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Perspectives, Book

An exploration of manic depression

[Sander L Gilman](#)

Bipolar Expeditions: Mania and Depression in American Culture
 Emily Martin
 Princeton University Press, 2007.

Pp 400. US\$35.00, £19.95. ISBN 0-691-00423-5.



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Emily Martin is “mad”—she uses this term in the preface of her book to provide a context for her account of bipolar disorder/manic depression in the USA today. Clinically diagnosed as bipolar, in this serious and engaging book she repeatedly documents the symptoms of her illness. Martin has hallucinations, including that of the “sinister figure, a cold gray gargoyle, perched tenaciously on my shoulder, looking at what I was writing...and muttering a devastatingly negative commentary”, which haunted the very act of her writing. What that “cold gray gargoyle” is reading over her shoulder is her study of “mania...a new continent with a distant frontier, whose receding horizon invites exploration and development”.

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As well as having bipolar disorder, Martin is a noted cultural anthropologist. Her book is as much an ethnographical study as it is an autobiographical account. But is this a paradox? Can you be simultaneously “mad” and “rational”, a “sufferer” and an “observer”? Martin sets this dichotomy at the core of her understanding of bipolar disorder. Is mental illness really incompatible with rational or (perhaps better) productive behaviour? She is certainly not the first “mad” person to ask this question.

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At the very beginning of the 20th century, Daniel Paul Schreber (1842–1911), lawyer, jurist, failed parliamentary candidate, and later the prized subject of studies by Sigmund Freud and Elias Canetti, wrote and then published, in 1903, a book-length account of his mental illness. He did so to prove to the director of the Dresden asylum in which he was hospitalised that he was not “mad”, for “mad” people, even crazy lawyers, simply can’t write books. He wrote his book, won his case, and was released (only to relapse and be admitted to hospital decades later).



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Martin reads the paradox between the rational and the insane as the key to understanding the nature of bipolar disorder and its new function in society. The commonplace that Schreber successfully countered was that the mind of the mentally ill is inherently fragmented and incoherent. Mental health meant the unity of all parts of the psyche; mental illness was the disruption of such unity. In the 19th century, the insane could regain their coherence and their reason through orderly living—moral treatment—and thus recover their sense of full personhood. Living with mental illness meant being insane.

Today we have perhaps not moved much further from this 19th-century notion of reconstituting the wholeness and, therefore, the mental health of the self. Take a pill and regain your sanity and stability. Yet it is clear that the individuals whom Martin meets in bipolar support groups live with illness even when they manage it with drugs. Her account shows that bipolar patients are quite aware of the course of their illness, moving from highs to lows as well as a drug-provided alternative. The patients she observes successfully, or unsuccessfully, manage their lives knowing that their chronic mental illness is part of who they are and will always be.

Yet Martin's argument goes beyond just seeing how medicated bipolar patients deal with their illness: she argues that at least one aspect of bipolar disorder is today seen as a model for a certain type of productive behaviour in society. This positive reading of mania comes, Martin argues, to be part of the way that bipolar patients internalise their illness. The "manic" aspect of their illness has come to be praised in the modern world as being a positive character quality rather than a sign of illness. According to Martin's insightful tabulation, corporate leaders such as Steve Jobs (of Apple) or Richard Branson (of Virgin) are seen as "manic" because they are risk-takers. Being "manic" is one of our definitions of success. Taking risks, acting beyond the limits of social boundaries, and demanding the right to alter the world are all signs of the successful entrepreneur as well as the manic patient.

Indeed, Martin shows how self-labelled manic depressives, such as the 1990s poster girl for bipolar disorder, the Johns Hopkins psychiatrist Kay Redfield Jamison, create genealogies of successful bipolar people—from Edgar Allan Poe to Vincent van Gogh to Virginia Woolf and Jackson Pollack and Theodore Roosevelt—to show that true creativity is in no way pathological, and that being bipolar is another form of being creative. This claim, of course, more often than not collides with the lived experience of bipolar patients whose mania can be as destructive to their lives as is their depression. And yet contemporary culture claims the manic state as a truly productive one.

Now this too is a paradox that Martin avoids: she understands very well that the label "manic" is not the same as the lived experience of people with bipolar disorder, that creativity can be destroyed by the illness as well as furthered by it, that an individual merely being able to write that brilliant and well received book, is not a proof of the positive nature of the experience of illness for all those who live with it. It is not even proof of the value of mania as a wellspring to creativity; it is quite possible to write despite, and not because of, one's illness.

Martin clearly sees that the changing categories of mental illness reflect societal images of what "madness" is and that many people who are diagnosed as mentally ill shape their perception of their illness according to these changing expectations. As she notes, when you are given a diagnosis, that diagnosis becomes part of who you are. But Martin does not claim that "madness" is merely an invention of society. She is quite happy to speak of the biological, and perhaps even genetic, underpinnings of bipolar illness. Yet Martin also recognises that the lived experience of mental illness is altered by the changing sociocultural meanings ascribed to it.

One of Martin's claims is that evidence-based medicine creates clearly differentiated and self-limited categories of mental illness. These categories are often defined by the responses to drugs provided by the pharmaceutical companies that need to identify populations of patients they can "cure". Such claims not only define the very nature of the disease but also the patient's response. "I am bipolar" is a very different claim from "I have debilitating periods of depression and mania". But Martin is not antipharmacology and documents her own use of (and benefit from) psychotropic drugs. Yet she shows how drugs are given personalities by the drug companies and patients alike. Zoloft (sertraline) is, according to one patient, "like a little robin's egg, it has that blue colour and it represents hope". The shape, colour, and form of drugs, as

Martin carefully documents in her field work in the drug companies, are purposefully worked out: red is a “bad” colour as it seems to evoke “mania” rather than counter it; blue is a calming and peaceful colour. All are part of a culture of defining illness and its treatment, which shifts from culture to culture and epoch to epoch. Martin's book documents our late 20th and early 21st century and its treatment and rehabilitation of bipolar disorder. In examining our world she shows how we have moved from Christopher Lasch's culture of narcissism (1979) to a world of mania. I, for one, am not sure that it is much of an improvement.

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