

**Losing Control:**  
**Bipolar Disorder Communication**

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Nicholaus Phillip Ganus

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## **Abstract**

This narrative analysis focuses on the impact bipolar disorder has on the sharing of private health information from a first-person perspective. Focusing on the loss of control of communication and action during manic and/or depressive episodes, this work aims to provide communicative markers that can be used to identify bipolar disorder quickly. An auto-ethnographical narrative served as the data for the study. The narrative was analyzed using thematic analysis by looking for recurrence, repetition, and forcefulness with respect to the communication examples.

By analyzing expectancy violation, dialectical tensions, boundaries, and social support, this work creates a deeper understanding of what it means to share private information during a bipolar break. Through the lens of communication privacy management theory, this work focuses on the lack of control one has during a bipolar break. This lack of control led to the theoretical implication that CPM is not present during a bipolar break due to the lack of control over one's ability to manage communication.

The practical implications of this narrative analysis aim to provide caregivers, friends, family, and coworkers with the information necessary to help those struggling with a bipolar break. While medical research is available, it is difficult to understand and not meant for a lay audience. This work aims to provide clear evidence that a bipolar break can be identified and managed through communication theory. Communication is a fundamental aspect of everyday life; therefore, the goal is to provide a communicative perspective that can help those struggling with bipolar disorder and those trying to help the struggling individuals.

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## **Chapter I: Introduction and Rationale**

Living with untreated, undiagnosed bipolar disorder is a constant struggle between mental highs and lows. It is a battle to maintain a level-headed state of being that rarely occurs. From arguments with family due to a manic state to disconnecting from friend groups to hide depression, the fight for normalcy becomes a way of life. You lose control of yourself and your ability to communicate effectively, spiraling into chaos and depression. The aim of this study is to create an autoethnographic narrative that describes how private health information is managed during a mental health crisis. The loss of control over the ability to manage one's private information is the focus of this research.

### **Bipolar Disorder**

Bipolar disorder, a mental health condition otherwise known as manic-depressive illness or manic depression, causes shifts in an individual's mood, activity level, energy, and concentration in an extreme manner (National Institute of Mental Health, 2024). Bipolar disorder is categorized into different levels, bipolar I and II. Each type involves mood changes, which can vary with periods of extreme high irritability, energy, and activity level. During a manic state, people have little control over their ability to manage and filter their communication. This results in arguments or confusion because manic individuals cannot control the rate of their speech or string together a coherent thought. In episodes of depression mood shifts can also include extreme lows of sadness, hopeless feelings, and indifference (National Institute of Mental Health, 2024). This state increases the likelihood of suicidal ideations and self-harm.

Bipolar I can be controlled by medication, but is more extreme and frequent when it comes to mood episodes. Bipolar II cannot be controlled by medication, but is less extreme and less frequent when it comes to mania and depression. When manic episodes last for a minimum

of seven days, it is classified as bipolar I disorder. These manic episodes can be so severe that they require hospitalization. When depressive episodes occur, they typically last two weeks in a bipolar I individual. There is also the possibility of mixed episodes. When an individual with bipolar I disorder experiences four or more episodes of mania or depression in a year, it is known as a “rapid cycle” (National Institute of Mental Health, 2024). Rapid cycle is a frequent and sometimes extreme loss of control over actions and communication. This can cause issues when communicating with family, friends, and coworkers, as well as be a detriment to one’s finances and ability to maintain normalcy and quality of life.

The onset of bipolar disorder generally happens during early childhood or adolescence. Recognizing the symptoms quickly allows people to seek optimal treatment in the early stages of the disorder. Identifying the disorder early can lead to the most positive effects when it comes to treatment (Vieta et al., 2018). Early diagnosis can help stabilize the bipolar individual, increase the likelihood of medication compliance, and increase quality of life. Unfortunately, the most common period of time between an individual’s first episode and medical diagnosis is around nine years (Fritz et al., 2017).

Symptoms of a manic episode include feeling very up, high, elated, extremely irritable or touchy, jumpy or wired; more active than usual; decreased need for sleep; talking fast about a lot of different things (“flight of ideas”), racing thoughts; feeling able to do many things at once without getting tired; having excessive appetite for food, drinking, sex, or other pleasurable activities; and feeling unusually important, talented, or powerful (National Institute of Mental Health, 2024). Symptoms of depressive episodes include feeling very down, sad, or anxious; feeling slowed down or restless; having trouble falling asleep; waking up too early or sleeping too much; talking very slowly; feeling unable to find anything to say, or forgetting a lot; having

trouble concentrating or making decisions; feeling unable to do even simple things; having a lack of interest in almost all activities; and feeling hopeless or worthless, or thinking about death or suicide (National Institute of Mental Health, 2024).

When it comes to the diagnosis of bipolar disorder, it is important for clinicians to inquire about episodes of elevated energy and increased irritable moods in individuals exhibiting a depressed state. Information obtained from family members is vital because symptoms may be clear and apparent to those more familiar with the bipolar individual's typical behavior (Nierenberg et al., 2023). Around 65% of those struggling with bipolar disorder have one or more accompanying psychiatric disorders, most often, an anxiety disorder (71%) followed by substance abuse (approximately 56%), a personality disorder (36%), and ADHD (10%-20%) (Krishnan, 2005; Nierenberg et al., 2023). Moreover, the suicide rate for bipolar individuals is well above average. Annual suicide attempts range from 30 to 60 times greater than the general population (Dong et al., 2019; Miller & Black, 2020; Nierenberg et al., 2023). More episodic recurrences are associated with greater impacts on cognitive functioning (Altamura et. al., 2015; Joslyn et al., 2016; Nierenberg et al., 2023, p. 1377;). Bipolar I individuals experience episodes almost half of the year, with more frequent changes between episode types and mixed episodes with co-occurrence of manic and depressive symptoms (Judd et al., 2003; Nierenberg et al., 2023; Tohen et al., 2009).

Treatment compliance is often affected by diminished cognitive function during manic episodes (Gutiérrez-Rojas et al., 2020). For safety reasons, an inpatient clinical stay is often needed during mania, and involuntary hospitalization is often needed when proper treatment is otherwise unattainable through normal means. Treatment often requires a combination of drugs (Nierenberg et al., 2023; Post et al., 2019), which increases noncompliance, a common problem

affecting around 60% of bipolar individuals (Lintunen et al., 2023; Nierenberg et al., 2023). Lifelong treatment helps reduce relapse rates, enhance cognitive functioning, and improve quality of life (Miura et al., 2014; National Institute for Health and Care Excellence, 2016; Nierenberg et al., 2023; Yatham et al., 2018). Because bipolar disorder is complex and affects millions of individuals, the purpose of this work is to better understand the communicative effects bipolar disorder can have on individual and their relationships.

### **Communication Amid Mental Health Challenges**

When it comes to the fundamental communicative themes brought about by bipolar disorder, there are three primary phenomena to discuss. The first challenge involves the disclosure of mental health diagnoses and difficulties associated with those diagnoses. Second, the choice to engage in nondisclosure of mental health conditions reflects commonly cited challenges due to stigma, confusion, and relational protection. Third, social support communication impacts how people cope in various illness contexts (Goldsmith, 2004).

### ***Disclosure***

Disclosure is one of the communication pillars surrounding mental health challenges (Meluch & Starcher, 2020). Specifically, in the context of bipolar disorder, people often disclose information about their disorder and struggles to those closest to them, both pre-and post-diagnosis (Yoshimura & Weber, 2024). The common thread in current research regarding the disclosure of bipolar disorder is the context in which the disclosure happens. Current research focuses on disclosure after the bipolar individual has been diagnosed. The focus is on the reaction to the diagnosis as opposed to the reaction to the lived experience in the moment of a bipolar episode. Minimal communication research regarding self-disclosure and bipolar disorder exists (Helgager, 2013; Petelka et al., 2020; Wang et al., 2023).

Examining patients' self-tracking bipolar disorder to comprehend disclosure activities and how they interact with other private experiences, Petelka et al. (2020) found that intentionally disclosing their bipolarism was a direct effect of how visible the bipolar disorder was to others. When symptoms and behaviors of the mental illness were more present, people were more inclined to disclose the diagnosis. Even though they were interested in intentional disclosures, the interview data revealed that many people in a manic state did not see or understand they were self-disclosing, which left them over-exposed. At the other end of the spectrum, people in a depressive state described themselves in the interviews as hibernating from self-disclosure, except with those who were closest (family, friends, and romantic partners). Thus, context and the reality of the situation play a key role in the bipolar individual's willingness to self-disclose.

As the person who receives the self-disclosure, the question arises as to whether relationships are affected once the bipolar disclosure has occurred. Helgager's (2013) study found no differences in the quality or quantity of friendships after a bipolar diagnosis disclosure. Additionally, relational satisfaction remained relatively consistent. The age of social media was just beginning when Helgager conducted the friendship study; more recently, Wang et al. (2023) examined willingness to disclose mental illness in a social media environment. Specifically, people who engage in social media platforms, such as TikTok, are more willing to share their experiences with mental illness. The algorithm used to connect individuals and share content among a carefully crafted community empowers people to share their mental health struggles. Lack of influence by the platform to connect with friends and family on the social media site provides the user with a detached communicative platform they can use to connect with others without having to become "friends." The algorithm brings the information to the user and

provides them with content related to what they want to see and share. Disconnecting from one's inner circle allows for the possibility of open dialogue within this algorithmic community.

Interestingly, the public self-disclosure in this study seems to mirror the manic episodes in Petelka et al. (2020); unfortunately, the Wang et al. study did not examine whether their findings were consistent across both manic and depressive episodes.

The desire for reassurance and support drives bipolar individuals to disclose their thoughts and feelings pre-diagnosis and eventually post-diagnosis. In a 2021 examination of college students, Woodhead et. al. found both positive and negative outcomes to the disclosure of mental health challenges in faculty, staff, and peers. Social support and understanding, as well as empathy, led to positive results of disclosure. Social support and understanding are key to the successful treatment of mental health conditions. While disclosure is difficult, it can lead to positive outcomes that better one's quality of life.

### ***Non-disclosure***

Nondisclosure tends to occur often when the individual withholding the information fears ridicule, dismissal, or stigmatization from others (Woodhead et al., 2021). This communication phenomenon is provoked by fear and leads to boundary-setting that pushes away outsiders to protect oneself (Westerman et al., 2015). In cases of depression, individuals with bipolar disorder tend to withhold information from others; the information being withheld is not necessarily controlled. Bipolar individuals lock in on their perceived control and ownership of private information, unknowingly, and strive to keep people out. This makes them feel as though they have the right to determine how others perceive them based on their nondisclosure (Pahwa et. al., 2017), and allows the information owner to prevent an identity violation by disclosing the private information to others (Petronio, 2002).

The decision to withhold one's bipolar disorder diagnosis from others is a common occurrence. Much of the current research focuses on mental illness non-disclosure in the workplace, with fear of discrimination and stigmatization as two of the driving forces behind the decision to withhold a diagnosis from an employer (Toth et. al., 2021). Significant research has been devoted to disclosure in the workplace and how it can create positive outcomes and better working conditions (Brouwers et. al., 2019; Toth et. al., 2021). A little over half of employees with a mental health condition choose to disclose their disorder (MacDonald-Wilson et. al., 2010). This research does not address the portion of the population that simply cannot find work as the unemployment rate for individuals with bipolar disorder is around 60% (Toth et. al., 2021).

Not only is non-disclosure prevalent in the workplace, but also it is exceedingly common in inpatient and outpatient facilities when it comes to the disclosure of suicidal ideations. A more serious matter common among those struggling with a mental health condition, suicidal ideations are more often hidden from medical professionals (Blanchard & Farber, 2018). Not only do those struggling with suicidal ideations withhold this information from their medical provider, but also the medical provider has minimal ability to detect suicidal ideations outside of screening surveys and patient conversation (Nutting, 2005). More than half of people struggling with suicidal ideations do not disclose their state of mind to anyone (Høyen et. al., 2021). The suicide rate among individuals with bipolar disorder is around 15%, and non-disclosure perpetuates the problem (Nierenberg et al., 2023).

Non-disclosure can have detrimental effects on relationships with family and friends (Hall, 2020). As we grow older, and distance ourselves from parental relationships, we find that close friendships take precedence. Disclosing mental health information with friends creates a

stronger bond; non-disclosure creates a divide. Not only does non-disclosure harm the person withholding the information, but also creates a barrier within relationships with friends so social support cannot be provided, which creates room for depression to persist and even get worse, enabling a further loss of control (Hall, 2020).

Disclosing private information makes the discloser vulnerable. Misguided judgment of others, when it comes to non-disclosure, creates a false narrative because of the perceived uncomfortableness of the receiving party (Baum & Critcher, 2020). These issues create stress for the non-discloser and provide evidence as to what struggles one faces when choosing not to disclose information, which can exacerbate depression and create more issues for the non-discloser (Lee et al., 2021).

### ***Social Support***

Social support communication comes in many forms that can be beneficial to dealing with bipolar disorder. Enacted support includes the communication behaviors of “what individuals say and do to help one another” (Goldsmith, 2004, p. 13). Enacted support examples could include communicating advice or sharing information about a mental health condition. Perceived support is the “perception that support is generally available when needed” (Goldsmith, 2004, p. 14). Emotional support is the “expressions of caring, concern, empathy, and reassurance of worth” (Goldsmith, 2004, p. 13). Communication behaviors such as empathy and encouragement may be examples of emotional support. Regarding all types of support, social support plays a pivotal role in the success or failure of a person with bipolar disorder seeking medical treatment (El-Bilsha et. al., 2021).

Social support may be the single most important communicative aspect of aiding persons with bipolar disorder, or any mental health condition. When information is disclosed or withheld,

outsiders have the choice to assist individuals in need or ignore, ridicule, or stigmatize them. When positive social support is provided, it allows the bipolar individuals to open up and seek help or talk through their issues (Lakey & Orehek, 2011; Westerman et al., 2015). Social support is what drives productive recovery and provides positive reinforcement, which leads to positive outcomes (Shumaker et. al., 1984). When social support is provided, it significantly increases the bipolar individual's chances of recovery and medication compliance once diagnosed and treated (Wallston et al., 1983). For example, participants who received more support from family and friends reported higher recovery scores (Dunne et al., 2019). When communication and boundary coordination are effective, it enables both parties to communicate about providing and seeking social support (Petronio, 2002). Research studies on how social support impacts people with bipolar are rare; much more work is needed in this context (Studart et al., 2015).

Consistently, social support positively affects the quality of life and adherence to treatment in people with bipolar disorder as well as their caregivers (Shokrgozar et. al., 2021). Social support is only possible when people are connected to each other. Seventy-nine percent of individuals with bipolar disorder have an insecure attachment style in comparison to 30% of the control group (Greenberg et al., 2014). People struggling with bipolar disorder are more likely to detach during social situations despite needing support to overcome their symptoms and maintain compliance with treatment. Social support takes time and effort from those in contact with the bipolar individual. The high likelihood of social detachment is dangerous for bipolar individuals and can cause relapse, making social support the prevention of hospitalization and relapse.

The level of social support provided to bipolar individuals directly affects the outcomes of their struggle with the disorder. Those who receive partial social support are more likely to require medical intervention, while those with high levels of social support are more likely to

overcome their struggle with the disorder and adhere to medical treatment (Johnson, et. al., 2003). Because bipolar disorder is a lifelong mental health condition, the possibility of relapse is high and can be minimized by social support. Social support is vital in the treatment of bipolar disorder because it directly correlates to the individual's well-being and relationship satisfaction (Boyers & Simpson Rowe, 2018). The higher the relationship satisfaction, the lower the chance the bipolar individual will detach during social situations. Social support was found to be the most significant influence on the success or failure of bipolar individuals when it comes to treatment adherence and return to normal life (i.e., quality of life; Michalak et al., 2006). Maintaining healthy relationships is key to the success of controlling bipolar disorder.

Depending upon the type of social support provided to the bipolar individual, there are negative instances of social support. While social support is vital to the successful treatment of mental health disorders, it can be provided and received in a negative manner (Lincoln, 2000). When the support is perceived as negative or unwanted, the receiver of the support can close off and ignore further attempts to communicate support. When the support receivers find the information to be threatening or ill-advised, they are more likely to remove themselves from the situation. Unwanted social support can cause distress and overwhelm the individual struggling with a mental health disorder (Thoits, 1995). Given that social support is provided once the disclosure of private information has occurred, negative social support can lead to social isolation and deterioration of health. While social support is important to note as a contributing factor in the successful treatment of mental health disorders, negative social support can have the opposite effect (Lincoln, 2000). Social support can be a double-edged sword.

Disclosure, nondisclosure, and social support play a key role in the well-being and development of an individual struggling with bipolar disorder. These are not simply a given, but

hurdles one must face to cope with, and overcome, bipolar disorder. Another framework that plays a pivotal role in bipolar communication is CPM (Petronio, 2002) which can contribute to our understanding of how private health information is managed in our personal relationships.

### **Communication Privacy Management Theory**

One of the most challenging communication aspects of dealing with bipolar disorder is CPM (CPM; Petronio, 2002). CPM discusses how people manage private information. “Private disclosures epitomize the paradox of managing a public persona while maintaining the dignity of one’s private life” (Petronio, 2002. p. 1). In a manic or depressed state, bipolar individuals may not have complete control over their ability to manage their communication privacy. Petronio also states that “there are risks that include making private disclosures to the wrong people, disclosing at a bad time, telling too much about ourselves, or compromising others” (p. 1); yet, there are enormous benefits to disclosure. Stigmatization and rejection are commonplace when private information regarding medical diagnoses, such as bipolar disorder, is disclosed to others, even when disclosing to family (Elgie & Morsell, 2007). This has adverse effects on the bipolar individual’s quality of life and self-esteem, which is a common thread in qualitative communication research regarding bipolar disorder (Nierenberg et. al., 2023).

According to CPM, people either disclose or withhold private information based on their ability to manage communication with others; thus, there is some semblance of control at play (Petronio, 2002). Yet, control may not be maintained when it comes to CPM during a manic or depressive episode. When looking at previous qualitative communication research on bipolar disorder, one theme is recurrent in all works, either being directly cited or implied—“loss of control” (Grice et. al., 2018; Zolfi Kashani et. al., 2020) CPM functions on several fundamental principles, including dialectical tensions, conceptualization of private information, shared

boundaries, boundary coordination, boundary linkage, boundary ownership, boundary permeability, and boundary turbulence (Petronio, 2002).

1. Dialectical tensions involve how we cope with struggles in a relationship. These can be differing perspectives that require emotional or physical compromise to move beyond the disagreement. While common in relationships, if dialectical tensions are not addressed carefully and with consideration for the opposing party, it can result in negative reactions or relationship dissolution.
2. Conceptualization of private information and privacy rules is the concept that we believe we own our private information. This is a strong belief or understanding that we are entitled to our privacy and/or private information. While other principles of CPM are fluid or less fragile, the assumed ownership of private information is more concrete and rigid.
3. Shared boundaries involve the co-ownership of private information. Instances of shared boundaries are the communicative equivalent of opening the door for another person to gain insight pertaining to the discloser's private information. This is a vulnerable act that requires trust and understanding; if those factors are not present, it can lead to a negative reaction and possible recoiling of the discloser when it comes to future disclosure.
4. Boundary coordination includes the limitations we set about how private information can be disclosed. Boundary coordination is more of an agreement between the discloser and the receiver of the private information. There are limitations or restrictions put in place to protect the discloser from unwanted leakage of information.
5. Boundary linkage considers how we signify the connection between the discloser and receiver. This principle is a development of trust and understanding between the discloser

and receiver. This is simply the building of a foundation or connection that is constructed between the discloser and receiver.

6. Boundary ownership reflects the obligation of all parties privy to the private information to maintain privacy, which is grounded in caretaking. The private information is disclosed and therefore owned by multiple parties, from there the information is to be kept private by each owner of the information.
7. Boundary permeability addresses the openness between two people. This principle outlines the flow of information between two people or between contexts. With trust and understanding, we see more of a free flow of private information between individuals.
8. Boundary turbulence occurs when the expectation of privacy is compromised (Smith & Bruner, 2015), destroying trust and willingness to disclose private information. When boundary turbulence occurs, interpersonal relationships can be dissolved because trust is a foundational component of health relationships.

All of these fundamental concepts share the importance of the information sharer's control of the information when disclosing their private information. Management of private information is the key to CPM. Without the ability to manage private information, CPM dissolves.

Disclosure opens the door to both positive and negative results. In this sense, the notion of information disclosure is affected by boundary coordination, the spoken or unspoken agreement, between two or more parties who share ownership of the private information disclosed (Petronio, 2002). Boundary coordination lays the framework for the expectation of each party when it comes to the disclosed information. When negative results occur, it is known as boundary turbulence. "Turbulence may also be experienced because people use different criteria to develop rules and perceive dissimilar levels of risk concerning revealing and

concealing” (Petronio, 2002, p. 33). This risk creates friction, which is then determined to be boundary turbulence. “Boundaries may become turbulent when the level of permeability is not coordinated” (Petronio, 2002, p. 33). The balance of power and understanding between two or more parties has a major effect on the outcome of the disclosure. This is important to note because it can have adverse effects on the mental health of the discloser.

In the instances where boundary coordination is clear and the disclosure is met with positive or helpful communication or action, we tend to see social support. Here the co-ownership of information is seen as a positive; during a bipolar break, it can be seen as a message confirming a need for help. The shared information enables the information receiver to decide whether the discloser needs help. In the cases of disclosure after diagnosis, there is less of a need for aid and more of a need for acceptance from the parties being disclosed to. As noted, this autoethnography is an act of disclosure. Readers may have a positive or negative reaction to the information being disclosed, however, the co-ownership of information is concrete once the reader finishes this work.

CPM hinges on the individual’s ability to control what information they share or hide (Petronio, 2002). Although one can argue that a manic person has no control over their thoughts, actions, and communication, a depressed person would then be more apt to hide or withhold information as a means of self-preservation, an uncontrolled coping mechanism (Weary & Williams, 1990). CPM theory lays the foundation of boundaries and thoughtfulness when it comes to disclosing information, but it does not take into consideration one’s inability to control how one communicates private information. The assumption here is that one’s diagnosis or struggles with bipolar disorder is private information. If control is necessary to manage private information, then what happens when one’s control is hindered, diminished, or absent during a

mental health crisis? Based on the literature cited in the previous sections and the need for more research on communication throughout bipolar episodes, the following research question is posed:

RQ: In what ways does the individual with bipolar disorder in this narrative analysis communicatively manage private health information?

## **Chapter II: Methods**

This narrative analysis consists of a first-hand experience outlined by a narrative of the author's mood episodes prior to, and after, diagnosis of bipolar I disorder. The data collected and shared in the narrative come directly from the source, the author and the author's wife, who was his primary caregiver throughout his rapid cycling between mood episodes. One of the challenges with bipolar disorder is the lack of recall when it comes to actions and behavior during a manic or depressive episode. The author's wife was present during most of the duration of the author's mood episodes and was able to provide artifacts, such as accurate dates, overall timeline, and clarity on forgotten information. The author also recalled a large body of information used for this work. In the interest of full disclosure, I wrote this narrative as part of an auto-ethnographic study.

### **Autoethnographic Methodology**

Autoethnography is the “systematic study, analysis, and narrative description of one's own experiences, interactions, culture, and identity. Autoethnographers' methodology includes critical reflection, systematic introspection, and emotional recall” (Tracy, 2020, p. 69). Other researchers described the method as a process of combining “characteristics of ethnography and autobiography that allows individuals to explore cultural understanding through self-observation, which results in individual narratives” (Wilkinson & Wilkinson, 2020, p. 1892). While autoethnography may be limited by its first-person perspective, it allows the researcher to provide vivid details and articulate stories not found in other research methods. A challenge stems from the vulnerability one must have when it comes to disclosing information to construct an autoethnography. Completing an autoethnography may be cathartic for the author and offer the reader unique perspectives on individualized experiences (Fletcher, 2018).

When it comes to this work, like many other autoethnographies, it is a story of struggle and hard times. While autoethnography generally provides a deep and painful narrative in the hopes of connecting with the reader, some works paint a picture of what it means to suffer a loss (Wilkinson & Wilkinson, 2020), struggle with suicide, fight back against domestic violence (Fletcher, 2018), and serve as a caregiver in the last stages of life (Fox, 2010). The powerful, descriptive stories aim to shed light on tough times as a vehicle to connect with the reader and hopefully encourage others to share their stories, erasing the stigma associated with certain subjects. The taboo and stigma associated with mental health is something this work attempts to address head-on by laying it all out on the table. Autoethnographies are stories told to make sense of crises and this autoethnography seeks to make sense of the experience of bipolar disorder and its associated communicative challenges.

The autoethnography is an example of disclosure. Previously described as narrative ethnography, this form of research allows for a rich description of events, telling a story that can not only educate and enlighten others, but also outline communication phenomena in a manner that enables the author to inform future communication phenomena within the same context (Smith & Brunner, 2015). By sharing information openly and honestly about the struggles of bipolar disorder, this work creates a co-ownership of information where readers immerse themselves in situations they would not normally have access to unless they struggle with the disorder (Smith & Brunner, 2015).

### **Data Collection**

After receiving Institutional Review Board approval, the data collection process was conducted by the author, which included recalling all pertinent information leading up to his hospitalization and eventual diagnosis of bipolar I disorder. Thick description, the process of

“going beyond surface understandings, to explore the contextual meanings of behaviors” was the author’s goal (Tracy, 2020, p. 31). The author’s wife reviewed the collected data, clarified and added important data necessary to complete a narrative that was true and accurate from both perspectives. Specifically, emails, texts, medical documents, and personal experience enabled the author to construct an accurate, chronological narrative. Taken together, the author used the data to write a detailed autoethnographic narrative spanning from February 2020 to November 2021. The narrative also includes what led up to his hospitalization and what happened after his diagnosis.

### **Data Analysis**

After the autoethnographic narrative was complete, the next step was determining the data analysis technique, thematic analysis. According to Braun and Clark (2006), a theme is a patterned response that relates to the research question at hand. The autoethnographic narrative used for this work is being retroactively coded for themes. A reflexive analysis identifies themes or patterns in a theoretical ‘top-down’ way (Braun & Clark, 2006). Because the researcher cannot be divorced from the autoethnographic narrative, reflexive thematic analysis is used (Wilkinson & Wilkinson, 2020). While reflexive thematic analysis is often used from a critical perspective, this narrative analysis aligns more with an interpretive approach to understanding. To that end, themes must have three characteristics: recurrence, repetition, and forcefulness (Owen, 1984).

By focusing on CPM, the author analyzes the autoethnographic narrative for themes that are connected to the research question at hand. To do so, the author utilized Braun and Clarke’s (2006) six phases for thematic analysis. These six phases include familiarization with data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes,

and production of the report. The author began by immersing himself in the data by reading and re-reading the autoethnographic narrative and taking notes on possible themes. Next, the author started to identify initial codes by looking through the narrative to write notes in the margins and to highlight concepts related to the research question (i.e., disclosure, boundaries) to revisit. These codes were selected by identifying recurring examples of a communication phenomenon. Next, the author searched for broader themes and sub-themes to help organize the initial codes. In the next phase, the author reviewed and refined the codes to determine the overall story the identified themes tell about the narrative. These themes were identified using recurrence, repetition, and forcefulness as identifiers to narrow down the focus from the original list of codes. From there, the author named the themes and, lastly, wrote about the themes. By outlining the narrative of this autoethnography and applying communication principles and theories, this work aims to provide a deeper understanding of the struggles with mental health. Over the course of the analysis, the author was able to identify 17 codes that pertained to the proposed research question. The codes were social support, expectancy violation, delusion, mania, grandeur, dialectical tensions, shared boundaries, boundary coordination, disclosure, non-disclosure, third-party involvement, negative reaction, positive reaction, boundary linkage, boundary permeability, boundary turbulence, and self-stigmatization. Those codes were found in the CPM literature, bipolar literature, and literature on various communication theories and applied over the course of multiple reviews of the narrative. Of those 17 initial codes, five met the recurrence, repetition, and forcefulness criteria. Those themes were then further analyzed to determine if there was any connection between, and among, the themes. The five themes were again narrowed down to four due to the overlap of two conceptual frameworks to ensure theoretical

clarity and reduce redundancy. The findings from this analysis are detailed in the coming sections.

### **Chapter III: Findings**

Recurrence, repetition, and forcefulness are the defining characteristics of the themes found within this narrative. Without the presence of these characteristics, it is difficult to make strong ties regarding the disclosure of private health information during the active cycling of manic-depressive bipolar disorder. These factors are essential to provide connections to CPM and support the themes, contributing to a better understanding of their relationship. The themes are expectancy violations, dialectical tensions, boundaries, and social support. These themes arise throughout the narrative, providing insight into the impact and connection of each theme with the effectiveness of communication.

#### **Expectancy Violation**

Expectancy violation refers to the communicative or physical violation of a social norm that results in either a positive or negative reaction, this violation is known as valence (Burgoon, 2015). The concept is generally used to identify instances of negative response, although it is applied to the narrative by analyzing both reactions. Within this narrative, expectancy violation occurs more often during times of mania than depression. While both mania and depression can play a role in expectancy violations, mania lends itself to an inability to recognize and adhere to social norms, hence expectancy violations. Another key factor in how mania drives expectancy violations comes from delusions of grandeur (Villines, 2023). These are thoughts and actions that come from a place of feeling overly important or above reproach; thus, manic behavior can cause many issues.

One example of expectancy violation within the narrative was the email sent to the author's management team at work. As noted in the narrative,

I had previously created a proposal outlining everything I had been working on, including the spider bite idea, and sent it to the entire executive team at the lab. I had used profanity and included information that had nothing to do with my job, it was simply things I found interesting. At the time I thought it was a great idea, but it resulted in my boss telling me to cease and desist and call into question my mental health. (p. 115)

This incident was ultimately used as evidence to place the author on medical leave. Breaking the chain of command, sharing erratic and unclear information about exploits, and using profane language led to a negative reaction in the workplace. This is a perfect example of mania and thoughts of grandeur. The author was unable to control his communication and ended up in a troublesome situation at work. This lack of control and the thoughts of grandeur led to anger on the part of the author—thinking he did nothing wrong, or nothing particularly offensive. When he was eventually placed on medical leave, the author was initially okay with the idea but became increasingly frustrated as time went on and additional requirements to return to work were put in place. The loss of control led to an emotional roller coaster that would cause the author more distress and feed his mania.

That night, after a discussion with Ashley regarding my appointment with the other shrink, I became furious when she told me that I needed to go along with what the HR department wanted. I had no choice in the matter. In a fit of rage, I punched the wall of our 112-year-old house and heard a crack in my hand. The walls of the house are made of brick, wood slats, plaster, and paneling, so the thought of punching what was ultimately an immovable object was not the best idea. I was unable to move my hand, and Ashley was positive I broke it. However, I was able to reset the bones in my hand with relative ease. (p. 121)

Three other instances of expectancy violation all occurred within one morning. The first instance occurred when the author walked to the mayor's office without shoes or a shirt. He stopped at the high school where he coached to ask the police liaison officer for a ride.

I asked to talk to the school's liaison officer, to see if he could give me a ride downtown.

He explained that he could not leave the school. With a puzzled look on his face, he told me to walk down the hill to the grocery store and ask for them to call in a car to come pick me up. (p. 85)

The interaction did not cause an immediate negative reaction; the officer brushed off the request and went on about his business. However, the officer later spoke to the head coach to accuse the author of being intoxicated. The author learned of these allegations when addressed directly by the head coach during practice later that day.

Not long after being home, it was time for football practice, so I got dressed and headed to the school. When I arrived the head coach pulled me aside and asked what I was doing earlier that day with the school officer. I told him I was just asking for a ride and did not know he could not leave. The coach asked me if I was drunk, which was what the cop had told him, but I explained that I was not drunk and we proceeded with practice. (p. 87)

The officer did not ask if the author was okay, or if he needed help, and chose to ignore and stigmatize the author. This is not uncommon. Mental health disorders commonly get mistaken for intoxication or drug use. This is why the aim of this work is to understand mental illness from a communicative breakdown perspective. Signs of mental illness are not widely understood, and often lead to stigmatization, especially in instances of expectancy violation. It is important to see past the initial violation of social norms and look to help those struggling with mental illness.

The second and third instances of expectancy violation occurred immediately after leaving the high school. The second instance occurred when the author walked to the grocery store to telephone the police department for a ride to the mayor's office as suggested by the liaison officer.

I walked down the hill to the store, but could not go in due to my lack of shirt and shoes.

I asked a cart boy to have someone call the police department to have a patrol car come pick me up. I sat on the curb outside of the store for about 20 minutes but grew tired of waiting. I stood up and began walking down the sidewalk of the strip mall, thinking of what to do next. (p. 85)

In this instance, there was no interaction after the request to make the call. Help never came, so the author assumed the cart boy had simply ignored him and went about his business.

The third instance was when the author entered Goodwill without shoes or a shirt.

“Without missing a beat, I walked right in and asked if they had a shirt and some shoes I could have. I realized that I had left my wallet and phone at home, so I was not able to pay. The clerk repeatedly told me that I needed to leave because I was shirtless with no shoes on” (p, 85-86).

The author persisted in his request to acquire these items, causing the cashier to react aggressively towards him. Another shopper in the store observed the interaction, had a positive reaction, and gave the author two dollars, which was enough money to purchase a shirt and flip-flops. Once the author had met the store's dress code, he thanked the man for his help and walked around the store. “He asked me what my plans were for the day and I explained that I was on my way to the mayor's office. He was very intrigued and asked if I wanted a ride. I obviously said yes.” The two of us talked the whole ride to the offices. The author thanked the man for the ride and the man wished the author the best. While these instances of expectancy violation all

demonstrate a lack of control and an inability of the author to consider context clues and social norms, the results of his actions garnered both positive and negative reactions. In the case of the man helping the author, one can only glean that the man's offer of money was a simple act of kindness. The man did not ask if the author was okay or question the author's sanity, but simply offered the author assistance in a time of need.

Another example of expectancy violation within the narrative is the interaction between the author and his grandmother the night before his great-grandmother's funeral.

I returned downstairs to the lobby to continue my putting when my grandmother came down. It was around four in the morning at this point and she was agitated. She told me to come up and go to bed, to which I responded that there was no point, I would not be able to sleep. So, she stormed back upstairs and called Ashley. She woke Ashley up at four in the morning to come up to the hotel to deal with me. She told Ashley that she was not able or willing to do anything to get me under control. Although I was not doing anything outlandish, I was just putting golf balls in the lobby, paranoid that the clerk was surveilling me. (p, 109-110)

His agitated grandmother called Ashley to come to Kingsport, an hour and 45 minutes away from their home, to deal with the author. Ashley drove to Kingsport in the middle of the night and surprised the author upon her arrival. She did not appear upset but purchased a room for the night and the couple went up to bed.

After the call, Ashley drove up to the hotel and greeted me at the door. I was surprised to see her, as I had no idea the call had been made and she was coming to help me. Ashley got us a room and around six in the morning we went up to our room and laid down. (p. 110)

Given the familial ties and general understanding of the author's condition, it would stand to reason that the author's grandmother would have known the author was not his usual self. Ashley had explained the current state of the author; yet, in the end, the author's grandmother chose to place the burden back on Ashley and refused to work through the author's odd behavior. In cases of familial ties and expectancy violation that lead to a negative outcome, there tends to be a point of reconciliation, a point where both sides come together, apologize for grievances, and work through the tension (Waldron & Kelley, 2007). However, in this instance, there was no such acknowledgment. Even though the author's grandmother knew about the author's mental state before agreeing to have him come stay the night with them, she was intolerant and dismissive of the entire situation. The fact that Ashley had to drive to the hotel in the middle of the night was ignored and left thankless. The issue was never brought up; therefore, the author and Ashley simply had to deal with the situation.

One expectancy violation that garnered a lot of attention from friends and family was the author's disdain for his birthday. As he grew older, he wanted less and less to do with the celebration of his birthday. This was confusing to most of his friends and family who saw it as a reason to celebrate and enjoy the day. However, the author had different opinions:

I especially hated my birthday, which falls on the second of December. It was just another day to me, and a reminder of all of the awful childhood memories I had surrounding my birthday and the holidays. It was a day that I wanted to be left alone and allowed to sit in my depression without the obligatory positive messages and calls that ensued.

Again, bad memories and a lack of interest in celebrating created a rift with family and friends and caused them to misunderstand the author's desire not to celebrate. The struggle with

depression was clear and present, but those who knew the author well did not understand his disdain for his birthday. They thought it was an odd quirk; in reality, it was a reminder of the past that brought upon depression and created a desire to be left alone, not typical of an average birthday.

Expectancy violation can lead to both positive and negative responses. An interesting point to note within the narrative is the relationship between the author and those who were on the receiving end of the expectancy violations. The author had a strong working relationship with his bosses when he sent the email. While the response was stern, it was not entirely negative—just professional. The coworkers noticed that something was wrong with the author and took the proper steps to address the situation. The author knew the school liaison officer, but not well. While they were acquaintances, poor judgment and misinformation were spread in response to the incident. The author's grandmother's expectation of the author to go to sleep was violated due to insomnia, resulting in anger and frustration despite being a family member who had been informed of the author's needs in advance and agreed to have the author stay the night with them.

Why is expectancy violation an important theme within this narrative? Why did it occur more often than other codes? The answer is simple. Expectancy violation during a manic/depressive break is an example of a loss of control. When people can no longer control their ability, or are unwilling to adapt their behavior, to meet the expectations of those around them, loss of control is observed. This is the first step in identifying the breakdown in communication. While the reactions differ, the act of violating social norms is a more obvious theme to identify.

## **Dialectical Tensions**

Dialectical tensions are the differing relational forces experienced that lead to relationship development (Baxter & Scharp, 2015). The tension comes from wanting two things at once, which requires both parties to communicate to resolve the tension. A manic-depressive episode can, and will, test strength and understanding within a relationship. The ability to navigate dialectical tensions effectively strongly influences the outcome of the individual experiencing the mental break.

The four fundamental dialectical tensions found in this narrative include Openness-Closedness (OC), Novelty-Predictability (NP), Reveal-Conceal (RC), and Autonomy-Connection (AC) (Baxter & Scharp, 2015). OC represents the competing desire to self-disclose personal information while retaining privacy and boundaries by being discrete. NP equates to a desire to want routine within a relationship while simultaneously wanting impulsivity. RC exists when one or both partners communicate with friends or family outside of the relationship, portraying the need to disclose information about the relationship versus keeping it private. AC describes the internal struggle within a relationship of wanting to be close to a partner while also maintaining an individual identity and personal space. These dialectical tensions are prominent in all interpersonal relationships and are vital in recognizing how to balance conflicting desires (Baxter & Scharp, 2015). As evidenced in the narrative, the author's desires frequently conflict with those of his family, friends, and peers.

### ***Openness-Closedness (OC)***

One clear portrayal of OC in the narrative occurred when Ashley took the initiative to take the author to seek medical treatment. She was open and honest about believing that the author needed help, but tried to communicate the issue to him in a way that did not upset the

author. Taking into consideration that the author wholeheartedly believed he was fine, she had to communicate the need for mental health evaluation carefully. She was torn between being open and honest with the author and withholding information to not escalate the situation.

Unbeknownst to me, my wife had called ahead and the staff were awaiting our arrival.

My wife walked up to the front desk and checked us in. Although, I had told her before we left the house that I was fine and the staff at the clinic would find nothing wrong with me. I was anxious to be there but was also at peace with the thought that I was perfectly fine and the staff would justify it to my wife. (p. 56)

Ashley knew something was wrong and the author needed help, but she had to refrain from telling the author everything on her mind to keep him calm and agreeable. The author was unsuspecting and agreeable due to Ashley's calm demeanor. Without the closedness of Ashley, the author would have been opposed to the whole endeavor.

One of the more explosive examples of OC within the narrative was when the author traveled to Ohio without his medication or an overnight bag. This instance occurred just after the author was released from the mental hospital and received a medical note from his primary care doctor to return to work. The author and Ashley were still navigating the ways in which they communicated with one another given that the author was still very manic.

That trip, Ashley became agitated with me, and I grew tired of her worrying and hounding me about not packing anything so we fought most of my way home. I became so angry with her that I started screaming and cursing at her. I told her I would be fine and she needed to just leave me alone. I went as far as to say I would be coming home to get my dog and going to my grandparent's house to stay the night, as I did not want to be with her. This back and forth went on for hours until we both finally calmed down. She

was crying, I was furious, but we came to the resolution that I would make it home just fine.

Ashley was incredibly worried about the author's trip to Ohio, but reached an even more heightened level of concern when she learned the author would be driving home in the middle of the night. To protect the author from himself, she proposed he stay the night with a friend and come back the next day. She was carefully communicating to the author her concerns and wanting to keep him safe without making demands or provoking the author; however, the author was set on driving home and disclosed to Ashley that he did not have clothes or his medicine with him. Frantic, Ashley called the psychiatric hospital to see if they would be able to send an emergency supply of the author's medicine to Ohio. The facility explained that once released they could no longer assist the author, so Ashley's concern grew stronger. She called the author and attempted to remain calm and work through the situation despite her fear and aggravation, trying to get the author to stay with a friend overnight. However, the manic mind of the author was in no mood to stop. The author was dead set on driving home. This angered Ashley and she could no longer keep her emotions closed off from the author for fear of a negative reaction. This sparked hours of back and forth, fighting and screaming, mostly on the part of the author. While Ashley did everything she could to close off her fear and frustration to not upset the author, the author's mania drove the situation to an explosive turning point. Of all the examples in the narrative, this is the one that led to clear conflict between the relational partners. There was no calming the author once he had reached an uncontrolled emotional state. Despite Ashley's attempt to remain calm while also wanting to tell the author off, things still escalated. In the end, things calmed down, but it was a communicative struggle for Ashley.

### ***Novelty-Predictability (NP)***

As for NP, the narrative provides a few clear examples. One example is the author's struggles with work while manic. He was well adapted to the routine of work, but yearned for more. While he was successful in his role, his manic mind left him wanting to do more, wanting to expand and grow within the company. This restlessness was what provoked the trip to Ohio and would eventually lead to him being placed on medical leave. As noted in the narrative:

During this time I was restless and bored at home. I wanted to get back to work. I was on medical leave and needed a doctor's note in order to return. I called my primary care doctor, who had no idea about my stint in the mental health facility or my current state and asked for a letter to return to work. It was no problem, and they emailed me a letter the same day. I forwarded the note along and was allowed to return to work. A few days into working from home, I had a grand idea, something that I had worked on previously with our former CEO. I planned to go to Ohio to make a deal with a tech company I used to work for in order to create an online interface that would enable COVID tracing and a replacement for our current laboratory ordering system.

The mania had taken over, and the desire for routine had turned into extreme spontaneity. There was no control, no logic, just an insatiable drive to do more. This would eventually lead to the author being placed on another mandatory medical leave enforced by his employer, but the internal struggle between predictability and novelty is what set the stage for many of the struggles within the narrative.

When it came to depression, the author desired predictability more than novelty. For example, living with Becky was going well (the author and Ashley's best friend from college whom they got to agree to move in with them). Things had started to click and they both had

their routines and means to play to each other's strengths when it came to daily chores and needs. However, so as not to risk upending the flow the two had created, the author asked Ashley to keep his suicidal ideations between them and not to share them with Becky. The author did not want to add any additional stress or pressure on Becky when it came to their relationship. While the narrative does not explicitly state this point, the struggle is described in detail.

Another recognizable instance of NP in the narrative comes about with the author's spending habits. While he would normally be a financially responsible adult, during manic episodes he would go on spontaneous shopping sprees. He would buy instruments to keep him busy in his downtime, purchase clothes and antiques on a whim, and spend most of his money without a thought regarding the repercussions of his decisions. As noted in the narrative, he learned that bipolar disorder is a perfectly good reason to return items purchased during a manic shopping spree. While a need for predictability was evident, the author's mania drove his novel spending habits and created headaches along the way.

After it was all said and done, I had spent around three grand. When Ashley came home and saw my haul, she was incredibly frustrated. Given the circumstances and seeing the error in my ways after a lengthy discussion with Ashley, I returned the vast majority of the stuff the next day. I discovered that bipolar disorder is a perfectly acceptable reason to return items to the store. The clerks did not even argue with you, they just take the stuff back without question. (p. 97)

### ***Reveal-Conceal (RC)***

Instances of RC are a core factor in the author's successful treatment. While sharing private information can be challenging and frightening, it was necessary for the author to

circumvent stigmatization, negative social support, and negative reactions due to the inevitable expectancy violations.

As for the concealment of private information, that happened more often in times of depression. The author would share his struggles with suicidal ideations with Ashley and wanted to be open and honest about it with others; out of fear, he asked her not to share the information. The author would talk through the struggles with Becky, but tried not to burden her with such a heavy issue. The author concealed his depression as much as possible with his friends and family. Wanting to be open and honest, and get help for his suicidal ideations was overshadowed by his fear of ridicule and stigmatization. It was an internal struggle that lasted months. While mania tends to be more open and entertaining to outsiders, depression and suicidal ideations are not something the author was willing to disclose.

### ***Autonomy-Connection (AC)***

When it came to AC within the narrative, there was no clear indication as to which side the author swayed toward while manic or depressed. Most of the time he operated independently from his wife and others, leading to strange and erratic behaviors. However, Ashley struggled with AC the most. The night before the author's great-grandmother's funeral, as described in the narrative, Ashley was prepared to have a night of rest with the author being looked after by his grandparents. Although, in the middle of the night she was woken up when the author's grandmother called and told her to come deal with the author. Ashley wanted time to rest and recharge but had to drop everything and drive two hours in the middle of the night to help with the author. She needed a good night's sleep and was looking forward to the rest, but again she was called to be the caretaker.

Aside from the loss of sleep, Ashley was also having to leave work early because the author would be missing or out of control. Her ability to function autonomously, even just to go to work, was a struggle. She tried to keep the author under control, which is almost impossible during bipolar episodes. Again, she simply wanted to go to work and come home, but that was not possible with the manic mind of the author.

Becky emailed Ashley from our home computer and told her what was going on requiring Ashley to leave work early again. (p. 90)

The prime example of AC within the narrative comes from the incident where the author smashed Becky's phone in the street. Becky had been struggling with the author's late nights and unhinged behavior, so she planned a weekend at home in Ohio, away from the chaos. However, when she got home, she found all of the electronics from inside the house in the street because the author wanted to detach from technology. She gathered all of the electronics, brought them back inside, and began to pack for her trip.

I thought about Becky using her phone GPS to get to Ohio and call her family with updates on her progress. I asked to see her phone. She handed it to me, I walked outside into the street and threw her phone down on the cement as hard as I could. Her phone shattered into pieces and Becky screamed out at me, "What the fuck are you doing!?" I told her now she would be free to have a nice trip home.

Again, Becky was trying to get to a place where she could take a break from the madness, but the author ruined everything. For days, this event caused tension between the author and Becky. Despite apologizing and offering to buy her a new phone, the author had done more damage than simply breaking a phone. He had taken away the device she used for work, communicating with

her family, and keeping Ashley up to date. While the author was trying to give Becky freedom, he actually managed to take it away in the end.

Dialectical tensions are an important concept to consider when trying to understand the mind of an individual struggling with a mental break. While, in this case, the bipolar author was unable to comprehend the repercussions of his actions that created the tensions, his loss of control created dialectical tensions within other parties, particularly his wife, family, and coworkers. Dialectical tensions give us insight into the emotional push-pull felt by those interacting with the author in his uncontrolled state. This internal struggle illustrates the burden one carries when attempting to communicate with, and help, someone going through a mental health crisis.

These tensions are the first fundamental aspect of CPM. They illustrate the tension one carries within a relationship. Through the lens of this narrative, we see the loss of control from the author's perspective that led to numerous aspects of dialectical tensions. Through this fundamental factor of CPM, we can begin to see the loss of control leads to a breakdown in communication and tension within relationships.

## **Boundaries**

As previously noted, there are eight aspects of boundaries that impact CPM. Conceptualization of private information and privacy rules describes how we own our private information, shared boundaries describe the co-ownership of private information, boundary coordination outlines the limitations we set about how private information can be disclosed, boundary linkage details how we signify the connection between discloser and receiver, boundary ownership shows the obligation of all parties privy to private information to maintain

privacy, boundary permeability pertains to the openness between two people, and boundary turbulence describes the violation of trust.

Shared boundaries are defined as the co-ownership of private information (Petronio, 2002) and are the next step in the process of helping someone with a mental health disorder. When private health information was communicated within this narrative, it was not only shared between the author and another but between Ashley and others. She shared information with others to protect the author from negative reactions and stigmatization. This natural sharing of boundaries lends itself to another example of loss of control. The author never considered the conceptualization of private information while manic; he simply shared information as he saw fit without any regard for repercussions. On the other hand, when depressed and sharing thoughts of suicide, the author used boundary ownership to maintain privacy between himself and his wife.

Within the narrative, Ashley disclosed the author's state of mind to friends, family, and even wedding guests before his arrival. To better manage expectations and give people a warning regarding his state of mind, she implemented communicative safeguards to protect the author.

After a while people trickled in, and Ashley finally arrived to join us. She was surprised to see me as well, and asked why I did not wear the suit I had packed. I explained that I just did not feel like it, and threw on what was comfortable. I felt like an idiot again, I was the only one in plain clothes and felt like a dick. I thought I was ruining a beautiful day for my friends by showing up like I did. Although, to my surprise, none of my friends seemed to care. I did not know it, but Ashley had told everyone about my current state of mind, and if I did show up I likely would not be myself. However, as time went on I settled in and felt comfortable. Nobody seemed to judge my appearance and I was having a good time. (p. 120)

The boundary was not just shared by the author; it was shared by his closest confidant. This enabled Ashley to become an advocate for the author. She was there to prevent issues without the author even knowing. Again, we see a loss of control because the author never considered boundary coordination. He was oblivious to Ashley sharing private information for his protection. There was no control on the part of the author as it was all handled by Ashley.

When analyzing shared boundaries, we cannot simply put the notion in a box of sender-receiver communication, or information between owner and receiver. The strategy used by Ashley to be the boundary sharer prevented the author from enduring a negative reaction, which makes her the advocate and leads us toward social support. This broadens the understanding of shared boundaries as a simple exchange of information to include the use of these boundaries as a tactical strategy to protect individuals in need.

Boundary coordination was another concept that was uncontrolled by the author in the narrative. Because the hallmark of boundary coordination hinges on the limitations set by the boundary owner as to how the information can be shared (Petronio, 2002), when in a bipolar break limitations are not consistently considered. While in a depressive episode, the author chose to set boundaries with Ashley to not share his struggle with suicidal ideations; when manic, there was no consideration of boundary coordination. “I had insomnia, and dealt with suicidal thoughts all day. I explained my troubles to Ashley, and she did her best to help me through it, but it felt like a never-ending nightmare” (p. 79). While the boundary was set, it came from a place of uncontrolled fear and wontedness to keep private information private. When manic, information was constantly spewing from the author with no concept of setting limitations as to how the information would be shared. What could be considered private information had to be shared for the safety of the author.

I gathered a few of these spiders in a jar and spoke to my other neighbor, a professional biologist, about conducting an experiment involving one of the spiders biting me to record the effects of the venom, specifically pertaining to priapism. She was shocked that I would consider this as a possible experiment, as it is extremely dangerous to let a venomous spider bite you. She was confused by the whole ordeal and advised against it. She immediately contacted Ashley, who was at work, and asked if I was okay. She told Ashley that I was talking fast, was fidgety, and about my proposed experiment. She expressed deep concern that something was wrong with me.

When Ashley got home from work, I left my neighbor's house to talk with her and Becky about my proposed experiment. They were less than amused. Ashley explained that the venom affects the nervous system, which includes the brain, spinal cord, and all nerves in the human body. She told me to take the spiders back to wherever I found them because my experiment was not safe to conduct. I understood her logic, did not argue, returned the spiders, and shifted my attention back to my mayoral campaign.

(p. 85)

Boundary linkage can be seen throughout the narrative as well, showing the connection between sharer and discloser, or author and receiver (Petronio, 2002). While again, the connection during manic episodes was uncontrolled and unrecognized by the author; during depressive episodes, the connection was recognized and utilized by the author. Much like boundary linkage, boundary ownership was another concept that was uncontrolled when manic and overcontrolled when depressed. The obligation to maintain privacy was clearly controlled throughout the author's manic/depressive episodes.

These boundary categories outline the impact a mental health condition has on the way we communicate private information. As outlined in the CPM section we can see that boundaries play a key role in the way we control how we disclose our private information. What is clear to see within the narrative is the lack of control over these boundaries. The lack of control creates a disconnect from CPM and drives theory in another direction.

### **Social Support**

Social support is identified as friends and family to turn to in times of need or crisis to provide a broader focus and a positive self-image, which has been acknowledged as the single most important contributing factor toward the success of overcoming a mental health disorder (Acoba, 2024). Social support leads to successful treatment, and medication compliance as well as a better overall quality of life (Acoba, 2024).

In this narrative, social support is seen throughout, primarily from the author's wife. As previously mentioned, Ashley was responsible for identifying the issue, persuading the author to seek treatment, ensuring medication compliance, finding a long-term psychiatrist, advocating and protecting the author in times of need, and helping the author quit drugs and alcohol. As observed throughout the narrative, Ashley's continued social support was the driving force behind the success of the author's ability to cope with and learn to manage his bipolar disorder. Without Ashley's support, the author would not have been able to get his disorder under control.

Throughout the author's struggles, Ashley was able to provide all five types of social support (Goldsmith, 2004): 1) Emotional support, or listening, encouragement, displays of caring, concern, empathy, and sympathy; 2) Instrumental support, or providing services or material items to help one cope; 3) Informational support, or providing advice, suggestions, or information to help the author; 4) Esteem support, or the promotion of skills, ability, and intrinsic

value; and finally, 5) Social Network support, where others provide communication that enhances one's sense of belonging to a group.

Looking at the narrative for examples, Ashley provided emotional support during the author's struggle with depression and suicidal thoughts. She was there to listen and comfort the author in a very dark time.

As for instrumental support, Ashley also made sure the author had access to healthcare and basic needs when the author was unable to control his mania and provide for himself. Simple things like taking care of the dogs, making sure there was food in the house, and eventually orchestrating the plan to get the author the help he needed. Ashley also reached out to the author's grandparents for help when the author needed an x-ray of his hand after punching the wall. The author's grandparents provided instrumental support by paying for the doctor's visit due to the author having spent all of his money.

Informational support was also provided by multiple parties to ensure the author's safety. When the author was thinking about letting the banana spider bite him, he was met with informational support from Ashley, Becky, and his neighbor, which eventually led to the author dropping the whole idea. After the author's inpatient treatment, he was also provided with informational support from his psychiatrist, Dr. Freeman. While the author was still manic, Dr. Freeman was able to communicate the steps needed to overcome his disorder which led to buy-in and compliance with treatment.

When it came to esteem support, Ashley was there to reaffirm the author's self-worth and importance to their family during times of depression and suicidal ideations. Ashley was constantly having to build the author up to help him maintain some semblance of self-esteem.

Social network support is again easily seen during times of gathering, like the weddings. Ashley was there to warn those who would be interacting with the author, but his friends and other guests made the experience enjoyable by including the author and treating him as they always do. This inclusion and embrace made it easier for the author to cope with internalized stigma and anxiety around his disorder.

One key piece to note that was not explicitly stated in the narrative was the impact Becky had on this experience. While Ashley was the author's advocate and support system, Becky supported Ashley. Becky still provided emotional, instrumental, esteem, and informational support to the author and played a key role in his success, but Becky primarily supported Ashley in the same way, if not more so than the author. This dynamic is not often addressed in social support research. The support of the caregiver is key, and in this case, having someone who lives the same experiences makes a significantly positive impact on the situation. Becky was there to comfort Ashley while the author was admitted to the mental health facility. Becky helped take care of the dogs and clean the house when Ashley was juggling work and caring for the author. Becky worked with Ashley to research ways to get help for the author. Becky was there to support Ashley and help the author through his mental health break. Without Becky supporting Ashley, the narrative would have been completely different. The support Becky showed was not only that of a fierce friend but a caring and helpful person who stepped up in time of need when she could very easily have walked away.

While Becky and Ashley set the standard for social support and ensured the author got the help he needed, there were times when others' attempts to provide social support did more harm than good. The night before the author's great-grandmother's funeral the author's grandparents agreed to have him stay the night with them, allowing Ashley a break. While their

intentions were good and they agreed to take on the task of dealing with the author in a manic state, they simply threw their hands up, quit, and told Ashley to come deal with the author. This attempt at social support, not only for the author but for Ashley, was well intended and failed in the end. While the incident did not erupt into any family drama, it highlights a failure in social support, and negative social support.

Negative social support interactions may include discouraging the expression of feelings, making critical remarks, invading another's privacy, interfering in another's affairs, or failing to provide promised help, among others (Lincoln, 2000)). We can turn to the visit with Dr. Freeman where the author's grandfather brought a list of grievances to attempt to get the author readmitted to the mental health facility.

My grandfather whipped out a list. He read off his list of the concerns my grandmother, mother, and himself had regarding my current state. They had an issue with the number of dogs we had in the house, how I punched the wall, how I had erratic and uncontrolled impulses, and that I needed to be readmitted to the mental hospital. Now, after hearing all of their concerns, I addressed the issues and said I was there to work on it. Ashley did not say much, but supported my arguments. Dr. Freeman, on the other hand, told my grandfather that sending me back to the mental hospital would be a detriment to my progress, and that she had me on a cocktail of medications that would eventually calm me down and allow me to get back to my normal self. (p. 125)

While the list was meant to be helpful and provide emotional and informational support, the list and suggestion to readmit the author was quickly shot down by Dr. Freeman. In the end, the emotional and informational support was turned around on the author's family and their list, shutting them down. Without Dr. Freeman as the buffer in the situation, and if the author's

family had brought these issues directly to him, it would have started an uproar, but instead, the issues were put to rest quickly.

Lastly, when looking at negative social support the narrative outlines the author's depression around the holidays. When the author would be questioned about his well-being by his family, and respond honestly, he was met with unhelpful advice that merely frustrated the author. This caused the author to close off and simply try to make it through the day without any further discussion of his depression. Ashley was there to steer the conversations and support the author emotionally and instrumentally as well as protect his self-esteem. The unhelpful advice was thought to be constructive by the author's family; in the end, it was simply another example of negative social support.

All five types of social support are seen within the narrative, as well as negative social support. Social support was the driving force behind the successful treatment of the author. Without Ashley, Becky, and family, the author would not have gotten the treatment needed to help him manage his bipolar disorder. Again, social support is the single most important contributing factor in the successful treatment of those struggling with a mental health disorder.

## **Chapter IV: Discussion**

With an understanding of CPM, boundaries, and dialectical tensions we can begin to delve deeper into the communicative nature of the author during this manic/ depressive crisis. As seen throughout the narrative, mania and depression play a key role in the way the author communicated private health information with others. The communication processes employed by the author were detached from social norms and hinged on a lack of control. When manic, the author was unable to filter his communication. There would be a free flow of information that would consistently lead to expectancy violation and communicative turbulence (Smith & Bruner, 2015). The violation of social norms was again uncontrolled and erratic when manic. However, when in a depressed state, the author closed himself off from outsiders, even family and friends, and only communicated with Ashley and Becky. His reclusiveness was driven by an uncontrolled state of mind that left the author disconnected and in a constant state of melancholy. Social norms and normal communication were disrupted during both manic and depressive episodes (National Institute of Mental Health, 2024). Depression was recognizable to those close to the author, and mania could be seen by all. However, the loss of control made adhering to social norms nearly impossible for the author.

One aspect of the narrative that warrants additional consideration is the one-sidedness of the relationship between the author and his wife during the manic-depressive cycles. Due to the lack of control over his thoughts and actions, Ashley was the anchor in the relationship. She oversaw the household, took care of the animals, and worked while the author was essentially useless in his own world. This caused dialectical tensions and overall anxiety on the part of Ashley. She was overwhelmed while the author was out of control. The relationship was carried

and maintained by Ashley. Not only was she the caregiver for the author, she was also the glue holding their relationship and life together.

Due to her role and control over the relational dynamics between herself and the author, Ashley was in control of the management of private information when it came to the reveal and conceal dialectical tension. She used this power to protect herself from having to clean up the author's communicative messes when he would inevitably violate expectations and social norms, but she also used the power to protect the author from harm (Baxter & Scharp, 2015). Her use of RC was masterful and helped maintain an equilibrium between the author and the outside world. Her ability to navigate communicative situations in a manner that protected the author from his own uncontrolled communication and actions was a key factor in the success of the author managing his disorder.

Not only did Ashley consistently address the reveal and conceal tension perfectly, but she also managed to keep calm and work through other dialectical tensions. Because it is medically ill-advised to engage in arguments or provoke someone in a manic-depressive episode, Ashley displayed extreme self-awareness and control to minimize potential conflicts (Fitzgerald, 2024). Manic-depressive individuals have little to no control over their thoughts or actions on a consistent basis. Therefore, it is incredibly difficult to navigate constructive communication with them. Pressure and frustration can easily become an issue with those dealing with a bipolar individual, so communicating effectively with them is a learned process. Patience and understanding are key in working toward a productive means of communication with a bipolar individual.

Once a communicative understanding has been reached between the caregiver and the manic-depressive individual, we can begin to work toward damage control. Primarily, due to the

loss of control, expectancy violation is a common occurrence. Again, the R-C dialectical tension outlined in the previous sections is a perfect example of how the caregiver protects the vulnerable bipolar individual. Ashley used this strategy to help the author by reaffirming the power of advocacy and communicative protection in times of need. By protecting against negative reactions due to expectancy violation, one can feel connected by means of network support. Since social support is the driving factor behind overcoming mental health disorders it is vital that we understand the nuances and impact the variations of social support can have on someone struggling with their mental health (Acoba, 2024).

While expectancy violation, dialectical tensions, boundaries, and social support are all major contributing themes in this autoethnography, one issue ties everything together. The loss of control over communication and actions is the hallmark of a bipolar break (Smith et. al., 2024). Being able to recognize the signs of a break while they are happening can make a huge impact on the successful treatment of bipolar individuals (National Institute of Mental Health, 2024). A communicative approach to identifying bipolar disorder is vital, and the loss of control is the linchpin holding it all together. Recognizing the inability to control the sharing of private information due to mania, or recognizing the closed-off, distant demeanor of a friend or loved one due to depression is key to helping those struggling.

We addressed CPM at the beginning of this research. Without control over how we reveal or conceal information, are we really looking at CPM? The loss of control is what allows us to recognize the problem. The expectancy violations and the sharing of feelings of depression need to be taken seriously and talked through. While there may be dialectical tensions and difficulty communicating, friends, family, and coworkers may be the only ones who can recognize the loss of control. The breakdown of CPM may very well be the key to helping others efficiently.

## **Theoretical Implications**

In the narrative, when the bipolar author has no control or management of private information, we see CPM controlled by a third party, his wife. The loss of control creates a new theoretical issue. When private information is disclosed, or not, without the ability to manage the communicative process of sharing said information, what do we call it? CPM is no longer the proper communicative theory to understand this phenomenon through the perspective of the bipolar individual. Would the inverse be at work? In this narrative analysis, we see that boundaries, dialectical tensions, and social support are what led to the success of the author controlling his mental health disorder, but during the mental break there was no control—control had to be taken by another. So, from the perspective of the bipolar individual in this narrative analysis, private information was not managed or controlled, therefore we must explore the notion of Inverse CPM.

In terms of relational dialectics, again, the lack of control dictates the style and quality of communication. Ashley was the one upholding the relationship and managing all dialectical tensions. The author did not have the wherewithal or ability to manage tensions. Living with someone with bipolar disorder upends the way communication and relationships normally function. In the case of this narrative, we can see that the weight of the relationship rested solely on the shoulders of the caregiver, Ashley. Due to the lack of control, the author was unable to be a communicative teammate and struggled with everyday tasks and functioning. The relational dialectics were overwhelmingly shouldered by Ashley, showing us that communicating and living with a bipolar individual takes an extreme amount of effort.

There are both positive and negative outcomes to this research. However, it is the aim of this narrative analysis to provide a communicative means of understanding bipolar disorder and

how to positively assist someone struggling with a mental health crisis. There is plenty of medical research and information available regarding bipolar disorder; however, it can be hard to follow and mislead readers who lack the medical background needed to fully understand the literature (Miklowitz et. al., 2001). Many general health practitioners are lacking in their understanding of mental health as well. Going to the doctor may not help either, unfortunately. Although this work is a narrative backed by communication research, the hope is that it provides a simpler means to identify and support someone going through a mental health crisis. When medical information is unclear and we struggle to find answers to how we can help, communication is a fundamental aspect of our lives that we can all analyze and understand. Simple expectancy violations can be the key to identifying that an individual is in need of help.

### **Practical Implications**

We communicate every day; it is vital to our well-being and way of life. Therefore, it is the focus of this work to provide a means to understand those struggling and help explicate ways to provide them with the social support necessary to successfully treat their disorder. Friends, family, spouses, and coworkers can be the ones who can make an impact. Proximity and access allow for recognition and social support to occur, but knowing what to do to help is vital. Using communication principles to identify and support those struggling with a mental health condition can not only enable them to get needed treatment, but it can increase medication compliance, decrease the suicide rate, and decrease the age gap between the first episode and treatment. Simplifying the way we identify the problems means we can help faster. The narrative provides us with a plethora of practical implications that can be used to better understand how to help someone struggling with a mental break as the caregiver or support system while providing insight into how interacting with someone going through a mental break can be mishandled.

In the case of mishandling communicative situations with a bipolar individual, the example of the school liaison officer is a prime example. The officer assumed the author was drunk and proceeded to share this information with others. The officer was not equipped to understand or recognize the difference between a mentally impaired individual and someone who is intoxicated. This illustrates the lack of understanding by first responders when it comes to handling communication with a bipolar or mentally impaired individual.

An example of the lack of understanding and misguided treatment of bipolar individuals within the narrative comes from the author's primary care physician providing a work release despite not knowing any of the details as to why he was not working at the time. There is a general lack of understanding or consideration seen in this example, which led to an even greater issue in the end. As noted in the literature review, general practice physicians are ill-equipped to handle someone going through a mental health crisis (Fitzgerald, 2024). They, and their staff, are generally not trained on how to handle a mentally impaired individual. This usually results in the physician referring the patient to a specialist. While this all seems perfectly logical, most bipolar or mentally ill individuals do not seek medical treatment on their own.

Another practical implication seen in the narrative is social support, primarily when it comes to seeking treatment. Again, most individuals struggling with mental illness are not functional enough to seek treatment on their own. Thus, social support from friends, family, or coworkers is needed to provide the proper intervention and treatment of the individual struggling. Because there is a lack of control, the need for an outside source of social support is necessary to get individuals struggling with a mental health break the help they need.

The handling of dialectical tensions is another practical implication worth noting. As discussed previously, and seen in the narrative, the RC tension plays an important role in the

management of a bipolar break. This tension exposes the necessity for the sharing of private information outside of the sharer and receiver. This tension provides insight into how the caregiver can successfully navigate the communicative struggles with a partner or loved one who cannot control their communication or actions. It is also important to note that Openness-Closedness, Novelty-Predictability, and Autonomy-Connection play a key role in various stages of the narrative and provide practical insight into how to manage dialectical tensions. The sharing or withholding of information can mitigate turmoil when communicating. N-P can help us to recognize expectancy violations and the struggle within a manic mind. Autonomy-connection can also help us to understand that it is natural to want to be close to someone while wanting to have your own time and space. The dialectical tensions are a natural state of being and allow us to better understand how we can navigate the struggles of communicating with a person coping with a mental illness.

The recognition of expectancy violation is another key practical implication provided by this narrative. Expectancy violations are more likely to be identified than any other communicative theme seen in this narrative. The loss of control that leads to an inability to control how one navigates social norms is a major indicator when it comes to identifying a mental break. This is usually the first step in identifying the issue, but it can also go unnoticed by outsiders. Those closest to the individual struggling with a mental illness need to be aware of the expectancy violations and move toward helping or asking questions to gain insight into the mind of the struggling individual.

Lack of control is the hallmark of a mental break. Spotting the signs and symptoms of communication breakdown can lead to faster intervention and treatment. While medical intervention is the end goal, the steps that need to be taken to get the person struggling with

mental illness to that point is the war made up of many battles. The use of communicative indicators, as opposed to medical research, may very well speed up the treatment process, cutting down on the lapse in time between the first episode and diagnosis, lowering the risk of suicide, and increasing the quality of life for those struggling with mental illness, in particular bipolar disorder.

Essentially, identifying and communicating with someone going through a bipolar break is a challenge. For those closest to the individual, identifying reoccurring or major expectancy violations is a sign that further investigation may be needed to understand the state of mind of the individual who may be struggling with a mental health crisis. While outlandish behavior and general joking around could be misconstrued as expectancy violation, taking the time to ask questions and better understand if there is a loss of control at work allows people to plan what next steps need to occur. Identifying the violations and communicating about the potential issue is a great first step.

One major piece of communicative advice for handling situations with someone going through a mental break is not to argue or provoke the individual. Medical professionals advise not arguing with a manic person because it will cause them to spiral. When communicating with a depressed person, it is wise to be understanding and patient. Both sides of the mental break spectrum have their challenges, but remaining patience and calm ensures that the individual struggling with the mental break does not shut out those trying to communicate with them. Only when the person takes the time to understand the situation is it possible to know when to seek medical intervention. It is hard to understand the situation of sending your loved one or friend to a mental health facility until you have to do it. When the lack of control has overcome them, and you are out of ideas as to how to help them, you need to call in a professional. Whether it is

voluntary or against their will, getting the person struggling with mental illness help is key to their quality of life and safety. They will likely not even think to do it on their own, so as family, friends, and coworkers, it is our job to know when to ask for help.

### **Limitations and Future Research**

With little previous research to compare the findings of this study, previous communication and healthcare research cannot aid in the analysis. As communication scholars, we need to continue to build upon the autoethnographic and ethnographic research into mental health disorders. There is limited research on the subject; more is needed if we wish to build a communicative means to help those struggling with mental health disorders.

If we are going to advance the treatment of mental health disorders, we need methods of identifying the issue and getting those struggling the help they need without everyone needing an advanced medical degree. Mental health is still a developing field of medicine. While medical research is needed, communicative research is also vital to combatting mental health disorders. Communication is a fundamental factor in mental health disorders, especially bipolar disorder. Therefore, it is necessary for additional research to be done to further the understanding of how to communicatively assist those going through a mental break. Gaining insight from those struggling with mental health issues is vital to understanding how we can help. Getting the information straight from the source is the best means of gaining true insight.

Due to the lack of literature pertaining to communicating amidst a mental health crisis there is no way to compare research findings. This limitation can only be addressed with further examination of communication during a mental health crisis.

## Conclusions

As we have seen within this research and narrative, communication during a bipolar break is complex and difficult. Expectancy violation is common and a key marker in the detection of a mental health crisis. Boundaries are another key marker in identifying a mental health crisis. When the boundaries are uncontrolled and must be managed by a third party we begin to see the need for intervention. Dialectical tensions are the internal marker that tells us something is wrong. The internal struggle is just as impactful as the external struggle. Feeling that something is not right helps us to come to terms with seeking medical intervention. The lack of control when it comes to CPM is a critical marker when it comes to identifying a mental health crisis. When we see an uncontrolled free flow of private information during mania or manic episodes, there is a problem; on the other hand, when we see closed-off behavior and boundary setting coming from a place of fear, again there is a problem as these depressive episodes combined with the manic ones are a hallmark of bipolar disorder.

Communication is completely different during a mental health crisis. It is due to this fact that we can identify communicative markers that allow us to get those struggling the help they need quickly. Social support is key. As detailed in this research, there are multiple types of social support one can give. Without positive social support, treatment may not be provided. It is crucial that we understand the communicative marker so we can get those struggling the help they need. Clearly, a mental health crisis is a struggle for multiple parties. Communication breaks down and the loss of control takes over. If we use these communicative markers to better understand the situation, we can move toward recovery and management of the disorder. Communication is fundamental to our everyday life, so why not use it to help those struggling with a mental health crisis?

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## **Appendix: Autoethnographic Narrative**

### **Part I: The Moon (September 3<sup>rd</sup>, 2021)**

It was late, around 9 p.m., and we pulled up to a health clinic. My wife parked the car and we got out. Prior to entering the building, we were required to ring the call light for someone to electronically unlock the front door. Once inside, there was nothing but an empty waiting room. I sat down in one of the chairs and thought to myself, I'm fine, and I do not want to be here.

Unbeknownst to me, my wife had called ahead and the staff were awaiting our arrival. My wife walked up to the front desk and checked us in. Although, I had told her before we left the house that I was fine and the staff at the clinic would find nothing wrong with me. I was anxious to be there, but was also at peace with the thought that I was perfectly fine and the staff would justify it to my wife. I was perfectly fine. I knew it. I was firing on all cylinders.

We sat in the waiting room for a while, which gave me enough time to fully take in my surroundings, find the cameras and meticulously placed reading material and tissues. I was alone with my thoughts which were racing. I had no reason to be there. I was fine. Soon they would see, and I would be sent home to relax. I was shaking, not able to sit still, my thoughts bouncing from one to another, as if my mind was in a time warp. I felt fine, better than fine, I felt like I was wired for sound, and wanted to get back home so I could continue to work on my projects.

After waiting an eternity, a nurse called me back for evaluation. The nurse asked many questions. I proudly answered, proclaiming my adventures and current projects. She asked poignant questions to determine my state of mind with the multitude of ongoing exploits I entailed including a campaign to run for county mayor, collaboration with my biologist neighbor to conduct an experiment to determine if a banana spider bite would cause priapism, working on my dissertation, along with many smaller endeavors. I answered each question with unbridled

pride. I was profoundly energized, requiring minimal to no sleep, which gave me the opportunity to work endlessly. I happily discussed my work without hesitation. After several minutes of questioning, the nurse walked me back to the waiting room and asked me to sit in the lobby. The nurse then called my wife back to discuss her findings and recommendations following my interview. I anxiously waited in the lobby, staring up at the wall counting the minutes on the clock as they passed. It did not take long before my wife returned to the lobby with me.

I consistently told my wife there was nothing wrong with me and the nurse's findings would support that. It was late. I wanted to go home. I could not sit still, so I paced around the small waiting room. The nurse and my wife asked me if I would be willing to go to the emergency room which I declined. I was hungry and tired. I just wanted to go home. However, we continued to sit in the lobby, and I had no idea why.

With the room being as small as it was, I became overwhelmed and went outside. I noticed that the sky was black and the stars and moon were shining. I sat down on the concrete stairs outside the office and laid back to gaze up at the night sky. It was beautiful.

My wife remained inside the lobby, gesturing to me to come back inside. I had no intention of walking back into that building. There was nothing those people could do to help me. I was fine. I was better than fine, I was more energized and productive than I had ever been before. As I waited, I became bored and wanted to make it known to my wife that I was ready to go home. In a fit of agitation, I climbed up on top of my wife's SUV. I laid down again to stare up at the sky. A few minutes passed, although it felt like hours, I decided to stand up on top of the SUV. I proceeded to drop my pants and moon my wife, knowing that there were cameras in the parking lot for the clinic staff to see. I wanted them all to see my care-free mood and

understand that I was fine. I was just playing around, and knew after a few minutes my wife would return to the car and we would be on our way back home.

Not long after I had returned my pants to their upright and locked position, two police cars pulled into the parking lot. They asked me to come down from the top of the car and provide them with my driver's license, so I did. At that point my wife was in the parking lot with me crying, and the nursing staff had joined us. One of the police officers asked if I would willingly come with them to the hospital. I had no real reason to say no, so I gladly went with them. I knew that I was fine. This must be some formality. I got into the back of the patrol car and talked to the police officers all the way to the hospital.

Eventually, we pulled up to a side entrance of the hospital and I was escorted in, without handcuffs, to see a doctor in the hall. He asked if I was okay, I said “yes,” and the cop took me back to another wing of the hospital. Again, I knew I was fine, and they had no reason to keep me, so I was perfectly content sitting in the hospital for a few hours before they sent for my wife to pick me up.

### ***February/ March 2020***

It all started rather simply, with the decline of my great grandmother. She had turned 92 and was beginning to show major signs of dementia. She was told by her doctor that she would no longer be able to live by herself. So, my grandmother decided to have her move from Kingsport, TN down to Knoxville to live with her and my grandfather. At the time, the thought was that it would be the safest place for her due to the beginning of the COVID pandemic.

At first everything was fine, and it seemed like it would be a good fit. However, my great grandmother became restless, said she felt unwelcome, and started asking to be moved to a retirement home. This went on for a few months. My grandparents determined that the safest

place for my great grandmother to be was at their house. She would be kept away from the possibility of contracting COVID and sheltered from the pandemic she was unable to fully comprehend.

At the time, I worked for a clinical laboratory while my wife worked full time on her doctorate. It had been my responsibility to keep our household afloat while my wife focused on her studies, for about a year at that time. It had been manageable, but when COVID hit, I was tasked with setting up, providing supplies and access to COVID testing for hospitals and doctor's offices across Kentucky and East Tennessee. I spent most of my days traveling to work with physicians and hospital lab staff to ensure they had adequate access to testing. I was on the front lines of the pandemic and had little choice but to keep pressing on to ensure medical providers had what they needed to fight the virus.

It was overwhelming. The stress of working on the front lines of the pandemic induced severe anxiety. Medical facilities from all over East Tennessee and Kentucky were lining up to request COVID testing. It was my job to facilitate those needs in a timely manner. The lab simply could not keep up with the demand and had to turn providers needing testing away due to the overwhelming influx. For months, I worked relentlessly to help in every way possible. I worked late nights with little to no sleep, and felt frantic when it came to my work.

Unknowingly, I was caught up in a manic episode.

Concurrently, my wife worked diligently on her doctorate, but felt the stress of COVID, as it changed a great deal of the normalcy of her academic routine. We were both under a lot of stress, so we did what seemed like the one thing every person did during the pandemic, we got a puppy. Now, we already had four dogs, so a fifth seemed like an easy transition. What's one more? We adjusted to the routine of having multiple dogs and two cats. It was a pleasant time,

nothing too stressful. It helped to get our minds off of the stresses of everyday life, so it was a welcomed distraction.

Although, that same month, March, my wife and I both tested positive for COVID. It was either my constant work in the field that brought the virus home, or my wife's in-person lab that she had attended that month for school. Regardless, the virus wiped me out for a few weeks but really took a toll on my wife. She was sick for months, and it progressed to COVID pneumonia. She was exhausted by small activities which required me to take on additional responsibilities at home while balancing a strenuous work schedule. I was able to manage, but it was hard to see my wife so sick with nothing I could do about it. Fortunately, she attended a hybrid doctoral program, which allowed her to stay home while she was sick and I was able to help keep her comfortable. The stress was high and the demand was great to manage household chores, work responsibilities, and care for all of our pets. My hypomanic episode allowed me to maintain the workload with a boost of energy, goal-oriented behavior, and decreased requirement of sleep.

#### ***April- June 2020***

Since we moved to Tennessee in 2018, my wife had worked diligently to convince our best friend from Ohio, Becky, to move here with us. COVID had shut down most of Columbus, where Becky lived at the time and she had been unhappy with her job. So, she was willing to relocate in order to find another job and be closer to us. After working out the details for months, Becky finally agreed to move in with us after her apartment lease was up in June. The plan was to stay with us until she could find her own place.

In April and May, I cycled into another manic episode with a grander project to occupy my time outside of work. I decided to tear down our backyard deck, replace it with stairs, and create an outdoor living space where we could watch movies and hangout, without any other

assistance. Mind you, at this time my wife, Ashley, was still recovering from COVID pneumonia. She would become exhausted by the simplest of tasks. It was challenging for her to get through her school work, let alone help me redesign our backyard.

Regardless, it took me less than two weeks of working from sun up and well into the night every day to complete everything. I was on a rampage. First, I tore the old deck down in a day, sourced all of the materials along the way, and started work on the new set of stairs for our back door. After completing the stairs, I shifted my attention to the yard. I laid out a waterproof barrier across half of the yard, leveled it with six tons of sand with a shovel and a wheelbarrow, and covered all of that with mulch. I then set up a movie screen and seating and ran power. Everything was ready prior to Becky's arrival in June. I only asked for help when I needed to have someone hold the 2x6's in order to frame out the landing for the stairs, which Ashley reluctantly helped with.

Over the course of those two weeks, I worked myself night and day in order to prepare a space that didn't require an update. I simply got the idea stuck in my head that we needed an outdoor space and started the project. I did not care about the cost or the time required to finish the job.

### ***July- September 2020***

Becky brought her dog, Pudge, with her when she moved in with us. He was a welcome addition to our five dogs. Pudge was a senior dog that lacked any sort of enthusiasm or gusto from his former years. We were happy to have them come move in with us. It was an exciting time, and we were all anxious to get settled.

A few weeks after Becky moved in, Ashley started her first clinical rotation at a long-term acute care facility in Bristol, Tennessee, which is about an hour and forty-five minutes

away from home. We were notified last minute of her placement and scrambled to secure accommodations for her and a fellow classmate attending a placement at the same hospital. We found them a short-term rental house about 15 minutes from the hospital. For eight weeks, Ashley drove to Bristol on Monday morning, spent her week at the rental, and drove home after her shift on Friday to spend the weekends at home. This required many adjustments as Becky and I had not lived together since we were in college and even then, we had Ashley there with us. So there was a bit of a bumpy start to our settling into being roommates again. We did not fight or have any major tiffs over small things, but we had to adjust our individual routines in order to accommodate each other.

My primary issue during those 8 weeks was not having my wife to talk to and spend time with, which was more difficult than I originally thought it would be. It was difficult for Becky as well as she familiarized herself with the location of things in the house, tried to help out with household chores, and searched for a job in a market that was virtually shut down. We both worked hard to keep the house clean, take care of the animals, and work. I was still inundated with physicians wanting COVID testing, and the lab being overwhelmed with the volume of testing coming in. Becky took interview after interview before finally finding a couple jobs that seemed okay in the beginning, but were terrible once she got started. She would be hired and start training, only to realize the company and work were not what was advertised, so she discontinued training and moved on to the next opportunity. It was challenging for Becky to find jobs she felt she was interested in and that she was qualified for with the world shut down for the COVID pandemic. The astonishing number of companies that falsely advertised their positions made it nearly impossible. She and I would spend our evenings complaining to each other about how rotten our days had been.

After about a month, Becky was able to find a suitable job in town and began to work. However, like most jobs during COVID, it was only part-time, so she was not making the money she was hoping for. It seemed like there was a roadblock or hiccup at every turn. She came home regularly frustrated by the whole endeavor and discussed it over dinner. On top of the work struggles and household upkeep, neither of us had Ashley to talk to. For both myself and Becky, Ashley was our go-to person to talk to when we would have a rough go of it. For two months we had rough weeks and quick weekends with Ashley. We were stuck in the house, unless we had to leave for work or to run errands, and we quickly felt trapped and restless. I found myself to be in a mixed episode, experiencing extreme highs and lows. Becky was in a constant state of anxiousness. She worried about her job, worried that she was bothering me at home, and tried to settle into a new city that she could not explore because everything was shut down. We were trapped, anxious, and bored with no end in sight.

Becky and I decided to take edibles to make the evenings more relaxed, and for me, to help me sleep. Becky and I both knew that we should stay away from alcohol, as I have struggled with alcoholism. I drank to help me sleep, but going through an entire bottle of bourbon in two days was dangerous. I quit drinking and did not want to go back.

With the assistance from edibles, we were both able to relax, have good conversations, and enjoy some TV time each night. It was relaxing and helped us keep our minds off of things. Although, as time passed I abused THC in the same manner that I abused alcohol.

After Ashley finished her clinical rotation and returned home, things felt more at ease. We all had each other to talk to and keep each other company. It felt like things were getting back to normal.

### ***October- November 2020***

All while dealing with the stresses of my job, Ashley being gone, and Becky moving in, I grappled with the decline of my great-grandmother. She and I were extremely close, and I visited her as much as possible before COVID. However, with the current state of my work and my wife being engulfed in coursework, it was a challenge to make time to visit. Then the worst happened. My great-grandmother contracted COVID.

She was moved to the hospital where my entire family feared the worst. We had all heard that COVID in the elderly was almost always a death sentence. For two weeks they kept her in the hospital. Thankfully, my great-grandmother survived her bout with COVID. We were all astonished and relieved that she was able to fight off the virus and return to a temporary retirement facility in Kingsport, where she requested she be transferred. While in the new facility, we were only able to visit her through the window in her room. My wife and I made the trek up to Kingsport to see how she was doing. While there, we talked to each other via cell phone through the glass as if we were talking to a prisoner. My great-grandmother made it clear that she was unhappy with the current situation. She was positive that the staff had been stealing her things, and that the staff had her locked in her room as a means to drive her mad. It was the beginning of daily late-night pleas to come get her, crying and begging, as she struggled with sundowning and progressing dementia.

She was isolated due to the facility's COVID policies which made my great-grandmother agitated and angry. She called me every night, screaming and crying, begging me to come get her. She told me "I'll give you anything you want, just come get me!" But, every time I explained that I could not come get her, that she was in the safest place possible, and that things

would get better soon. I tried my best to console her, but I knew it was no use. This was going to be an endless cycle I could not personally break.

These nightly calls went on for months, even when she was transferred to a new facility with fewer restrictions, she continued to call. She begged and pleaded for me to come get her, but there was nothing I could do. Every night I knew my phone would ring and the same conversation would go on for hours until she finally went to bed or got tired of talking. It was torture hearing the pain and fear in her voice. I was powerless to help her, knowing she was where she needed to be. I knew I should ignore the calls for my own mental health, but I wanted to be there for her when she needed me. It was a double edged sword, on one end I wanted to be the devoted great grandson that she expected, but wanted to ignore her pleas and simply let the facility staff do their job and take care of her.

With the continued stress of work and daily life, these calls took a toll on my mental health. I became depressed with insomnia. I used weed and edibles to relax my mind enough to fall into a restless sleep. I went through a pack of edibles a week, started drinking again, and smoked two to three eighths of weed every week. I did everything I could to drown my depression and hopelessness with THC and alcohol in order to relax enough to rest. Every night, as soon as the sun went down, I spoke with my great-grandmother, took a few edibles, smoked a few bowls, maybe drank a bottle of wine, and lay on the couch for an hour or two and then stumbled my way into the bedroom.

While the drugs and alcohol helped me deal with the depression and anxiety, it bothered Ashley. I was useless and a bump on a log once I had doped myself up enough to pass out. I regularly fell asleep on the couch and would be unwakeable. When I made it to the bedroom to

sleep, I snored like a banshee and kept Ashley up all night. She was irritated by my return to another drug-dependent sleep cycle, but let me be given the circumstances.

### ***December 2020***

Night after night of calls weighed on me and I became more depressed. I did anything I could to lift the depression. I heavily relied on smoking multiple bowls and taking edibles to ease the stress along with multiple bottles of wine. My depression had been a consistent issue during the winter months from the time I was a teen. Starting around Thanksgiving all the way through Christmas, I would become incredibly depressed and unmotivated to do much of anything. It happened like clockwork each year; as soon as the holidays rolled around, my depression kicked in and ruined whatever positivity I could muster.

It has always been a challenge. At family gatherings, my family would ask if I was okay, and when I explained my depression, they usually told me to think of the positive things about the holidays, or that I should be thankful for everything we have, or my favorite, you will snap out of it, just give it time. It was a wonderful reminder that I had no control over my depression and the unhelpful advice I received just increased my irritability, loss of interest and pleasure in all activities, and made me feel worthless.

I especially hated my birthday, which falls on the second of December. It was just another day to me, and a reminder of all of the awful childhood memories I had surrounding my birthday and the holidays. It was a day that I wanted to be left alone and allowed to sit in my depression without the obligatory positive messages and calls that ensued.

At the end of December, my wife showed me a picture of a puppy a woman in our neighborhood rescued from someone selling puppies from the trunk of their car. The woman who rescued the puppy was unable to keep the dog due to her kid's allergies, so she was looking

to rehome him. My wife has a soft spot for animals in distress, so she begged me to let her go get the puppy. Even knowing that we already had six dogs in the house, I agreed to let her get the puppy. My depression was in a state where I really did not care too much about anything, so another dog did not phase me.

He was a boxer mix of some sort, a cute little thing at the time. He was quite shy and seemed like a good fit for our pack. My wife and I took the puppy home and introduced him to his new pack. We quickly learned that he was not the smartest dog in the bunch, but he sure was cute. Becky took a real liking to the puppy, so we decided she could have him, since Pudge was about to turn fourteen and may pass soon.

Towards the middle of the month following numerous late-night calls from my great-grandmother, I asked my grandmother if I could go with her the next time my great-grandmother had a doctor's appointment and was let out of the assisted living facility. She was more than willing to allow me to go with her to an appointment, so she arranged for my uncle and I to take my great-grandmother to her next appointment.

When we picked up my great-grandmother, she was elated to see me. She was smiling and chipper, and glad to be out of the facility for a few hours. She stayed close to me the whole time, talking to me about wanting to get out of the facility and wanting to move in with me. She kept asking me if I could take her home. However, at this point, her home had already been sold due to a clause in a reverse mortgage she had put on the house years prior. So, I told her we would have to get a new house if she wanted to leave the facility. Without missing a beat, she asked me if I would find a house for us to live in with my grandparents.

At that point I had become dead set on finding a home large enough to accommodate the family and allow my great-grandmother the ability to move in with us. With my family all living

together, we could take turns helping my great-grandmother with her needs. It seemed like a win-win, but I did not consult any other family members, I just went full steam ahead in finding a house.

When I returned home, I told Ashley about my great-grandmother's request and she was willing to look into it with me. I had not considered all of the care my great-grandmother would require with her dementia. I was aware of what she would need as far as living accommodations, but was not thinking clearly about how far her dementia had progressed. While the calls continued, this time things were a bit calmer. With me looking to find a house, my great-grandmother was less agitated and did not plead as much for me to come get her. Again, the calls and search to find a house had consumed my manic mind. It was all I could think about, so I reached out to a realtor and went searching for a new house.

The first house we looked at was enormous. It was in a gated community, had a five-car garage, many bedrooms and bathrooms, a movie theater, and was overall a grand house. At the time, with my income at the lab, due to the boom with COVID, I was able to afford the monthly payments, so I thought the house would be plenty big enough. However, after an hour or so of looking through the house, my grandparents, who had come along with us, explained that they were not able to live with my great-grandmother and the house was too much. They were overwhelmed by the whole idea and could not continue to assist my great-grandmother in her current state. My grandmother explained that her dementia was too far along for us to adequately take care of her.

After that conversation, my focus shifted to finding a house large enough to accommodate myself, Becky, Ashley, and my great-grandmother. I was unwilling to give up hope that I could get my great-grandmother out of the assisted living facility and into our home. I

met with the realtor weekly, called constantly, and put my own house on the market in the hopes of finding another home that would allow us to make things work for what we needed. While looking for homes, it had not occurred to me that I needed to secure a loan in order to buy a new house, I was just focused on finding a house. When I finally got around to shopping for loans, the market was in a state that would not allow me to acquire a “jumbo loan” as they called it in order to purchase a house over \$500,000. We had found another house large enough to meet all of our needs and were contingent with the home dependent on our home selling and receiving the approved loan by the end of January. I worked with the lenders consistently to work toward acquiring the loan needed to buy the house we wanted.

All while this was going on the realtor worked on selling our house by showing it to prospective buyers. Every time a showing was scheduled, we packed up all of our animals in the car and parked somewhere to wait for the showing to end. Then we shuffled the animals back into the house and resumed our day.

With the constant struggle to make things work, I increased my intake of edibles and smoked more weed than ever. I went through hundreds of dollars a week between purchasing weed locally and ordering edibles online. Those were the only things that helped slow my mind enough to allow me to relax and get any rest. Again, Ashley grew more and more irritated and began to worry that I was consuming too much THC. She told me that too much THC would alter my brain chemistry and cause me to have medical issues. I did not listen to any of it. I did not need the drugs, I just wanted them to help me sleep. I did not see the issue, so I did not listen.

The house we were contingent on was a farmhouse with a large property attached. My wife showed me another animal in need of a home. This time, it was a mini pig. I had always wanted a mini pig, so I was immediately interested. I had her get the owner on the phone to see if

we could drop by to see this pig. Even though Ashley showed me this pig, she was reluctant about the whole thing. She was reluctant about getting an animal that our dogs might think is food, but I was set in my desire to have this pig. This was one of those periods in my mixed episode cycle that I quickly became impulsive and did not care what anyone else thought, I was dead set on having this pig.

After meeting the pig for about 20 minutes, I decided I had to have him. He was crate-trained and potty-trained. Ashley suggested that we wait until we move into the larger home with the larger property prior to taking PeeWee home but he was a sweet pig and I had to have him. We had driven my small car to the house, not thinking we would be adopting a pig, but I made it work anyway. He was larger than expected, about 50 pounds, but I couldn't care less. I picked him up, squealing and screaming, and put him in the back seat with a few blankets. One thing that alluded me was the fact that the pig was really smelly. He had this distinct, farmy aroma that would sink into any fabric within a ten-foot radius.

While the pig was now mine, I failed to recognize another issue. I was rapidly cycling through mania and depression and I was manic once again. To my manic mind, there was no hesitation or reluctance to take this pig back to our home which was full of dogs. Reluctantly, Ashley agreed to having the pig and we set off for home.

### ***January 2021***

January started out slow adjusting to caring for PeeWee in addition to our dogs. After a few weeks, I regretted getting the pig. He was smelly, hard to take care of, ate constantly, needed specialized veterinary service, and did not get along with the dogs. I had finally come to realize that I was not putting any thought into big decisions. I should have thought it through, but that

thought only crossed my mind when I cycled back into depression. So there I was, stuck with a pig, and unable to do anything about it.

Ashley started her second clinical rotation at a local physical therapy office. Everything seemed pretty steady. We started accepting fewer viewings for the house to keep the constant shuffling of animals around to a minimum. I continued to work on the items the lender requested in order to stay within the 30-day deadline. While things seemed to be getting back to normal, and my mania began to level out, my grandfather was diagnosed with cancer. He was in the beginning stages and would be able to start treatment with a very high likelihood that they would be able to control it. However, this did not help my mania or depression. The house we were contingent with had a building that could easily be converted into a guest house that could accommodate my grandmother, in case anything happened to my grandfather.

My grandfather is more like a father to me than a grandfather. He helped raise me from a young age and we are extremely close. It was hard for me to imagine a life without him. When he was undergoing his cancer treatments, my worry and anxiety were intense. I was unable to sleep, staying up for days at a time. I continued to smoke weed like a freight train and took edibles every night. I was in a constant state of energized madness during the day. Although, it was just the start of my downward spiral into uncontrolled depression.

### ***February 2021***

Around the second week in February, I was home alone, working, and heard my phone ring. It was my stepfather. I thought it was strange, because he rarely calls, so I picked up the phone. He had a somber but serious tone in his voice. Then he then proceeded to say, “Your mom just tried to commit suicide.” I was at a loss for words. My stomach turned as I began to worry about my mom, my little brother, and my stepfather. He explained that she was going to

be fine. They found her in time to call the paramedics and help her and to make sure she would be all right. The call was brief, and my stepfather said he was going to have someone come watch my brother while he went to the hospital with my mom.

A few hours later my phone rang again. This time it was my mom's cell phone calling. I picked up, and to my surprise, it was my mom on the phone. She was incoherent, and said, "This had nothing to do with you, this was about me." I could not control myself. I burst into tears and asked if she was okay, and she said she was fine. I had no idea what to say, I could barely get out the words, "I love you." Again, the call was short and after a few minutes, my stepdad took the phone and told me he would call me later, and that my mom was going to be okay.

Over the course of the following week, I talked to my stepdad every day. He went to the hospital every day to check on my mom, but there was rarely any more of an update than, "She's recovering." There was no real news of how my mom was, and we were unable to call or speak to her. It was a torturous waiting game that left me, my brother, and my stepfather with nothing more than our thoughts and fears that we did something to cause this. We went back and forth talking about how or why she would have done something like this. We found it odd that she had decided to take a handful of pills when she had just purchased a gun weeks prior that was mere feet away from her pills. We were relieved that she did not resort to using the gun, but were still in shock that she would even attempt suicide.

Neither of us knew what to do moving forward. I asked several times if I should fly out to Idaho, where they live, in order to be there when my mom was released. My stepfather advised against it and told me that it would be best to let her come home and acclimate before I came out to visit.

As the days passed, my stepfather asked me to check on my brother in order to make sure he was handling the situation okay. My stepfather was overwhelmed with my mom but was also balancing my brother's well-being. At the time, he was 12, so I called every day to check on him to see if he was handling things well, or at least as well as one could given the circumstances. He was the one who found my mom in bed unresponsive so we were worried that it would cause him great distress.

When we talked, it was always the same. I asked how he was doing and he would ask me why this happened. I have always been honest with my brother, even at a young age, so I made it clear to him that I and my stepfather did not know why our mother had decided to attempt suicide. Until she was out of the hospital and willing to speak to us about the matter, we would be in the dark. That was the hardest part of the situation, consoling a little boy, without having any clue as to what to do to put his mind at ease. There was nothing any of us could do, we were in limbo, not knowing how to proceed, waiting for our mom to be released.

After a week or so, my mother was released from the hospital. We all, again, had no idea what to say or do to help my mom reacclimate to being back at home. I offered to come out, but my mom asked me to give her a couple of weeks to settle in. My brother continued to call to talk through the tension and awkwardness in the house. He kept to his room and tried to only come out when it was time to eat or one of my parents called for him. My stepfather continued to call to see how I was doing and kept me up to date with how my mom was doing. I asked him how he was holding up, but he always said, "I'm taking it day by day." That was all any of us could do. We were not equipped to handle a situation like this, so we continued to keep each other updated and talked regularly until I was eventually able to come visit.

A few weeks later, after my mom's birthday, I flew out to Idaho. It takes all day to fly to Idaho from Tennessee, which is usually uneventful and boring, but this time I was anxious and fearful of what I was going to be walking into. After hours on multiple planes, I arrived in Idaho where my brother and stepfather picked me up. We all piled into the truck and headed for the house; it was a quiet trip. Although, along the way my stepfather warned me that it was tense around the house and I should be prepared. My brother was excited that I was there and explained that I was going to be staying in his room. So, not only was I walking into what could be a possible war zone, but I would be sharing the bed and living space with my little brother. I knew this was going to be an eventful visit.

When I arrived at the house, my mom greeted me with a big hug and helped me get my things to my brother's room to get settled in. I expected my mom to be rather detached and underwhelmed by my visit, but she was rather chipper and excited to see me. It had been a few years since I had seen them last. However, when I returned to the living room to sit with my mom, I noticed that my brother had gone to his room and my stepfather had gone to his office. I was a bit confused, as I thought we would all sit around and talk, but it was just my mom and I. It was awkward at first, me checking in on her to see how she was doing. She explained that she was doing fine and was pleased to be home to rest. I was not sure what to say or do, I did not want to continue to harp on the fact that she just tried to commit suicide, but I wanted to make sure she was okay. So, we mainly watched TV while sitting together on the couch.

After an hour or so passed, my stepfather returned to ask what we wanted for dinner. We decided on dinner and he readied the meal. We all sat in the living room, in silence, aside from the noise of the TV, and ate dinner. I wondered if this was the tension my stepfather had warned me about, but I thought this was mild compared to what I was expecting. It was not until after

dinner that I realized what was going on. My brother again returned to his room, and my stepfather to his office. Everyone was divided. I was not sure if my brother and stepfather were trying to give my mom space, or if they found it hard to be in the same room with her. I was confused about the whole situation. Although, before we all went to bed everyone was back in the living room watching TV as if nothing was hovering over the house like a black cloud. Once everyone said goodnight, my mom went to one bedroom, my stepfather downstairs to his office, and my brother and I to his room. Again, everyone was separated.

Once I settled in bed with my brother, he played his video games and wanted to talk. He started out strong, as every kid would, with, “Why do you think mom did it?” At the time I had no idea how to address the question, as I had not had any time to speak directly with my mother, so I simply told him I would talk to our mom and see what she says. That first night with my brother consisted of him staying up all night playing video games and me attempting to sleep through the sounds of the game and the bright lights of the TV. This was the easiest night by far.

The next day I woke up, got dressed quietly, and left my brother to sleep off his all-night video game bender. I went out to the kitchen to make a cup of coffee. My mom was sitting in the living room, alone, and asked me how I slept. I jokingly explained that I slept fine aside from tuning out the noise of the video games. Once my coffee was ready, I went over and sat with my mom on the couch. It was quiet, and again, pretty awkward. I was not sure what to say or do. The TV was not on, so there was no distraction from the weight of the tension, so we started talking. My mom had always hated having the TV on in the morning, so we just sat there and enjoyed each other’s company. She asked me about house hunting and what was going on at home, and how Ashley was doing with her doctorate. It was a pretty normal conversation. However, once we ran out of things to talk about my mom asked me if I had any questions for her. She has

always been straightforward with me, even as a kid. So, I asked, “Why did you do it?” She explained that it had nothing to do with me, my brother, or my stepfather. She was depressed and felt like she was unnecessary and unneeded, and simply wanted to end the suffering. It had everything to do with the fact that she was getting older and did not feel like she was needed in our lives in order for us to be successful.

I was in tears. I could not imagine a world without my mom. I had pondered the idea of one day having to say goodbye and how hard that would be, but I never thought it would come so soon. I explained how afraid and worried I was when I got the news, and how I wanted nothing more than to have her in my life. I tried my best to express to her how much we all need her in our lives and how much we love her.

From that point on there was less tension between us. Although, there was still plenty of tension between my brother, stepfather, and my mother. The divide within the house was strange and felt like nobody wanted to address the elephant in the room. So, for whatever reason I felt like it fell to me to try to piece this broken puzzle back together.

That night I stayed up until the early hours of the morning consoling my brother. I explained what my mom had told me, and continued to explain our family history of mental illness. I explained that you cannot control depression and it does not usually make sense. In order to help him understand I explained my troubles with depression and told him that it happens to many members of our family and is not something that can be contained. I felt as though I was caught between my brother, mother, and stepfather. It became clear that I was going to have to try to remain levelheaded and communicate clearly since they were not talking to each other.

Those late nights with my brother were exhausting. Every night that passed I was swallowed up by my own depression with every question answered and every fear exposed. I was unaware of the situation and tried to stay positive. I was in a whirlwind of emotion where I attempted to hold on to my ability to communicate effectively when needed. I was succumbing to the tension and I was drowning.

During the week that I spent in Idaho, I was tasked with keeping my brother entertained by my mom and personally trying to find alone time to talk to my stepfather. Conversations with my stepfather were somber and felt as though we were both lost in what to do to help my mom. She seemed to be fine, but it was a battle to understand what she needed from us in order to get past the suicide attempt. My stepfather was trying to give her space to allow her to heal and have alone time. However, it seemed to be torturing him to not be able to stay close and take care of my mom. His struggle was visible and seemed to be exhausting him with every day that passed. While I explained what my mother said to me previously, it did not have much effect on my stepfather. He was struggling with thinking that this in some way had something to do with him. I completely understood his fear and frustration, but again did not know what to say to help the situation. I was trying, but it did not seem to be working.

With my brother, on the other hand, I took him to the arcade, downtown to walk around and check out the stores and shops, and even took him to the mall to get our mom some birthday presents. When we arrived home with the presents for my mom, my stepfather seemed less than amused. I felt high and energetic when I was with my brother but the depression came back immediately like a switch flipped the moment I stepped back in the house. I could not regulate my emotions but felt like I had to keep it together for my family. It was like trying to be two people at once, constantly being torn in two different directions.

Oddly enough, at the end of my visit, just a few days before I left, my mom got a job at a local bakery. We were all surprised by the news, but my mom perked up and started going to work, leaving my brother and I at home with my stepfather. None of us knew what to make of it, but we were supportive, thinking this might take her mind off of things. The last few days of my trip were spent with my brother and stepfather while my mom was at work, and evenings spent watching TV with my mom. It was a quick and strange change of pace that seemed poorly timed. My time came to an end in Idaho but I carried all of my struggles home with me and fell into the deepest depression of my life.

### ***March- May 2021***

March was a relatively uneventful month. My great-grandmother moved in with my grandparents again. I continued down a drug-filled existence with my depression worsening each day. I had insomnia and dealt with suicidal thoughts all day. I explained my troubles to Ashley, and she did her best to help me through it, but it felt like a never-ending nightmare.

I began smoking weed during the day to try to relax and ease the depression, but it did not work. I smoked all night, took edibles, and had a few drinks but it was only enough to get me to fall asleep. I was in a constant state of melancholy and could not shake the thoughts of driving down to the bridge over the river and jumping in. I started cutting myself with razor blades to try to ease the dread. It was a struggle to get out of bed, let alone work.

I communicated with my brother and stepfather daily, receiving updates about my mom. It was a constant reminder of my own depression. I began to see why my mom did it. I felt as if I was just in the way, not being helpful, and continued to increase my drug intake to pass the time and numb the pain. I wanted to die, that was clear, but I lacked the motivation to go through with it. It seemed like too much work. I did not want to leave a mess for Ashley and Becky, and I felt

as though I would leave them in as much pain as I was currently in. I wanted nothing more than to end it all, but I just could not bring myself to do it.

### ***June 2021***

June kicked off with a bang. One of our dogs was about to have puppies. We were completely ill-equipped to handle the situation, but we had no choice in the matter. On June 9<sup>th</sup>, we had five new puppies to care for. It would normally be an exciting adventure and was for Becky and Ashley, but with my depression, I found it exhausting to take on more responsibilities. At this point, we had 13 dogs total in the house and the five puppies needed constant care and attention. Ashley and Becky took turns taking care of the puppies and I helped when I could, but I was not charmed by their cuteness and battled depression and suicidal thoughts.

Not much could cheer me up. On occasion, I had a hypomanic day, would play with the puppies, and have a good day, but most days were filled with dread and a general lack of energy. When a manic cycle returned, I started a new project to work on. I listed our house for sale by the owner and wanted to acquire a property that had a house and barn so I could start my own weed farm. I had all of the necessary planning done to create a setup that would render three million dollars worth of weed every year in a small barn. I researched and worked on a business proposal for the bank and planned to use a business loan to acquire the house, land, and all the materials and equipment needed to run the farm. However, the plan came and went with each cycle between mania and depression. The idea would be exciting and then feel like a chore. It was a strange dance between excitement and disinterest, like a terrible, ongoing, roller coaster.

Amongst the madness of the puppies, depression, mania, and thoughts of starting a weed farm came the end of Ashley's journey toward her doctorate. In the middle of June, Ashley

graduated with her doctorate of physical therapy. It was a happy distraction from the turmoil we had been facing. Not only was she finished with her school work, but our friends from undergrad were getting married, so yet another happy distraction was on the horizon.

The wedding we had to attend was set for the end of the month in Ohio. Becky volunteered to watch the dogs so we could attend. I was still depressed, and Ashley did her best to help me through it. Although, the only thing that seemed to take the edge off were the drugs. Prior to our departure for Ohio, I made arrangements to get a large quantity of weed from the groom's uncle at the wedding. With the ability to smoke, I would be a little more lively than my current condition would allow.

I was a groomsman in the wedding, so I was tasked with being at the venue all day for photos. It was a beautiful wedding in the countryside, although it did not lift my depression. I attempted to mask it to get through the day until I could acquire the weed. Once we had made it through the ceremony, bridal party entrance to the reception, and the reception, I found my guy. We went out to the parking lot with his son. They gave me 12 pre-rolled joints and two eighths of weed. I was set for the wedding. I even had enough to share and take home. I was not expecting that large of an acquisition but I was extremely pleased with it.

I found a few of my friends at the wedding and we smoked a few joints. I felt the dread and anxiety wash away. I was in the zone, I had found my sweet spot, so the rest of the wedding was a breeze. As the night came to an end, Ashley drove us back to our friend's house, where we were staying, and I continued to smoke weed. I stayed up most of the night with our friends and finally went to bed once the sun came up. After only a few hours of sleep, Ashley woke me up to go home. I slept most of the ride home, but was in a better mood than I had been in in months.

When I arrived home with my improved mood and new stash, I was prepared to fight off this depression.

### ***July 2021***

My great-grandmother had been living with my grandparents for a few months. Things were not going well. My grandparents were stressed and overwhelmed with the care my great-grandmother needed, and my great-grandmother again felt unwanted and unwelcome. One afternoon, my great-grandmother decided she wanted to leave and nobody was going to stop her. She was agitated and hateful toward my grandparents. She refused to go back into the house and became violent with my grandparents. My grandparents called for an ambulance as the situation got out of control. My great-grandmother was contained and taken to the nearby hospital for a psychiatric evaluation. Her hospitalization lasted two weeks before the doctors suggested to my grandmother that my great-grandmother be placed in a memory care facility.

As requested, my grandmother found a local memory care facility that could admit my great-grandmother on such short notice. It was a very nice facility with a very friendly staff. The facility was close to home, so I was able to help move my great-grandmother into her new room. Things felt like they were moving in the right direction.

Although, after the incident with my grandparents and her move to the memory care facility, my great-grandmother rapidly declined. She began to lose her sight, and her ability to walk, and was unable to care for herself. This did not help my depression but I tried to get anything and everything my great-grandmother needed and visited her frequently. Again, I was unable to regulate my emotions and felt myself slip into an uncontrolled mental state.

## ***August 2021***

My depression lifted and I kept myself busy with work and coaching football at a local high school. It was my second season, so I had gotten to know the staff well and really enjoyed myself. When I was not working or coaching, I filled my time with side projects.

However, my drug use had again increased and I was using approximately 300 dollars worth of weed and edibles weekly. I continued to drink and was high most of the day and all night. I stayed up all night watching TV and working on projects. If I felt tired, I took caffeine pills to keep me awake. I felt no need to sleep.

As the sleepless nights added up, I felt energized, restless, and motivated. I worked on a campaign to run for county mayor for the next election. I created a slogan, made posters, and reached out to potential advocate groups and donors. I even tagged the current city mayor and county mayor in a rather controversial LinkedIn post that eventually led the county mayor to block me on the site. I was determined to make my presence known and moved at lightning speed to bring to light my campaign for mayor. The issue I primarily focused on was public safety.

After working with the coaching staff at the high school, I learned that driver's education was not mandatory to acquire one's driver's license. I believed I could utilize this as part of my campaign platform to make driver's education mandatory for all people seeking a license. I was tired of all of the traffic violations I saw on a daily basis, and a police force that was unwilling to ticket people for reckless and ignorant driving, so I thought driver's education was the answer to that issue. I also thought that the local World's Fair Park was underutilized. I believed that there needed to be more events and possibly another World's Fair at the park. My thoughts were

scattered and often incoherent but I worked to create a “logical” campaign platform for my mayoral race.

I had officially lost control. I worked during the morning, coached in the afternoon, smoked weed all evening, and worked on my campaign all night. My erratic behavior worried Ashley and Becky. I constantly forgot to complete tasks and when I got around to addressing them, I took it too far. To make matters worse, I paid the bills while Ashley was at work. Now, normally, Ashley pays the bills. It has always been this way, but for whatever reason I decided that I would help out and take care of them this time. Without hesitation or consideration, I paid the bills including ones that were not due. I paid no attention to how much I spent, which was nearly all of our money. When Ashley got home, I pridefully told her I paid the bills. She quickly discovered that I had spent most of our money. She was irritated, frustrated, and anxious. She managed to work it out in the end, but since then, I have not paid the bills, even to this day.

### ***September 1<sup>st</sup>***

I had forgotten all about work. I spent my days smoking weed and working on my grand plans for the future. That afternoon I sat with my neighbors on their porch. The group did not have anything to talk about since most of them did not work or leave their home often. In the midst of the silence, something caught my eye. Throughout his porch were webs of large yellow spiders. I was fascinated by their size and beauty and wondered if they were venomous.

My neighbor explained that they were banana spiders, which are venomous, but not deadly. I researched these spiders on my phone and discovered you may have some pain, skin and neurological problems that would be resolved in a couple of days; but they were known to cause priapism in human males when bitten. This fact intrigued me and I wondered if the venom in this spider could be used as an alternative to Viagra.

I gathered a few of these spiders in a jar and spoke to my other neighbor, a professional biologist, about conducting an experiment involving one of the spiders biting me to record the effects of the venom, specifically pertaining to priapism. She was shocked that I would consider this as a possible experiment, as it is extremely dangerous to let a venomous spider bite you. She was confused by the whole ordeal and advised against it. She immediately contacted Ashley, who was at work, and asked if I was okay. She told Ashley that I was talking fast, was fidgety, and about my proposed experiment. She expressed deep concern that something was wrong with me.

When Ashley got home from work, I left my neighbor's house to talk with her and Becky about my proposed experiment. They were less than amused. Ashley explained that the venom affects the nervous system which includes the brain, spinal cord, and all nerves in the human body. She told me to take the spiders back to wherever I found them because my experiment was not safe to conduct. I understood her logic, did not argue, returned the spiders, and shifted my attention back to my mayoral campaign.

### ***September 2<sup>nd</sup>***

I had too much energy to sleep and limited ability to sit still to work on my mayoral campaign. I was constantly in and out of the house either to walk, smoke a cigar, or smoke some more weed. Each time I opened our squeaky front door, it stirred up the dogs and woke both Ashley and Becky. This particular night I had decided to take a walk at 2 a.m. While working on my campaign, my thoughts drifted to wanting to visit my old professor who had relocated to North Carolina. As the night went on, that desire grew stronger and stronger. I woke Ashley up at four in the morning to tell her I was going to drive to North Carolina or have our neighbor, who cannot drive for medical reasons, take me. Now awake, irritated, and confused by my plan,

she told me not to go and to just stay home that night. As much as I wanted to go, I did realize it was early and there was no guarantee that he would be at the university when I arrived, as I had not spoken to him about visiting. So, I went back to my office and spent the rest of the night watching TV.

Later that morning I was, again, energized and wanted to do something productive while Ashley and Becky were at work. For whatever reason, I had gotten the idea in my head that I should walk downtown to the mayor's offices to ask about adding events in World's Fair Park. It was only three or four miles to the office from our home, so I thought a morning walk downtown sounded nice.

I trekked up the hills of my neighborhood and off to the mayor's office. I had the thought that it would be more interesting if I made the trip barefoot, so I kicked off my shoes beside the street and continued on my walk. Once at the top of the hill closest to my house, I thought I would lose my shirt as well, so I tossed it in a bush. I became frustrated that it was taking so long and thought it might be easier and faster to just get a ride from a local cop. I arrived at the high school where I coached, went up, and rang the front doorbell. I asked to talk to the school's liaison officer, to see if he could give me a ride downtown. He explained that he could not leave the school. With a puzzled look on his face, he told me to walk down the hill to the grocery store and ask for them to call in a car to come pick me up.

I walked down the hill to the store, but could not go in due to my lack of shirt and shoes. I asked a cart boy to have someone call the police department to have a patrol car come pick me up. I sat on the curb outside of the store for about 20 minutes but grew tired of waiting. I stood up and began walking down the sidewalk of the strip mall, thinking of what to do next. Eventually I came to Goodwill. Without missing a beat, I walked right in and asked if they had a

shirt and some shoes I could have. I realized that I had left my wallet and phone at home, so I was not able to pay. The clerk repeatedly told me that I needed to leave because I was shirtless with no shoes on.

About the time I turned to head out the door, a man handed me two dollars, one for a shirt, and one for a pair of flip flops. I was grateful and started talking to him as he shopped. He asked me what my plans were for the day and I explained that I was on my way to the mayor's office. He was very intrigued and asked if I wanted a ride. I obviously said yes. We left the store, got in his car, and he drove me the rest of the way to the city building. We talked about my plans to run for mayor as we drove along. He seemed genuinely supportive and excited by my plans. We arrived and I popped out of the car. He wished me luck and said he hoped I would win the mayoral race.

Once inside the building, I was surrounded by people in suits and formal attire whereas I strolled along looking like a homeless man. I stopped to ask one of the men if he liked wearing a suit to which he responded, "Absolutely not." I was in a great mood. My plan was coming together and I was mere feet away from my destination. I asked the desk clerk where the mayor's offices were, and she told me on the fourth floor, and off I went in the elevator. When I arrived at the first office, I was greeted by a receptionist who looked at me like I was an alien. She asked me if she could assist me with something. I explained that I was there to see about increasing the number of events in the park and to see if the city would hold another World's Fair at the park. She looked puzzled but took down the notes and asked for my contact information, which I gladly gave, and went on my way to the next office.

Once in the other office, I noticed that no one was at their desks. I heard voices coming from the back room, so I went to investigate. I bypassed the front desk and headed down a long

hallway to the back office, which turned out to be the mayor's office. Along the way, I saw a picture on the wall, liked it, took it down, and carried it with me to the back office. Once there, three people in suits turned and looked at me puzzled. They also asked what I was there for, so I explained myself again. The interaction was awkward and brief, so I strolled back down the hallway, back down the elevator, and outside.

I knew I had a long walk home, but again wanted to do it barefoot. I kicked off my new flip-flops under a bench and proceeded through downtown. I made it all the way back to my neighborhood, but my feet were killing me. I hobbled my way across the hot pavement when a car stopped and asked if I needed a lift. I was eager to get off my feet, so I jumped in the car and the nice man drove me the last mile or so home.

Once home I was greeted by a less-than-enthusiastic wife who asked me where I had been all day. I told her that I had been on a walk. She asked why I had left my phone at home and just took off. I explained that I did not mean to leave my phone, but I did not need it to walk. I then went over to our neighbor's house to sit on the porch and talk. What I did not realize was that Ashley had left work early because Becky had called to tell her I was missing.

Later that afternoon, when I came home, Ashley hammered me about what I had been doing all day, so I told her the whole story about my journey to the mayor's office. She was upset and frustrated, but did not fight with me too much about my day's activities.

Not long after being home, it was time for football practice, so I got dressed and headed to the school. When I arrived the head coach pulled me aside and asked what I was doing earlier that day with the school officer. I told him I was just asking for a ride and did not know he could not leave. The coach asked me if I was drunk, which was what the cop had told him, but I

explained that I was not drunk and we proceeded with practice. Once practice was over, I returned home to enjoy my weed and edibles until I was finally able to get a few hours of sleep.

### ***September 3<sup>rd</sup>***

Once the sun had come up and Ashley and Becky had gone off to work, I was restless and annoyed that I was constantly attached to technology and the internet. I had been working for weeks on my mayoral campaign and was completely engulfed in the need for technology in order to function. At this moment, I snapped. I pulled my tablet off the charger, the router from the wall, my laptop from my desk, and any electronic device I could find and threw them all out into the street in front of our house. I broke about half of the electronics that I threw out that afternoon. Not long after, I walked over to my neighbor's house to sit around and talk, only to find the porch empty. When I looked down at the handrail, there were a pair of pliers sitting there. I picked them up, pulled my phone out of my pocket, and snapped my phone in half. I felt free and headed back to the house.

Not long after I got back into the house, Becky came home. She found all of the electronics in the street, picked them up, and brought them back inside. She took all of the devices and locked them in her room, away from me. She then asked me what I was doing. I explained that I wanted to detach from technology because we were too dependent on it. That day, Becky was planning to take a trip home to Ohio to see her family. I thought about Becky using her phone GPS to get to Ohio and call her family with updates on her progress. I asked to see her phone. She handed it to me, I walked outside into the street and threw her phone down on the cement as hard as I could. Her phone shattered into pieces and Becky screamed out at me, "What the fuck are you doing!?" I told her now she would be free to have a nice trip home.

Becky emailed Ashley from our home computer and told her what was going on requiring Ashley to leave work early again. Becky locked herself in her room with the dogs until Ashley got home. When she arrived, she was confused and concerned for my safety and everyone else's safety. She and Becky kept to themselves the rest of the afternoon planning what needed to be done to help me. All the while, I went about my day as usual, got high, visited with the neighbors, and walked around the neighborhood. Ashley contacted our family doctor for guidance.

We sat down to dinner that night and Ashley told me that I needed to see a doctor, or at least visit the "urgent care". I told her that I was perfectly fine and did not think I needed any help. We went back and forth for hours. She told me that if the trained clinician at the clinic agreed with me that she would drop the subject but if the clinician agreed with her, I would get help. I finally gave in and let her take me to the clinic to be seen about, knowing full-well that I was perfectly fine.

## **Part II: "Rehabilitation"**

### ***Still September 3<sup>rd</sup>***

When the police brought me to the hospital after the fiasco at the mental health clinic, I was escorted to a small, windowless room with a camera in the corner of the ceiling. The walls were white. The bed was small. There was a top sheet and blanket and no explanation as to what I was supposed to be doing. The nurse came in to take my clothes and asked me to put on a hospital gown. Then they asked me to come take a seat in a chair in the hallway for a blood draw and asked me to urinate in a cup for a drug test. It was pretty simple so far. I knew I would fail the drug test, but I doubted that was enough to keep me there. After the testing, they escorted me back to my room.

During the whole process, the door was never locked; I was simply asked to stay in my room for safety. Apparently, that wing of the hospital was very close to the COVID wing, so they did not want me wandering around and getting sick.

The only instruction I was given was to rest. My mind continued to race and I found it near impossible to sit still. I spent the evening working out in my room to pass the time. Once I worked up a good sweat and my gown was rather soiled, I asked to take a shower.

The nurses were fine with me taking a shower, as the facilities to do so were right next to my room. They gave me toiletries and I went to get cleaned up. On my way into the shower, I noticed that it was still dark outside through the windows in the hallway. I figured I had not been there very long.

Once I finished with my shower, I noticed that they had not given me a towel. I thought this might have been another safety procedure. I proceeded to walk back to my room naked with my hand covering my privates, grabbed a gown off of a cart in the hall and fashioned a skirt. This apparently amused the nurses watching from their station outside of the bathroom, so they brought me a towel when I made it back to my room.

From what I could tell, I was not there for much longer before another cop showed up asking about me. The cop came to my room, handed me my clothes, and asked me to come meet him in the hall when I was dressed. Once in the hall, he asked me to follow him. We went back through the hospital to his patrol car that was waiting outside and got in. He did not tell me where we were going or what time it was, or even what day it was. It was a very long silent ride through the night traveling on the highway and then through a wooded area. It felt like an hour had passed when we finally arrived at our destination.

The cop helped me out of the car and escorted me toward the side door of what looked to be an old school building. It was unmarked, one level, and seemed like it had a playground along the side of the building. Once inside, I was greeted by an elderly gentleman who asked me to come into his office and take a seat. They explained that I was being asked to voluntarily admit myself to the facility for psychiatric treatment. They told me I would be able to keep my belongings, and that I just needed to sign a few documents. In my confused and disoriented state, I complied and signed all of the paperwork.

They took me into a room where they took my clothes and gave me a set of scrubs to change into. Then they escorted me into another wing of the building. It was a narrow corridor with white walls, a nurses station, and little concrete nooks with beds in each place. I was taken to the nurses station, given a cup full of pills and water, and was asked to take the pills. Then I was escorted to my bed where they told me to rest. Not long after laying there, staring up at the white ceiling tiles, counting the dots, I blacked out and did not come around until morning.

When I finally came to, I was in a haze. I felt like I was seeing things in a fog until my eyes adjusted and I was finally able to assess the room. I was not the only one there. Each nook had a different guy either sleeping, reading, or just lying there staring up at the ceiling. As I continued to wake up and scanned the room, I was greeted with a “Welcome to the cage” by the man next to my nook, reading a book. I noticed that he was an amputee and had his wheelchair next to the bed. I observed another guy up and walking around, talking to himself in multiple voices, and a teenager being walked around by a nurse. I was not sure what to make of this place. The walls were sterile white, the beds were too, and all of the walls had windows that looked out into a locked, barricaded patio. At least I knew it was daytime at this point, but I had no idea as to where I was or how long I would be there.

Not long after waking up, I was brought breakfast in bed. Not a bad treatment compared to what I was expecting. The food was good too which really surprised me. Not long after eating, we were all called up to the nurse's station. I was a bit confused but got in line with the rest of the guys. When I got to the front of the line, I had to show the wristband I had not noticed yet and was given another round of pills to take and sent on my way. I decided to explore a little and found that there was a room with coloring supplies and a TV. I plopped down in a chair and watched TV. Not long after watching, I got really sleepy. I felt like I could pass out in the chair but I wanted to get back to the bed, so I used the wall to steady myself as I made my way back to my bed where I passed out again.

This process went on for what seemed to be days. I was up and about one minute, and drugged and out of it the next minute. After a while, the drugs were less frequent and I started to feel better. I talked to the guys, played cards, and even took part in a counseling session on the patio to get outside.

I was allowed to make calls to family members to keep them up to date on the happenings of the psych ward. I called Ashley every evening. At first, I was understanding and felt like it was not all that bad to be hospitalized, but after a couple of days, I got restless and wanted out. I told her to come get me, that I was fine and I did not want to be there anymore. I was being drugged and locked up in a place when I was perfectly fine. I just wanted to get out.

One afternoon, I was given a new medication, and informed to notify the nurses if I started to feel funny and the doctor would be in to see me that evening. After another long afternoon nap and some TV time after dinner, the doctor finally called me into his office. He asked me a series of questions that I cannot recall, but as he was going through his checklist of questions, I felt my neck start to cramp. It was so intense that it felt like a knife in my neck, and I

had to keep it bent to the side to keep the pain from driving deeper into my neck. The doctor stopped his interview, took me back to the nurse's station, got me more pills, and sent me off to bed. I had no idea what was going on, but I passed out before I knew it.

The next day, what I would later find out was **September 6<sup>th</sup>**, the doctor reassessed me and told me that I would be moving to another wing of the hospital where there were fewer restrictions. That afternoon I was escorted through the many halls of the facility over to a long hallway lined with doors. I was shown to a room where there were two beds. I thought maybe I would have a roommate, but at the time I had the room all to myself. Although, I would not use it much as I walked the hallway all night.

The routine was fairly similar to the other wing, except there were many more people in the wing and there were two rooms where you could watch TV, color, or read. I spent most of my days talking to the other residents. Some were addicts looking to get moved to a rehab facility, others were schizophrenic, some had bipolar disorder, and others had various neurological issues. Nonetheless, everyone was friendly and seemed to be pleased to just go along with their day in the facility.

I was glad to have some freedom. During the day, I watched TV and waited for mealtime, and at night I worked out and walked the hallway back and forth until I got bored or the sun came up. My mind was not racing like it was previously, but I was still unable to rest.

I was still allowed to call Ashley, which I did a few times a day to check in, but there was not much to say. I just told her I was doing okay and chatted for a minute then hung up. When there is nothing to do, there are limited updates you can provide to others. When I talked with the other patients or watched TV, I was consistently asked what I was in for. At the time, I had no idea. The staff had not said anything to me about why I was there, so my default answer was, "I

don't know." This usually sparked the same response from every patient, "you seem fine" or "Why are you here, you're fine." I began to make friends rather quickly and did not judge others while I was there, since we were all in the same place for one reason or another. I made friends with multiple paranoid schizophrenics, many addicts, some bipolar patients, and others who seemed just fine. It was not the nut house you see on TV or in movies. Everyone got along, there were no fights, no arguing, and everyone just went about their day trying to make it to the next one without having a breakdown.

Although, after a few days of being in the wing, I became more restless. I wanted to go home, and no one would tell me what was going on with me or when I would get out. I called Ashley angry and demanded she come get me. I was tired of being locked up and wanted to escape.

After about a week, I was brought to a room with a counselor and asked a series of questions, again, I do not remember. I apparently passed the inspection because I was told the doctor would see me soon and talk about my release. That doctor's visit did not come for another two days. I grew more angry, anxious, and restless, wanting so badly to get out, waiting for the doctor to give me the all-clear to go home.

When the time finally came, and I was called into the doctor's office, he was clear about one thing, that I was to take my medicine and not stop, no matter what. He explained that I have bipolar I disorder and had a THC dependency. The bipolar disorder made sense, so I was happy to agree to take the pills, but there was no further instruction. He told me that I had one more meeting with a family counselor then I could go home.

When the time came for the family counseling session, Ashley was there with me. They told her the same thing about my condition and asked if she would be there to care for me as I

returned to normal life. They did not explain any major details about my condition or explain what needed to be done as I returned home but sent us on our way. Finally, I was free! That was **September 8<sup>th</sup>**, so I was detained for a week but it felt like an eternity.

That afternoon, Ashley and I hopped in the car and headed for home. I immediately got on the phone with my manager at work to let her know that I was out of the facility and headed home. She went on to tell me to take some time off to relax to get settled back in at home before talking about me coming back to work.

Once we finally got home, I noticed that the house was spotless, some projects had been done, and things seemed to be just fine. I was not sure how things would be as I returned home, but I was happy to be back and ready to settle back into a normal routine.

After getting through the door, the dogs went crazy and flocked to me. They barked, jumped up and down, and loved on me as if I had been gone forever. As I let them all outside, I saw my mastiff fall over sideways and just lay on the ground. Still being quite manic, I ran over to her, picked her up, and carried her to the back door where she fell again as I stood her up. I had Ashley call our vet to ask her what to do, and the vet said she would be okay. Apparently, she had not been eating much while I was gone and was generally in a depressed state, so she fainted from hunger and excitement about my return. As things calmed down, it was nice to be home.

Over the course of the next few days, I stayed home to rest, get settled in, and figure out what I needed to do about work and helping out around the house. Despite having been through the process of being “rehabilitated” at the facility, I was still very much manic.

### **Part III: “Adjusting to Normal Life”**

***September 10<sup>th</sup>-21<sup>st</sup>***

While I took my medication, as required by my doctor at the facility, I was still experiencing a manic episode. I stayed up all night, came up with new projects and plans, and still smoked a lot of weed. However, the weed was not helping me sleep. It just made me lethargic. I found that the medication that the doctor had prescribed me caused difficulty with thinking and talking during the day. I was in a constant state of brain fog. While my mania helped with my work and plans, I was not able to communicate effectively with Ashley or Becky.

I thoroughly disliked the way the medication made me feel. It was strong enough to put me to sleep at night from time to time. When I finally became tired enough to go to bed, it was like a blackout. I barely made it to the bedroom to change clothes and get in bed before I passed out. Once asleep, I kept Ashley awake with roaring snores that she was unable to wake me from in order to attempt to make it stop. I regularly dreamt that I wet the bed, but when I woke up to go to the bathroom, everything seemed fine. That was the only thing that would wake me, my urge to urinate in the middle of the night. I stumbled to the bathroom in my drugged state, fumbled around in the bathroom, and barely be able to make it back to bed. It was an extremely embarrassing song and dance during those nights.

After spending a few days at home, I thought it was about time that I started piecing things back together to enable me to function normally, which would start with a new phone. One afternoon I made the trip to the electronics store to purchase a new phone and tablet. While they had the tablet I was looking for, they did not have the phone I wanted. They suggested that I

go to my phone provider to get the phone I wanted. I made the trek up the road and finally got everything I needed.

Once I got home and Ashley came home from work, she asked me how much I spent. At the time, I was not thinking about how much everything cost. I only thought about acquiring what I needed. I spent around \$1,500 on electronics which was more than we had budgeted for but Ashley seemingly let it go. The next day, when Ashley went to work, I went on another shopping spree. I went downtown and purchased boots, socks, and Ashley a new knife. I then went to the mall and purchased a bunch of clothes and household items we did not need. Then I went to a music store and bought a ukulele and various percussion instruments to keep myself entertained. After it was all said and done, I had spent around three grand. When Ashley came home and saw my haul, she was incredibly frustrated. Given the circumstances and seeing the error in my ways after a lengthy discussion with Ashley, I returned the vast majority of the stuff the next day. I discovered that bipolar disorder is a perfectly acceptable reason to return items to the store. The clerks did not even argue with you, they just take the stuff back without question.

When I was not shopping, smoking weed, or fighting off the brain fog, I worked on my other venture. I called this one my “dissertation.” I had created a simple infographic, or cartoon, that outlined how one could achieve an enlightened state of mind by controlling their wants, emotions, and desires by engaging in a liberal arts education to achieve a sense of mental balance. If applied to general society, it would bring about an enlightened civilization. I thought this was by far the best work I had done.

After creating this “dissertation” and spending many hours alone at home, I fixated on the news. I watched it for hours, on a loop, continuing to work around the house and pausing to watch the clips as they rolled along. This gave me an idea. I should create a list of things I

believe the American people need, based on my “dissertation” and send an email to the White House.

I crafted a short list (of which I can recall no details) and decided to send it through the White House’s general email portal. I was quite proud of my list and thought it would be of great help in outlining what we needed as a country to prosper. But what happened next blew my mind. The next day the president gave an address to the United Nations. Throughout his speech, he hit every point that I had noted in my email. I was dumbfounded and thought that my email must have made it to the top. I was elated and could not wait to tell Ashley and Becky. When they got home, later that afternoon, I told them about my email and the address. They both seemed quite puzzled but went along with my grand notion of my work being seen by the president. I thought I had an in with the White House and my emails would continue to be passed along. So, like any sound-minded manic person, I continued with my emails to the White House. This went on for weeks.

While riding the high of thinking I was communicating with the White House, I received a letter from the security department of the local city building, where the mayor’s office was. I did not think much of it until I read it. The letter stated that due to recent events and my actions while visiting the county building, I would no longer be able to enter the building unescorted by a security officer. If I were to return, I would need to check in with the security desk and be escorted by the officer throughout the building. I was taken aback by this letter and became frustrated. I did nothing wrong. I simply visited the offices of the mayors. I did not threaten anyone or cause any damage, so why was I receiving this letter? In a manic rage, I sent the chief of security a handwritten letter back explaining my condition and how it was completely

unprofessional and discourteous to expect me to be escorted by a security officer when I did nothing wrong.

Apparently, I had ruffled some feathers, but that was hardly grounds for me needing some sort of escort to enter the building. My letter was not aggressive in nature. It simply explained my mental state and outlined how the staff in the offices were less than courteous when I arrived to ask my questions. Regardless, my letter fell on deaf ears and I did not receive a letter in return. I am still not allowed in the city building unescorted to this day.

During this time I was restless and bored at home. I wanted to get back to work. I was on medical leave and needed a doctor's note in order to return. I called my primary care doctor, who had no idea about my stint in the mental health facility or my current state and asked for a letter to return to work. It was no problem, and they emailed me a letter the same day. I forwarded the note along and was allowed to return to work. A few days into working from home, I had a grand idea, something that I had worked on previously with our former CEO. I planned to go to Ohio to make a deal with a tech company I used to work for in order to create an online interface that would enable COVID tracing and a replacement for our current laboratory ordering system.

### ***September 22<sup>nd</sup>***

I was unable to sleep. I had been up all night and grew more excited about the idea of completing the tech deal to help the lab. This was in no way a part of my job description, and I had no authorization to attempt to make this deal, but I was set on making some magic happen. Around four a.m., I woke Ashley up and told her I was going on a work trip and would be back later that day. She, half awake, asked me where I was going and I told her, "Ohio." I packed nothing because I knew I would only be gone for the day. I jumped in the car and started the five-and-a-half-hour trip to Columbus.

Once I arrived, I stopped by my old university to see if any of my old professors were around. I wanted to share my “dissertation” with them to see what they thought of the idea. Once I arrived on campus, I walked into the building without a mask, to which one of the professors promptly provided me and asked that I wear it while in the building. I noticed my old communication theory professor was teaching a class. I went into the room and took a seat at the back of the class and watched for a few minutes.

Once the class had ended, I stopped by her office to see if she had the time to take a look at what I had been working on. I showed her the infographic and she seemed puzzled. I explained the outline and process of the theory, and she provided a few notes, but she simply told me to keep working on it. She said it was not detailed enough to pass through any academic review and I needed more information to make the theory more clear to the viewer. I thanked her for her time and went on my way back to the car to drive over to the tech company office.

My best friend from college worked for the company, so he let me in the building and escorted me up to the office. It was a new building, nicer than the one we worked in while I was there. There was also more staff and the office seemed less chaotic. It was rather quiet and peaceful, a far cry from what it was when I worked there.

It was nice to see all of the old faces and catch up with them. I ran my idea about the interface with a few of the managers and they seemed to be interested. I called up the president of the company to pitch him my idea. He was in New York, so there was no way for us to sit down and hash things out. He was confused by my idea but said he would talk to the other owner and get back to me. It was around noon, so my best friend asked me if I wanted to go to lunch, which I gladly said yes.

We drove down the road to a little Korean noodle restaurant and went in. Once we had ordered and sat down, we got to talking. He did not understand why I drove to Columbus to try to work with the team to get this interface project moving. I explained the possibilities of the interface and he agreed it was a solid plan. We got to talking about life and how things had been going. He asked me about my hospitalization and how I was feeling. I felt fine, as I had foregone my morning dose of brain fog pills and replaced them with caffeine pills. But I did not tell him that. We chatted for about an hour and headed back to the office where we parted ways and I got back in the car.

I returned to sharing my “dissertation” with my friends to get their thoughts. I called up a few old friends and asked if they would meet with me. I drove about an hour outside of Columbus, in the opposite direction of home, and talked to them for a few hours. They were intrigued by my idea, but again, did not know what to think about it. It was a pleasant visit, but I needed to get back on the road if I was going to make it home.

Not long after getting back in the car, Ashley called. She wondered where I was and if I was going to make it home. I told her I was on my way home and it would take me about six and a half hours. It was around six in the evening, so she expressed concern that I would not be able to make it back home safely, having not slept in what seemed like days.

I reassured her that I was going to be home, but she suggested I stay with a friend and come back in the morning. I explained that I did not pack anything and did not have my pills. She was furious. I was hours from home, having been gone all day, and did not pack a single thing. She told me she was going to call the rehab hospital to see if they could send an emergency prescription to Columbus for the night so I could return in the morning.

Once she called me back, she explained that the hospital was no longer taking care of my medications and I would have to seek an outside physician. There was no way for me to get my medicine in Columbus. I told her I was going to make it home, but she was worried for my safety and mental health driving all the way back home in the middle of the night.

That trip, Ashley became agitated with me, and I grew tired of her worrying and hounding me about not packing anything so we fought most of my way home. I became so angry with her that I started screaming and cursing at her. I told her I would be fine and she needed to just leave me alone. I went as far as to say I would be coming home to get my dog and going to my grandparent's house to stay the night, as I did not want to be with her. This back and forth went on for hours until we both finally calmed down. She was crying, I was furious, but we came to the resolution that I would make it home just fine. Around 1:30 in the morning I started to get extremely tired, so I stopped off at a gas station and bought a couple of energy drinks to help me make the last hour or so home. Ashley had gone to bed, so it was just me and the darkness of the night, and the flashing of the lines on the road passing by.

Eventually, I made it home and immediately went to bed. I was exhausted. I forgot my medication again, but at least I was home and could get some rest. The mania had driven me to exhaustion and I passed out in bed next to Ashley. I made it home.

The next few days Ashley and I did not fight. She just made me agree never to do that again and to always take my medicine. She had grown angry at the fact that the mental health facility just hung me out to dry. She had to scramble to find me a mental health physician in order to monitor my medication. She started with a counselor, as suggested by the mental health facility, at a local clinic that offered remote sessions. I had one or two sessions and things were not getting better.

### ***September 23<sup>rd</sup>***

My manic episode was still in full swing. I was all over the place and uncontrolled. I wanted to get a few new tattoos. I called my tattoo artist and asked if she could fit me in that afternoon. She was free, so she told me to come on in. I had decided, after much deliberation, that I would get my hands tattooed and both of my inner forearms. I got four tattoos that day.

Everything went well. I was very pleased with my tattoos and I went home to show Ashley. She had no idea that I was going to get a tattoo, let alone four. She was mildly irritated, but could not do anything about it so we moved on. Oddly enough, despite my excitement about my new tattoos, they became one of the most embarrassing things I did while manic. Not thinking things through became a source of great internal stigma and shame over time.

### ***September 24<sup>th</sup>-25<sup>th</sup>***

We had a wedding to pack for. The wedding took place about 45 minutes away from the house. Ashley was a bridesmaid, so we stayed with the rest of the bridal party in a large cabin in the mountains. I was still very manic, and barely able to piece outfits together for a wedding, so Ashley helped me pack. I could not focus and distracted myself from wedding details by working on my “dissertation.” It had been a while since I had to be out and meet new people. I was concerned that it would be awkward and I would not have any fun. As an attempt to keep things lively, I went into the kitchen to roll a few joints to take with me. Not long after I had started, Ashley came in and told me that I was not to bring any weed for this trip. One of the bridesmaids had a very traumatic experience with weed and bringing it would trigger anxiety or a panic attack. So, I put away my weed and prepared for a sober weekend with a bunch of strangers.

Once we had the car all packed up, we headed off to the mountains. When we arrived it was quiet and peaceful, the views were spectacular, and the cabin was perfect for a weekend of

fun. There was a room for every couple, an arcade, a large porch with couches and chairs, a huge kitchen, and a pool. We were all set for some fun.

That night we ordered food and sat around the living room talking. It was easy enough to get to know everyone since my mania would not allow otherwise. Although, I was very anxious the entire time. I was able to converse with everyone but felt on edge. Unable to smoke weed, and knowing better than having a drink, I took breaks from the group conversations to go outside and catch my breath, with a cigar, of course. I found myself taking several breaks from the group to not get too overwhelmed. This had never happened to me before, so I was a little worried that something was wrong with me.

As the night went on, we all congregated on the outdoor sun porch and chatted. It was a lively conversation about politics, equal rights, and a host of other topics that one does not normally engage in when first meeting someone. However, some of the group had known each other for years, so they were more than willing to get into deeper conversations and discuss controversial issues. The group was not your average group either. We had a divorce lawyer, military officer, small business owner, medical professionals, and a host of other well-established, level-headed individuals. The conversation never got nasty, and competing ideals were never fought over, there was merely a lively discussion about the current state of affairs in which everyone was willing to take part.

For quite a while, I was content sitting in my chair in silence, until the group addressed me and asked my opinion on a few matters. Without missing a beat, I explained that I had been emailing the White House and seemed to be getting through. I explained the address to the United Nations that I so adamantly thought had something to do with my email. I also discussed philosophical ideals that I had studied both in college and in my free time. Things that were

pertinent to the conversation, but would not show my hand as to what my political affiliation was.

The group was thoroughly entertained by my banter and seemed to accept my outside the box ideas and philosophies. We spent the majority of the night sitting around talking until everyone grew tired enough to go to sleep. After hours of talking, we all decided to retire to bed. Even though I had taken my medication, I knew I would struggle to sleep. I knew I needed to get some rest, as we would have a long day of wedding adventures the following day. I tried to settle into bed and get some rest, even if it was just closing my eyes for a few hours.

As I lay in bed, my phone rang. It was around midnight or one in the morning, so I hopped out of bed to see who it was. It was my grandmother. I picked up the phone and she told me that my great-grandmother had passed. She and my uncles were there with her, but they were going to head back to her house for the night to get some rest. Without thinking, I got dressed, grabbed my keys, told Ashley what had happened, and told her I was going to drive over to my grandmother's house to check-in.

The drive normally takes about an hour, but being manic, driving on an empty road, and demonstrating limited ability to consider consequences, I arrived in approximately 30 minutes. My grandmother expressed concern but let it go given the circumstances. I was there long enough to talk to my grandmother and uncles for a few minutes before they all went to bed. My grandmother told me that we would handle everything over the course of the next few days, as my great-grandmother had strict instructions not to have a viewing or any lavish ceremony, just a simple graveside service with family and friends.

I jumped back in the car, drove back to the cabin, and attempted to go back to bed. I just laid there looking up at the ceiling. I was unable to get my mind to stop racing, so I lay there in a

pool of my own thoughts for the rest of the night, trying to keep quiet and let Ashley rest. The next day we would be up early, so I did my best to contain my manic brain and stay in bed so as to not disturb anyone.

The next day I was the first one up since I had not actually slept at all that night. I was in the kitchen making coffee when the bride came in. She asked how my night was and I told her about my great grandmother. She was extremely understanding and apologetic, but I assured her that it would not interfere with her big day. I told her that I was there to help in any way. Not long after, everyone started to come up to the kitchen, one by one. We all had our coffee, got something to eat, and started prepping before heading to the wedding venue.

I was the chauffeur for the day, so once everyone had packed their things in the car and piled in, we headed to the venue. Once we arrived, there was nothing for me to do, so I sat on the porch of the wedding building smoking my cigars. The wedding was scheduled for that evening so I worked on my “dissertation.” I emailed a couple of my old professors to hear their opinions of my theory, and we corresponded back and forth. I was under the impression that I might be able to convince the university to give me an honorary doctorate if I was able to properly explain and defend this theory. Although, our communication eventually ended with me being told to keep working on it.

I was bored and hungry. I noticed a convenience store at the bottom of the hill from the venue, so I walked down to see what they had. I grabbed a cucumber, some beef jerky, and an ice cream. I was all set and headed back to the venue. When I returned Ashley asked me where I had been, so I explained that I had made the short trek to the country store to grab some snacks. She just laughed and joked that I made some questionable snack choices, but eventually returned to the room where the bridesmaids were getting ready.

The guests arrived and the ceremony was set to begin. I grabbed a seat at the back of the ceremony. When I looked around at everyone else, I noticed that they were in dresses, suits, and jackets. I was in jeans, a tee shirt that said, “good vibes only,” and a button-up over top. It had not occurred to me that I needed to dress more formally. I was there to help and be present. I got anxious and felt like an idiot for not wearing the proper attire. I looked down at my hands, covered in tattoos, thinking that the other guests must think I was a bum. I did not know what to do, so I just sat there pondering how much of an idiot I must be.

Once the wedding ceremony was over, we all headed for the reception. I looked around the room to see what people were wearing and thought about how much I must look like a complete scumbag for not dressing appropriately. I tried to have a good time, but I found myself overwhelmed every few minutes, so I went outside to smoke and walk around. I thought if I was not in the room nobody could judge me, I just needed not to be seen. I tried my best to stay out of the way and hide from the guests. Although, I had left Ashley alone to sit through the reception by herself. I was fixated on my problem which did not leave room to consider her feelings about being left alone. As the night went on, I tried to go back in and ignore my appearance. I danced with Ashley, took a few photos, and awaited the end of the party. When things finally came to a close, I helped the bridal party pack up their things and again shuttled them back to the cabin. At that point, everyone was beat, so staying up and talking was not in the cards. Once we all got back in, unpacked, and changed clothes, we all headed to bed. After taking my medicine that night, I was finally able to get some sleep.

### ***September 26<sup>th</sup>***

The next day we all packed up our things, said our goodbyes, and headed home. Along the way, I called my grandmother to see what the plan was for my great-grandmother’s funeral.

She explained that she and my grandfather had made plans to go up to Kingsport that night and spend the evening in a hotel. I asked if they would like me to join them, and they agreed, with Ashley's permission, of course.

Once we got home and unpacked Ashley and I spent the afternoon talking to Becky about the wedding and figuring out what we would do about my great-grandmother's funeral. I had packed my medicine, and a bag with a day's worth of clothes, and was ready to hit the road. I coordinated with my grandparents when they would arrive at the hotel so I could make my way up there once they arrived. It was later that evening before they arrived at the hotel, so I planned to make a night ride up there to join them.

My manic mind was out of control. I seemed to be fine on the outside, but my mind was racing more than it ever had. I was paranoid about my emails to the White House and thought that the government was tracking me. The paranoia had started days earlier, but it was at its peak that night. With my things packed and my grandparents waiting for me, I said goodbye to Ashley and went on my way. When I got on the highway, I felt like someone was following me. I began to drive faster in an attempt to lose them. I was completely fixated on the fact that the government was tracking me, so I drove like a maniac for an hour and 45 minutes to Kingsport. I was weaving in and out of traffic going well over 100 miles per hour. I passed trucks in the emergency lane and turned on my hazards to alert drivers ahead of me to move. I tore down the road like a lightning bolt. I must have gotten to Kingsport in an hour. I am not sure how I did not wreck that night, or at least get pulled over and arrested, but I made it safely. I told no one and ventured into the hotel to meet my grandparents.

Once I arrived at their room, I told them I was going out for a drink, since I would not be able to sleep. They were already dressed and in bed. They tried to have me come in to sleep on

the pull out couch they had prepped for me, but I was not having it. There was no way I was going to be able to sleep.

### ***September 27<sup>th</sup>***

Around midnight, I tore out of the parking lot and headed for downtown. I knew where I wanted to go, a little dive bar with pool tables. I pulled up and went inside. I was the only one in the establishment aside from the workers. I had a few drinks and shot pool until they closed. Before heading back to the hotel, I strolled through downtown. There was nothing open, so I headed back to the car to drive back.

Once I arrived, I made tea in the lobby and watched TV. There was no sense in me going back up to bed, as I would just lay there restless and bored. Eventually, I went out to my car to grab my putter and some golf balls. When I got back to the lobby, I found a coffee cup and started putting golf balls into it to pass the time.

I was suspicious of the desk clerk. He was wearing all black, had his car parked outside the door alongside the building, and kept typing away on the computer all night. I thought he was watching me. I got it in my head that he was either a military spy or a member of the secret service. So, I kept an eye on him as well. I was absolutely paranoid. I went upstairs to see if my grandparents were awake to ask them about the night clerk. My grandad was coming out of the bathroom and I asked him how you would spot a Secret Service officer. He looked at me puzzled and told me, I would just have to ask him. In my panicked state, there was no way I was going to ask him.

I returned downstairs to the lobby to continue my putting when my grandmother came down. It was around four in the morning at this point and she was agitated. She told me to come

up and go to bed, to which I responded that there was no point, I would not be able to sleep. So, she stormed back upstairs and called Ashley.

She woke Ashley up at four in the morning to come up to the hotel to deal with me. She told Ashley that she was not able or willing to do anything to get me under control. Although I was not doing anything outlandish, I was just putting golf balls in the lobby, paranoid that the clerk was surveilling me.

After the call, Ashley drove up to the hotel and greeted me at the door. I was surprised to see her, as I had no idea the call had been made and she was coming to help me. Ashley got us a room and around six in the morning we went up to our room and laid down. I was able to close my eyes for about two hours before I was ready to start my day. My grandparents were awake at that point and I asked my grandfather if he wanted to go play golf at the course across the street. He agreed and we headed off to the golf course.

When we arrived, I noticed that there were quite a few people at the course for it being an early weekday. There were also American flags everywhere, so my paranoia ramped up even further. This time I was able to contain it and keep my mouth shut so as to not freak out my grandfather. We went into the clubhouse and paid for a round of nine holes.

We began playing, and it was like I was hyper-focused and able to play better than I ever had before. I was able to control my body and the ball in a way that I could not previously. About halfway through the nine holes, I decided I needed a hybrid club to finish the round. My grandfather and I went into the pro shop to pick up my new club and grab something to drink. Without missing a beat, I dropped \$200 on that new club, ripped the plastic off of it, and went back to the course.

I finished the round feeling like I had just played the best golf of my life. My grandfather was even impressed by my game that day. I was ready to get this funeral over with. However, since I had not packed any more clothes than the sweaty ones I played golf in, I needed to pick up some clothes to wear to the funeral. I went to Walmart to pick up some new clothes. Now, you have to understand that I would never normally shop at Walmart, let alone buy clothes there. It was a strange and uncharacteristic choice. Regardless, I went to the store and picked out a few black pieces that were questionable at best. As far as funeral attire goes, I picked out some quite casual attire.

After my trip to Walmart, it was time to meet the rest of my family for lunch before heading to the cemetery. I needed a coffee when we arrived, so I walked across the shopping strip parking lot to grab a coffee at a little donut shop before meeting my family in the restaurant. When I found Ashley inside, she was sitting in a booth with my aunt and uncle. I sat down without saying a word and sipped on my coffee. I noticed them looking at my tattoos and attire and felt the anxiety building up again. After a few minutes of talking to them, I needed a break, so I went outside to smoke and walk. I was unable to deal with the loud crowd of my family and needed an escape.

Although, when I returned from my break, I came back into a swarm of kids, my cousins' kids. I had never met most of them, but apparently, my cousins had told them stories about all of the adventures I had gone on with my cousins as kids. They knew exactly who I was and wondered why I was dressed so oddly. I had a black shirt on with a cross, which did not make sense because I was not religious. I was also wearing black pants, a black, old-timey hat, a bunch of rings that I had acquired during various manic exploits, and a backpack purse that I had purchased to keep all of my things in as I traveled. The kids first asked me why I had a purse,

and I said it was just a women's backpack and I had no problem wearing it. They were amused by my antics, and I even began to play with them, picking them up and coloring with them in their booth.

As lunch came to a close, I told my grandmother that my great-grandmother had a request before she died that I needed to take care of. I asked my grandmother to buy a bottle of bourbon from the bar. She seemed puzzled, but I explained that my great-grandmother asked me to pour out some bourbon in her grave for her and my great-grandfather. As this was not a major request and made perfect sense given my great-grandfather's alcoholism and my great-grandmother's occasional sips of bourbon from under the kitchen sink, my grandmother purchased the bottle and off we went to the funeral.

When we arrived, carrying a bottle of bourbon around, and greeting my family I felt more anxious and sad. I did not think I could make it through the ceremony and needed to keep to myself so as to not interrupt my family's grieving. I went off to find the dirt my great-grandmother would be buried under, poured out the booze, and chucked the bottle into the woods.

Once back at the funeral site, I was unable to gather under the tent with the rest of my family, so I sat down under a tree not far from the ceremony. My cousin noticed my anxiety and had me take a few shots of moonshine from the trunk of her car. She sat with me the whole time. As I sat there, tears running down my sunglasses, I simply waited for the ceremony to be over so we could get out of there. My anxiety was driving me crazy, and it kept me from being able to grieve with my family. I just could not do it. That night, when we returned home, I texted my other grandmother on my adoptive father's side of the family and told her that I loved her and

missed her. I asked her if we could talk and she explained that my adoptive father was still angry with me so she could not talk.

What you have to understand is that a year prior I decided that I no longer thought that it was healthy for me to proceed with a relationship with my adoptive father. He was the source of much childhood trauma, where he would be verbally and physically abusive, manipulative, narcissistic, and condescending. I spent my entire undergraduate experience not speaking to him, but had decided to give him another chance after I graduated.

After a few years, the old issues came back. He was unsupportive of my wife, constantly trying to butt in on our relationship, manipulate and constantly tried to guilt trip me and control my life as a grown man. I tried my best to keep the relationship alive in order to continue to have a relationship with my grandmother, but I was unable to do so in the end.

The night I returned from the funeral and texted my grandma she told me it was my uncle's birthday and I should text him. With this information, my manic mind saw an opportunity. I texted my uncle and everyone else on that side of the family wishing him a happy birthday. I then followed it up with an insult-riddled, threatening text to my adoptive father. I wanted to put all of his shit out on the table for everyone to see. This prompted a call from my uncle which lasted well into the night. Although, my manic mind would not stop. I sent text after text, calling him every name in the book, and telling him to admit his childish games and to stop manipulating my grandmother. While this went on for hours, there was no response, just silence. I was losing it, I was out of control, and I wanted to call him out.

### ***September 28<sup>th</sup>***

When my third counseling session rolled around, Ashley decided to sit in on the session to see how things were going. The counselor started by saying, "I don't normally do couple's

counseling,” chuckling at her remark. I was still very manic, so I did not think much of the counselor’s remarks and jabs at me, I just thought she was trying to make light of the situation. However, Ashley was not having it. During the session the counselor was rude, making jokes and poking fun at my current state, so about halfway through Ashley told the counselor we were done and would be seeking alternative help. Just like that, the counselor was out the door and Ashley was off to find me a psychiatrist.

### ***September 29<sup>th</sup>***

The next stop on my adventure to find a physician was a young psychiatrist named Dr. Freeman. We started with an in-person visit where we could sit down and talk to her about what was going on and how to address my lack of medication monitoring. She was a delightful woman who really spoke my language. She started by asking me about how I was feeling with my current medication, the things I had been up to, and about my continued drug use. Ashley and I explained the situation and she was appalled by the unprofessionalism of the counselor and mental hospital and agreed to help me balance my medications and get to a better place.

During the meeting I was still extremely manic, talking the whole time, and not able to stop myself. However, she started by explaining that she did not want to put out my light like they were trying to do at the mental hospital, but instead dim the light so it could burn longer and steadily. She explained that if I did not get my mania under control it could lead to early-onset Alzheimer's and a host of other mental health issues. That was enough to get me on board and put Ashley at ease. She put me on a new set of medications that would not make me drowsy and in a fog but would allow me to sleep and calm my mind during the day. Ashley and I were excited about the idea of me being able to return to some form of normalcy, but I was unaware that it would take weeks before the medications would take full effect. Dr. Freeman also made

me agree that I would stop smoking weed and taking edibles from that moment on, as they would interfere with my medication. I reluctantly agreed, and have not smoked or taken edibles again, even to this day.

As the session came to an end, Ashley seemed relieved that there was hope in sight, and I was still my euphoric, manic self, just living moment to moment. But, there was hope, and that is what we needed.

### ***September 30<sup>th</sup>***

After meeting with my new psychiatrist and getting a new medication regimen, things seemed to be positively progressing. Although, we had another wedding to pack for and things did not go so smoothly. Ashley and Becky were both in the wedding party, so they both had to be there. I, on the other hand, did not have to be there. So, Ashley gave me the option if I wanted to go or not.

I initially told her no, which sparked her to call my best friend to see if he would drive down from Ohio to keep an eye on me while they were gone. He was more than happy to do so, so my mind swarmed with ideas as to what we could do when he arrived. Yet, for some odd reason, I had made up my mind that I wanted to go see my grandmother in West Tennessee. I texted her and told her I would be coming, and she said okay, but Ashley did not want me to go.

Ashley knew I would start a fight with my adoptive father if he showed up, and my grandmother had texted her to say she was afraid that something would happen if I visited. My grandmother told Ashley that I did not seem myself and she would rather me not come down to prevent a big fight. Ashley asked me if I would just come with them to Ohio. She told me I did not have to go to the wedding if I did not want to, but I could hang out with my friends and do

whatever I felt like. Reluctantly, I agreed to go to Ohio, so Ashley prevented what could have been a complete disaster.

As we drove up the highway, my paranoia crept back in regarding the government watching me. Every so often the radio would skip, and I was convinced that every time the radio skipped, it meant we passed a government vehicle because the radio in the government vehicle would cause interference with our car's radio. Ashley played along, and let me have my moment. However, if she had fought me on the idea, I would have become suspicious of her and likely started a fight.

One thing that you have to know about bipolar mania is that the person having the manic episode will become agitated and possibly hostile if you try to argue against their logic. I was so passionate about my theories and ideas that if Ashley disagreed with me on them, I would become incredibly aggravated and storm off to another room or argue with her for hours. Ashley became very adept at doing the dance with my mania, all while being constantly exhausted by my energized euphoric, or paranoid, manic states.

As we were driving, I received a text from my manager at work. She asked if we could have a Zoom meeting that evening around seven to discuss some work-related matters. I had no problem with the idea, and we would reach our destination before seven, so I agreed. They also asked that Ashley be on the call as well. Again, my manic mind took over, was I getting promoted? What would they want to talk about? They must want to promote me, right? I had been working diligently and everything was going well, so why not promote me? What would they promote me to, sales manager, director, or what about president of the lab? It all seemed logical, so I was excited to hear the news and figure out what was going to happen next. I had previously created a proposal outlining everything I had been working on, including the spider

bite idea and sent it to the entire executive team at the lab. I had used profanity and included information that had nothing to do with my job, it was simply things I found interesting. At the time I thought it was a great idea, but it resulted in my boss telling me to cease and desist and call into question my mental health.

With my mind racing between paranoia and euphoria, the ride to Ohio seemed like a blur. I was caught up in my head, talking to the girls, and watching the trees fly by as we drew closer and closer to our destination. When we arrived we were greeted by our friends and their pack of bulldogs. They were delighted to see us and helped us get our bags up to our rooms.

Once we were all settled in, we had a bite to eat, and Ashley and I prepared for the video call. We both gathered closely on the couch, my nerves and anxiety were growing with the passing of every second. I could not wait to hear what they had to say. After a few minutes my manager, the director of the local lab, and our head of HR gathered on the call. They did not turn on their cameras, so it was like talking to the Legion of Doom. Ashley and I had our camera on, and I saw myself. I looked like a wild man but ignored my disheveled appearance.

As the meeting began, the HR director took the lead. She explained that they were worried about my mental state and ability to function properly to perform my work duties. She explained that I was argumentative with management, not working on assignments within my department, and did not seem to be out in the field working as I should be. I was a bit shocked by the transgressions brought against me, but could not really argue much with the complaints. Although, Ashley did tell me not to talk during the meeting, so as to not cause an issue. As the meeting went on they explained that they thought it would be best if I went on FMLA and took a leave of absence for my health. They were aware of my stint in the mental hospital and since then had been keeping notes on my behavior and reporting any odd behavior to HR. So, with a

rather lengthy list of issues that had been brought against me, they put me on leave effective immediately. They went on to tell me that I needed to see a third-party psychiatrist to get the clearance to come back to work. They had scheduled an appointment for the 22nd of October for me to see this third-party shrink. I was furious but contained my anger. I had a doctor, and things were going well with her. I was on new meds, and everything had been settled. I was going to be fine once the drugs kicked in. I had no desire to get another opinion and stewed over this for weeks.

Well, my ideas of a promotion had been swept away, but at least I would be getting a break from work. I was both relieved and angry. I thought I was doing fine and my disagreements with management and other staff members were just part of the process of making moves to help the team. I did not think much about my manic brain or how it came off to other people. I was just set on trying to work hard and help progress the business. While I was fuming over the notion that I was being told to take a break from work, Ashley was able to calm me down. She explained that we had a wedding to attend if I wanted to, but I was also with friends and would get to spend time with them.

Once Ashley had talked me off the ledge, I kissed her goodbye since both of the girls had to attend the wedding rehearsal, and would not be back until late. I gathered my fishing gear and headed for the pond out back of the friend's home. My friend and I fished for what seemed like hours without a bite, which annoyed me. I was determined to catch a fish, one way or another. As it started to get dark, we packed it in and headed back to the house. Not long after getting in the house my best friend showed up. I was delighted to see him, but I was on a mission. I needed to catch a fish. I asked if he would take me to the outdoor sporting goods store. He had no problem with it, so we all piled in his car and set off for the store. Once we arrived, I knew what

I needed. I headed straight for the bow-hunting section and asked if they had a fishing bow. The little old man at the counter walked me over to the end of an aisle and showed me the bow. It was perfect and cheap at that. I purchased it and we headed back to the house.

I grabbed a flashlight and told the guys we were going to get us a fish. We walked around the perimeter of the pond, spotlighting fish as I fired at them like a crazed idiot. Not once did I even come close. We were out there for about half an hour before the girls called for us to come back in. The guys walked in first before I came strutting in with my new bow and arrow on a string. I must have looked like a complete idiot. Ashley asked me where I got the bow, and I explained the trip to the store, but she did not seem surprised by such a purchase. It was late, and the girls had to be up early for the wedding, so we all went off to bed. Surprisingly, I was able to sleep well that night. I still woke up at five in the morning, but I was able to sleep.

### ***October 2<sup>nd</sup>***

When the girls were finally up and headed out to the wedding, the guys and I hit the pond again, this time with a plan. I had my bow and pole, and they had their gear. We were going to catch a fish one way or another, I was determined. Although, we spent all morning and a good part of the afternoon fishing with no luck. It was a complete bust, not one nibble or bite all day. I was tired of the whole ordeal, and we headed back to the house.

While I was bummed about my lack of a catch, the guys kept a close eye on me. I was aware but ignored the fact that they were charged with making sure I did not do anything stupid all day. When we returned to the house, they asked if I wanted to go to the wedding. I had no interest in the wedding ceremony, but I was willing to go to the reception. I threw on a Goonies shirt, a pair of jeans, and a button-up to class things up a bit. Although, I did not think that this was a black tie wedding and, again, I stuck out like a sore thumb.

My best friend drove me out to the wedding. When I got out of the car, the bride screamed my name and was elated to see me. I think she was under the impression that I was not coming. I had arrived while they were taking group photos, so I headed inside to find my seat and wait for Ashley to finish with pictures. When I arrived at the table, all of my friends from college were there, and they seemed surprised but happy to see me. I was asked how I was feeling more times than I can count, but the evening started out nicely. It was rather quiet and the crowd had yet to roll in, so I was okay and ready to start the party.

After a while people trickled in, and Ashley finally arrived to join us. She was surprised to see me as well and asked why I did not wear the suit I had packed. I explained that I just did not feel like it, and threw on what was comfortable. I felt like an idiot again, I was the only one in plain clothes and felt like a dick. I thought I was ruining a beautiful day for my friends by showing up like I did. Although, to my surprise, none of my friends seemed to care. I did not know it, but Ashley had told everyone about my current state of mind, and if I did show up I likely would not be myself. However, as time went on I settled in and felt comfortable. Nobody seemed to judge my appearance, and I was having a good time. I still struggled with the loud noises and crowded room, which required many breaks outside to smoke. It was a rather pleasant evening, and I was glad I went. My friends made all the difference.

### ***October 3<sup>rd</sup>***

After the wedding, we had to head home the next day early enough to hit the airport in Knoxville before going home. My mother was coming to visit, so we had to pick her up. At the time I was not unaware that Ashley and my mom had been talking quite frequently and had made plans for my mom to come to town to check on me. She had explained to Ashley that my

biological father's mother had schizophrenia, so Ashley had been keeping my mom up to date about how I was doing and my diagnosis.

Once we finally arrived back in town and picked my mom up, things were pretty easy. My mom brought us up to speed about how she, my brother, and my stepfather had been doing, and we told her about the weddings and how we were doing. She would be spending the night with us and the next day, so when we got home we got her settled in, had dinner, talked for a while, and went off to bed.

#### ***October 4<sup>th</sup>***

The next day my mom asked if I would like to go to a theme park for the day, like we used to when I was a kid. I checked our bank account and it was zero, so I told her I could not go that day. I had spent the remainder of our money on fishing gear and random items when we were in Ohio. My mom offered to pay for the day and off we went. When we arrived, it was a rather slow day at the park. My mom did not want to ride rides, she just wanted to play the carnival games all afternoon. So, instead of hitting the rides, we just played games for a few hours before heading back to the car. It was a nice change of pace and a good day overall. I did not feel overly manic, could drive just fine, and got to spend some quality time with my mom. Everything seemed to be okay, and my mom did not seem too concerned with my behavior.

Once we got back home my mom packed her things and said she would be spending the night with my grandparents. That would be the last time we saw her before she headed home. She only spent the day with me to gauge how I was feeling and acting. She did not make it known to me that she thought I was in an unstable state, but I would come to find out later that things were not as they seemed.

### ***October 5<sup>th</sup>***

The night my mom flew back home, I was agitated about how things were going with work. I had been emailing the HR director in order to attempt to work around this delayed appointment to see the other shrink. They would not budge, which just made me even more angry. That night, after a discussion with Ashley regarding my appointment with the other shrink, I became furious when she told me that I needed to go along with what the HR department wanted. I had no choice in the matter. In a fit of rage, I punched the wall of our 112-year-old house and heard a crack in my hand. The walls of the house are made of brick, wood slats, plaster, and paneling, so the thought of punching what was ultimately an immovable object was not the best idea. I was unable to move my hand, and Ashley was positive I broke it. However, I was able to reset the bones in my hand with relative ease.

After arguing with Ashley about the state of my hand I agreed to have it x-rayed at the local hospital. My grandparents attended the event with us and paid for the visit because I had blown through all of our money. As we all gathered in the little room, awaiting my results, the doctor popped in with the news. From what they could see on the X-rays, I had not broken my hand. Ashley and my grandmother were not convinced. They told me it could take up to two weeks for a break or fracture to show up on an x-ray, and said we would have to come back.

I was delighted at “not” having broken my hand, so I strolled out of the office with a smile. While my hand was constantly throbbing and I could barely move it, I felt as though I had won the battle. We got back in the car and headed home.

### ***October 6<sup>th</sup>***

After the fiasco with my hand, I had another appointment with Dr. Freeman to check on my progress. However, this time, my grandfather came along as a representative of the family to

discuss their concerns regarding my condition. Once we waited for a bit and got called back to her office, she seemed a bit surprised by my grandfather tagging along. I did not think much of it either, I just thought he was there to listen in on what Dr. Freeman had to say.

Although, as I talked about the weddings and explained the issue with my hand, Dr. Freeman did not say much. However, she did ask Ashley and my grandfather what they had seen recently. Ashley explained that I got agitated easily, could not handle large crowds or a lot of noise, and generally seemed in the same manic state I had been in for months. However, the drug use had stopped and I was having an easier time sleeping.

My grandfather whipped out a list. He read off his list of the concerns my grandmother, mother, and himself had regarding my current state. They had an issue with the number of dogs we had in the house, how I punched the wall, how I had erratic and uncontrolled impulses, and that I needed to be readmitted to the mental hospital. Now, after hearing all of their concerns, I addressed the issues and said I was there to work on it. Ashley did not say much but supported my arguments. Dr. Freeman, on the other hand, told my grandfather that sending me back to the mental hospital would be a detriment to my progress and that she had me on a cocktail of medications that would eventually calm me down and allow me to get back to my normal self. To this, my grandfather did not argue and the session came to an end. It was awkward and a bit troublesome that my family wanted to lock me up again. It felt like they were not on my side and just wanted to get rid of me, aside from Ashley, of course. I was hurt by their use of my flaws and actions as a means to readmit me. I was not angry, just disappointed. However, as a strange act of solidarity and what I could only think was an apology, my grandfather took Ashley and I out for breakfast. Not a lot was said. I was frustrated, Ashley was caught in the middle, and my grandfather did not know what to say. So, we ate our food, said our goodbyes, and headed home.

### ***From the 6<sup>th</sup> to the 21<sup>st</sup>***

I did everything I could to keep myself occupied since I had nothing to do for work. I spent my days writing short essays, playing music in my office, and overall annoying my wife and Becky. I was a tornado of energy. On several occasions, I tried to keep myself entertained by getting out of the house or talking to people on the phone. A few times I went to football games to coach, but home games only. I was in no state to be traveling to away games. However, I was unable to concentrate on the game, and was not helpful given my state of mind.

I also took time one day to call the president of my undergraduate university to discuss doctoral studies and get his take on what it means to be an academic and leader of an institution. It was a longer call than I expected and he was more than happy to talk things through with me. When Ashley got home and asked me what I had been up to that day, I explained that I had talked to the president of our alma mater, and she seemed quite concerned. I explained that it was a great conversation and I felt like I was starting to have a clear picture of what I wanted to do next academically. This did little to minimize her concern though. She thought I may have just had a crazy conversation with one of the leaders of our former university and embarrassed myself. Regardless, there was nothing either of us could do regarding the matter so we just moved on.

### ***October 22<sup>nd</sup>***

I arrived 15 minutes early, checked in with the receptionist, and took a seat in the lobby. My nerves were shot and I was shaking with anxiety. I had no idea what to expect, but I had to meet with this third-party psychiatrist to get back to work. I had to just make it through this meeting so I could move on and get back to normal.

After about 30 minutes of waiting, the shrink's assistant came to get me. She led me down a few long hallways to a conference room. There were papers laying out on the table and a computer in the corner. She explained that I would be taking a series of tests to gauge my state of mind. This did not instill any faith in this physician's abilities. Dr. Freeman did not make me take any tests. I was not a rat in an experiment, but I had no choice, I had to get through this.

I started with the paper test, which was strangely worded and redundant. I flew through it and sat there for another 20 minutes before the assistant returned. After the paper test, I moved on to the computer test. This time I was timed and my score was based on how well I recalled objects and answered questions. Thinking this was going to be similar to a concussion test, I was not worried. However, this test was tricky. I found myself struggling to get through it. My mind started to wonder and I found myself unable to focus on the test. I finished it, but I knew I screwed that one up.

After another 30 minutes, the assistant returned, this time to lead me to the shrink's office. It was an outdated room with golf paraphernalia everywhere and an old leather couch. She had me sit on the couch and wait for the shrink to join me. Another 20 minutes passed before the shrink finally came in. He started with my hospital file and asked about my meds and drug use, to which I explained that I was on a new series of meds and not using any drugs.

He then started to review my test scores and explained that I did very poorly. He then began to ask me how things were going at home and how I was feeling. I explained all of my current projects and how I was trying to keep busy and explained that I was starting to feel better. He asked me if I would be willing to switch my medication to lithium and begin to see him as my primary psychiatrist instead of Dr. Freeman. I was infuriated at the notion that he would try to poach me from my current psychiatrist and put me on a medication known to cause

major health complications. I was not about to change to a doctor who would give me battery parts as a means to control my bipolar disorder. Without missing a beat, I told him no, that I would be continuing with my current treatment, and did not wish to see him outside of our required sessions. The shrink had not released me to return to work. He explained that he wanted a letter from my current psychiatrist stating why I was not taking lithium and to hand over all of my medical records.

### ***November***

Now, what he did not say was that I would have to do this work, and his office would not be reaching out to my doctor in order to obtain these records. I had to check in with my doctor to get the records sent over to this other shrink. I was not aware of this until I called to check in with his assistant on November 10<sup>th</sup>. I had to wait until he scheduled another appointment with me. They did not schedule a follow-up appointment when I left that first day, did not explain anything regarding obtaining my medical records and letter from my psychiatrist, and left me in the dark regarding the next steps.

After weeks of waiting, the shrink's office finally called to schedule an appointment with me for the 19<sup>th</sup> of November. I was delighted, I could not wait to get back into the swing of things at work and settle in. My mania had started to die down. I was able to sleep, not have racing thoughts, and control my impulses. The medication Dr. Freeman had me on was starting to take effect.

Just a few days before my appointment, the shrink's office called again. This time they were calling to reschedule my appointment to November 23<sup>rd</sup>. They informed me that the doctor had a minor medical procedure done and would not be able to see me on my previously scheduled date. I had no choice but to play along. I took the rescheduled appointment.

### ***November 23<sup>rd</sup>***

I arrived 15 minutes early, checked in with the receptionist, and waited in the waiting room. Again, another 40 minutes went by before the assistant came to get me. I was back in the conference room, taking the same paper test, and then the same computer test. I knew the drill and just wanted to be done with it all. I knew I had performed better on the tests this time and the shrink would have no other option but to give me my work release.

After the tests, I was again escorted to the shrink's office. After 20 to 30 minutes, he strolled in. He was wearing workout clothes, sweating, and carrying a bag of McDonald's. He looked at me surprised. He sat down at his desk and asked me to wait in the lobby so he could eat his breakfast. The assistant escorted me back to the lobby where I waited another 30 minutes before being brought back to the office.

Not much was said during that meeting. He simply looked over my test results, asked me how I was feeling, and told me he thought I was okay to go back to work. After weeks of waiting and fighting to get through this process, I was finally done. I was able to return to work on November 24<sup>th</sup>.

### **Part IV: Reassimilation**

Once I had finally received my work release, I was excited to get back to normal. I felt like I could finally make some forward progress. Although, for anyone who has been in the sales world, you know what it is like during the holidays. The calls stop, everything halts, and you are dead in the water until after New Year's. For the weeks following my return to work, there was nothing to do. Ashley and Becky went to work and I stayed at home and tried to get some work done, but I was left with my thoughts quite often.

When I had the occasional call with my manager to check in, it was always the same, “how are you feeling?” “Are you okay?” “Just do what you can.” I was constantly reminded in my interactions with others that I was not returning to work as the same person I was before my episode. I was returning as the broken egg, the loose nut, or the one in need of careful consideration. I was, in some ways, pleased that the people who knew about my condition and why I was out of work were considerate and thoughtful regarding my mental health, but it was a reminder of all of the crazy things I did and the people I hurt while I was manic.

I often found myself fixated on my hands. I had gotten them tattooed and I worried people at work and in public would judge me, but I also still had pain from punching the wall. I could not do much with it, and shaking hands was like hitting it with a hammer and nail. I was constantly reminded that I was broken, and I had to get “better.”

When the medication reached its therapeutic level in my body, I noticed my moods more clearly. Initially, my depression was the worst part of my days, but Dr. Freeman adjusted my meds and kept the dread away. I found myself missing the mania. I was clear-headed and calm now, not something that I had ever been before. I did not know who I was or what to do with myself. I found myself to be a new person, and I did not know how to cope.

It took months for my fears of going out, and my shame of what I had done, to fade, although it never really goes away. I am reminded of all of the manic things I did both before my break and during my break. I was a manic person for most of my life, I just happened to have a complete meltdown that caused me to have to change or lose myself at an early age. Being normal was not something that I was used to or ready for. I felt my personality change, my emotions become controllable, and my wild ideas and creativity faded, I had become another person. One I did not know if I liked.

Only after coming to the realization that Ashley, Becky, and the rest of my family could see a change for the better was I able to cope with the new me. I did not have to be the crazy, off-the-wall maniac that I had been forever. I could just be me, calm, collected, and able to take on life's challenges. It was strange, but I knew it needed to be this way. I had to quit drinking and doing drugs, which was not the easiest thing to do. You do not realize how many scenes in movies and TV there are where people use drugs or alcohol until you are sober. It is something that will drive you nuts if you let it, but I have to ignore it just like any other recovering addict.

I felt like I was starting over, like I was supposed to be this new person. The transition was anxiety-inducing and brought on new challenges. I found myself shying away from meeting and talking to new people. I wanted to keep to myself and prevent people from passing judgment. I developed communication apprehension, something I had never struggled with before. Simply introducing myself made me anxious and on edge. I felt like I was broken and would not be able to function properly at work or in normal life. I even made it a point to stay home when Ashley or Becky wanted to go out. I wanted to steer clear of crowds and noise, afraid that it would trigger my mania.

As time has gone on, I found myself wanting to make a change, wanting to push myself past this troubling time in my life and make new memories. I wanted to take this new me and make changes that would better my mental and physical state. I wanted to go back to school. After making up my mind, applying to a program, and getting accepted, I was on my way toward my master's degree in communication studies. I wanted to focus my attention on the one thing that I struggled with the most during and after my episode. Trying to better understand the things that could hold me back in the future. I agreed to be a teaching assistant to force myself to interact with undergraduate students and assist in their academic journey. I would eventually

have to teach as well, which would force me to refocus my public speaking abilities and push through my newfound communication apprehension in order to find success. I wanted to push myself into a new territory that would force me to retake my ability to communicate effectively. I wanted to get back to my old self, I wanted to feel like me again.

## **Vita**

The above research was conducted by the author who has first-hand experience with what it means to communicatively struggle with bipolar disorder. This experience has allowed the author to draft a complete authoethnography detailing his struggles with bipolar disorder.

This personal experience along with countless hours of research on the subject allows the author to expertly narrate and research the communicative difficulties of struggling through a bipolar break.

Having successfully learned to manage his bipolar disorder through the aid of his spouse and psychiatrist the author is able to provide a detailed examination of the struggles of bipolar disorder with clarity and objectivity. This work is meant to be a representation of how communication is effected by bipolar disorder in the midst of a mental break.