamison’s illness has taught her that there is no such thing as “a life without storms.” Her own mercurial nature is proof of that, as are all the pains and losses she’s suffered that have been beyond her control. She has learned to appreciate rather than fear these moments of alternating “restlessness [and] bleakness” and allow the tides of life to give true, deep meaning to her experiences and relationships.

Jamison states that her mental illness has given her the ability to weather the natural tides of life with more tenacity than most—and to be appreciative of life’s ever-changing emotional rhythms and seasons.



EPILOGUE

In a brief epilogue, Kay Redfield Jamison considers the question of whether she would—if given the chance—choose to live her life without manic-depressive illness. She has ultimately decided that if lithium were not available, the answer would be no—but because it is, she says she would choose to have the illness, strange as that answer may seem. Though depression is awful, tiresome, and isolating, she believes that the dual nature of her illness has allowed her to feel “more things, more deeply.” She has learned about loyalty, caring, and transparency, and has come to understand both the fragility and the resilience of her own spirit. Her illness, for all it has put her through, has allowed her to find “new corners” in her mind and heart all the time—some have been “grotesque,” but others have given her “limitless views.”

In the memoir's epilogue, Kay Redfield Jamison lays out one of its most complex questions—whether she would, if given the choice, choose the trials and tribulations of a life with manic-depressive illness over a “normal” existence. Jamison ultimately concludes that though her illness has, without a doubt, taken from her at times in her life, it has also given her strange but immeasurable gifts. Jamison wants to complicate the idea of mental illness as strictly a burden and ease the stigma against sufferers of mental illnesses and mood disorders.





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