



Charlee Brodsky dedicated her book to her daughters (shown here several years ago). Her family knows the anguish brought on by bipolar disorder. One of her daughters experienced early onset of the disorder at age 10 and was hospitalized at Western Psychiatric Institute and Clinic for eight days.

MENTAL ILLNESS IN THE FIRST PERSON

PHOTOGRAPHY | CHARLEE BRODSKY

ESSAYS | CHARLEE BRODSKY AND ANONYMOUS CONTRIBUTORS

I THOUGHT I COULD FLY

These essays are excerpted, with permission, from I Thought I Could Fly ... Portraits of Anguish, Compulsion, and Despair (2008 Bellevue Literary Press, New York), which is edited and with photographs by documentary photographer Charlee Brodsky. The book was published with support from UPMC's Western Psychiatric Institute and Clinic. Some facts have been changed and identities obscured to protect privacy.

I am a mom who has a daughter with bipolar disorder. I am also a documentary photographer. Because I live with someone who is mentally ill and have strong feelings about how mental illness is misunderstood by many, I wanted to create a body of work that would communicate the complexities and gravity of psychiatric disorders to others.

When I show people this project, they ask, *Who lives such lives?* Almost all the accounts in this book are from people I know. Finding participants was surprisingly easy. I learned that mental illness is pervasive. Some form of mental illness exists in most every family, school, and workplace, among both rich and poor, and across all ethnicities and all ages. As a friend writes, Winnie the Pooh has an eating disorder, Tigger is manic, Eeyore is depressed.

I believe it is healthy to share stories of mental illness so that the culture becomes more tolerant of the differences in how our brains work. My hope is that these stories will be comforting and educational. For those newly afflicted, I hope they learn that they are not alone. Also, I want them to learn that mental illness encompasses a wide spectrum of disorders from mild to severe, that it is physiologically based, that there are resources, and that life can be lived well even with a mental illness diagnosis. For those more knowledgeable, I hope these accounts make a contribution to the field by acknowledging the importance of simple storytelling and the sharing of everyday experiences. —Charlee Brodsky



Her ex-boyfriend controlled her thoughts through a bangle.

EILEEN'S PSYCHOSIS

I hated the meds, the fuzzy thinking, the 20 pounds I gained. But, gradually, I began to feel more like my normal self. We began to wean me off the medications I had been taking. Things went well for a while.

Then, again gradually, in the spring of 2005, about a year after I had been off medication, I began having paranoid thoughts again. I again began to feel watched. At work, they were on to me. The light behind me concealed a camera. My computer was being monitored. Again I began to have the distorted thoughts about the lights. Where had I been? And what had really happened? Surely I could find the answer on the Internet! As I searched, I began to wonder why I had not received credit for inventing the cell phone. I had given the idea to my Uncle Curtis, a real radio whiz, who worked for Motorola. Motorola knew. They had designed their logo based on the cabbage-rose print of the dress that Auntie Lynn had given me! How could I get the credit I deserved? Surely there was money I was owed; this would help pay college tuition!

I didn't understand why Andrew and his girlfriend emptied a Baggie of aphids onto my hibiscus, or why they had done it in plain sight, as we were sitting down to dinner at the table. What had I done that would make them want to hurt my favorite plant?

And why was the little white car following me? Everywhere I went, it seemed to be there. It was becoming a little unsettling. And that pickup truck belonged to "John Turner, Plumber"—I knew that name. He had been accused of abusing his daughter.

What did that creep want with me? Was it safe to drive my truck? Hadn't he loosened the lug nuts? Someday I would be driving along and the wheels would fall off. I was conflicted when I realized that Debbie DuMont, our assistant pastor's wife, was actually my daughter. I had become pregnant long ago with Sarah's father's child, and I was sent back to the States to have this baby, who was given up for adoption. I was so young at the time. Should I tell her?

And the gold bangle that Lewis, my ex-boyfriend, had

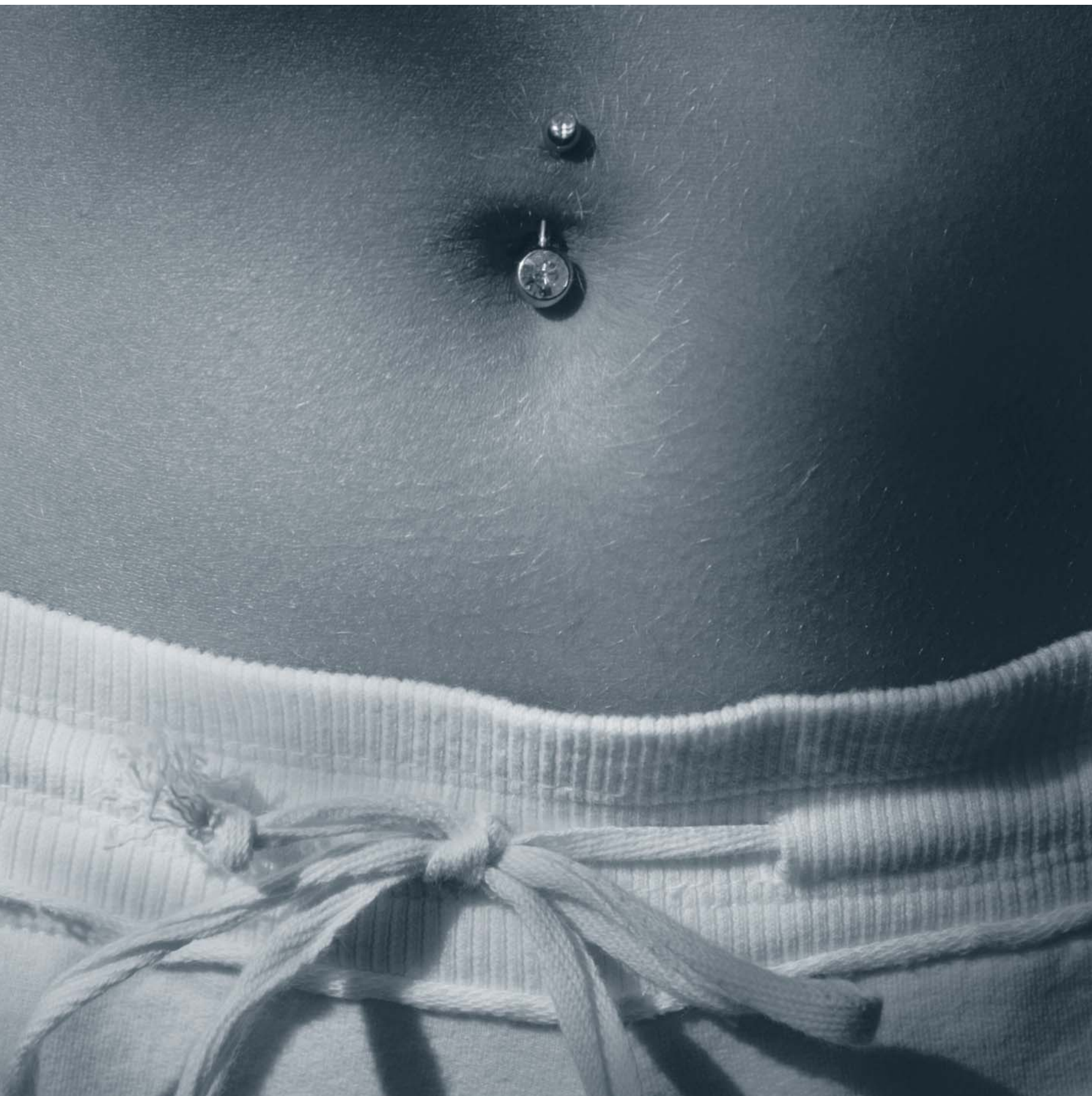
given me that I still liked to wear—take that thing off! Of course! It was the item that he needed in order to maintain control of my thoughts. The man was a witch. And so was Bridgette's high school art teacher, Miss Bentley. Struggling against me for control of my daughter's mind. But the last straw was when I realized that George was planning to kill me. He and Amanda were going to go fishing in Cuperas Creek, which was contaminated by copper; it was all over the news. And I was deathly allergic to copper; it was a rare condition, but he knew about it.

After George had fed me the fish (which he wouldn't eat, because he didn't like fish), he would be rid of me. And he and Amanda's mother could be together again. No more wicked stepmother.

I couldn't let him know that I knew. On my way to church that Sunday, I struggled for control. As I pulled into the parking lot, I saw the vehicles that concealed the men who were after me. I should have kept going: to New York City, to my sister Mary's, to get away from George. But could I trust Mary? After all, she had stolen my identity years before and had been using it to get around in Europe. She would take little side jaunts away from her psychology conferences, and my identity was her cover when she connected with the others in her network, moving drugs. Would the men believe me when I told them I hadn't known anything about it?

I had to give myself up. Tim DuMont, our assistant pastor, was the first person I saw. Should I tell him that Debbie was my daughter? I didn't. But I did ask him to take me someplace safe. I didn't think that I should be teaching Sunday school that day. This was a first for Tim, but he did just fine. He took me to his office. Later, our pastor came. They called George. When I got home, he was waiting for me. The little white car followed me home. I went out into the garden. It was hard to pull weeds and remain calm, knowing that there was a satellite up there that was taking pictures.

Back on the drugs. Permanently this time, George said.



When Rebecca's daughter returned, she had numerous new piercings up and down the curves of her ears, a belly button piercing on the verge of infection, and uncombed hair.

REBECCA'S DAUGHTER COMES OF AGE

My daughter put me in one of those moods again. It was morning, and her meds hadn't kicked in. She had attitude—the kind I don't like—and it was aimed at me. Better seen in Scorsese films than experienced firsthand. Her rudeness was unnecessary. It made me mad and hit in my gut. It put me in an emotional space where I live often because of her. But for once, I thank her for the cheek because I've decided to use that inconsequential incident to introduce my story. Jamison, a beautiful 18-year-old, was diagnosed with attention deficit hyperactivity disorder (ADHD) when she was 7 and bipolar disorder when she was 10. At 10, she experienced a year-long manic episode that may have been brought on by a drug she was prescribed for anxiety. She had been a difficult child, but it was hard to understand her destructive behavior as a matter of an odd but “within the range of normal” personality. She was shoplifting, leaving home in the middle of the night, and was dangerously aggressive toward her younger sister. We learned that she was sick, that she had a psychiatric illness, and that her brain worked differently from ours.

When I learned that Jamie had a mood disorder, the diagnosis did not at first convey the seriousness of the illness to me. “Mood disorder” sounded normal—after all, I go in and out of moods all the time. But Jamie's illness could jeopardize her life. Sixty percent of all suicides are committed by people with mood disorders. As a 10-year-old, Jamie was admitted to Western Psychiatric Institute and Clinic (WPIC) because she really thought she could fly. She had been racing everywhere, climbing on everything, and could not be contained. After an especially bad fall, I watched the pediatrician dig gravel from her knees. After Jamie's discharge from WPIC, she was put on a “cocktail” of daily medications and began a regimen of cognitive behavioral therapy. There was still a tumultuous period of many months, but her explosions became less frequent. We started having small successes. I could get her up, dressed, and out the door to catch the school bus without the tantrums. But Skittles were still close at hand if I needed a bribe.

As Jamie's health improved, I wondered if, upon meeting her, others could sense her past. Jamie has a winning smile. She is lovely to look at. She is sweet when in her proper mind. But would something in her manner betray her—would there be something not quite right? Was the illness even still there? We were told that Jamie could be a poster child for good outcomes for those with this illness.

The doctor even questioned if she was truly bipolar. Few children in a WPIC study, we were told, could match her steadiness. But rather than taking comfort in this observation, I wondered what lay ahead. If all those others were in the trenches wrestling with the disease, was it just a matter of time? Jamie is 18 now. In the eyes of the law, she is an adult. In her eyes, 18 means she can do as she pleases. Full of hormones, adolescent rebellion, and a history of both stable and difficult times, she acts much younger than her age. In the past year, she's stolen large sums from our wallets and told acquaintances that she lived in California and gave up a baby girl for adoption. In the past two months, she has left home five times, once for as long as a week without her medications. On one of the returns, she had numerous new piercings up and down the curves of her ears, a belly button piercing on the verge of infection, and uncombed hair. At one point, she told us, she hadn't eaten in two days. She is in her last semester of high school but no longer goes to school and will not receive her diploma this June.

Mental health practitioners advised us to increase her biweekly therapy sessions to the more intense family-based therapy where two clinicians come to your home two to three times a week for many months. When that therapy failed, Jamie entered an intensive outpatient five-day-a-week “partial” program on the clinicians' advice, but she stopped going there, too.

A friend who survived her children's tricky adolescence asked if Jamie's behavior of the past year was “teen-age stuff.” I replied that it probably adds to the mix. Yet adolescence doesn't explain what appears to be a major developmental delay, a major inability to connect her actions with consequences, a major sense of entitlement, a major inability to take comfort in and enjoy her family's love, a major inability to tell right from wrong, and a major inability to set even one goal. I believe what we are seeing is Jamie's illness. But sometimes it is unclear to me what is Jamie and what is the illness. Jamie is being treated with medications prescribed for bipolar disorder and ADHD, but perhaps we're seeing a different mental disorder emerge? Or might this be a set of symptoms that, as of yet, remains undefined as an existing disorder in the DSM IV, the bible of psychiatric disorders?

Jamie has left home yet again, and I can only watch her go. Perhaps some day in the future, Jamison and I will be snuggling together on the couch, reflecting on that time when she turned 18. She will remember the thrill of the wave while I recall the darkness of the water.



He insisted that his work pants and shirts be pressed each day and that his black boots be highly polished.

A FATHER'S ODD BEHAVIOR

My earliest memories of my father's battle with Tourette's, with OCD ... I remember lots of hugs and kisses, and that he always grabbed our arms as we walked by. He grimaced and on occasion made a high-pitched grunt.

He insisted that his work pants and shirts be pressed each day and that his black boots be highly polished. My mom and grandmother starched and pressed his clothes. We helped by polishing his boots, and all the men working for him in the foundry called those boots his "lamp blacks." Those boots would be worn to almost nothing, yet every Monday they were shiny and black.

I always wondered why he checked the doors so much at night. He would go up to the front and back doors, lock them, and then turn the handle several times to check to see if it was really locked. He would walk away, grimace, grunt, and then check each door again. I felt safe that the door was really locked.

Whenever we drove in the car, the steering wheel made jerky movements, and he blinked a lot. I loved riding in his truck early on a Saturday morning because we would go into the downtown produce market and pick up cases of fruits and vegetables. We would wander through the stalls, and he would try to talk the men into selling a case of produce for a lower price. When he pointed at the produce, he would point at it several times. I thought he was making his point.

Every flower bed was perfect, with not a weed to be found. His roses always were neatly trimmed, and we learned to trim the spent buds off at the leaf stem that had five leaves and not three. This would help the rose bloom again on the same stem. He had more than 70 orchids. They were all the same kind,

cymbidiums.

He loved photos of flowers and the family. The flowers were always close-up and of one bloom. Family photos were with groups of the children, and we always waved. When he used his camera, he would stop grimacing and hold very still. I wondered how he could be so still when he took photos.

He expressed love in almost overwhelming ways all of our lives. His eyes looked at you, almost straight through you. Your arm always got grabbed. He fiercely defended me. There was once an attempt upon my life, and he slept with a loaded gun under his bed for more than a year. His eyes followed me wherever I was, in and about the house. I felt comforted that he would save me if something more happened.

When I got older, I noticed these types of things in me. I play the flute and had to practice always in the morning at about 6 a.m. and then late at night if I were traveling.

I live in fear of playing badly if I do not practice.

I don't grimace, but I shake. I used to blink a lot, but I got over that as a teenager.

I iron everything. I need to have everything neatly pressed. I even iron my T-shirts. I am bothered when I do not see neat creases. I love gardening. I live in a place where I cannot do much outdoor gardening, so I have many orchids, too many orchids. I tend to take photos of flowers and people. I always take close-up photos of one flower at a time.

I love almost overwhelmingly. Sometimes my friends wonder how I can have so much love. I am overly compassionate. I feel the need to check if my friends are okay.

I have learned that not everyone is like this. ■

NOTE TO FAMILIES AND CLINICIANS:

For information on Services for the Treatment of Early Psychosis, Western Psychiatric Institute and Clinic's intervention program for people who may be experiencing early signs of psychotic illness, call 412-225-STEP (24 hours a day).

To learn more about the Child and Adolescent Bipolar Services Clinic at WPIC, call 412-246-5238 or see story p. 11.

For information on WPIC's Obsessive-Compulsive Disorders program and its outpatient program for children and adolescents (which recently won an award from the Substance Abuse and Mental Health Services Administration), call 412-488-4186.