What Could Have Been

Cleveland Dietz II

At the beginning of 2016, I re-enrolled in college and put a sign on my office door at the radio station indicating adjusted hours until my last day as general manager. I also began treatment for a mood disorder. Before the medicine, I started strong, regaling my fiancée Kelsey with trivia about prehistoric humans and complaining about my computer class.

Then, the panic attacks started.

"You're going to die," I told myself.

In the driver's seat of a rusted shell of a car parked at Ivy Tech Community College, unfettered terror developed in my chest and gut, growing until it spilled out of my rocking body in a torrent of tingling skin, chattering teeth, moaning, crying, shaking and shallow breathing. My eyes narrowed, and the path of my life diminished into a straight line, a tunnel into the dark earth.

"Stop," I repeated to myself. The command didn't work, but I hoped its repetition would act as a kind of mantra. I thought it could dissolve into nonsense sounds and focus my mind.

It couldn't.

After another panic attack during an exam, I stopped going to class and spent more time in my tiny, windowless office in Bloomington, Indiana. I tried to focus on the grindstone, getting things ready for the next general manager, but the noise found me there, too. I heard it as I scheduled promos for air, discussed changes to the station's bylaws and harassment policies, and developed accounting procedures. As the minutes and hours passed, it got louder until it couldn't be contained anymore when I pulled into my driveway in the evening.

Another day gone. Another day closer.

"You're going to die," I told myself in bed.

Then, face down in the pillow, I repeated with increasing force, "stop, stop, please stop," until exhaustion pulled me into sleep.

I stopped taking the medicine.

* * *

Kelsey's gentle hands rubbed my shoulders from the bed as I cried on the floor. Though I'd been battling bipolar disorder for more than ten years, attempted suicide twice, thought of doing it many other times,

and alienated most meaningful people in my life, it was the first time I considered admitting myself to the hospital. She'd been there for all of it, a steady presence in so much tumult, but this was different.

"Do you think I should go?" I asked.

"I think so," she answered.

"What about the money? How can we afford it?"

"That's not important. If you think you should go, you need to go."

"I don't know. It's too much."

I wasn't suicidal, but I didn't know if I would become so. I didn't know if, in a moment of grim impulse, I would find a way to stop feeling everything. It was a minor comfort that there were no guns in our rural home, though their absence had long been a source of tension between Kelsey and me. She wanted one to protect herself, us, from intruders. I feared them, their quickness, and their effectiveness. Nineteen percent of people suffering from bipolar disorder commit suicide.[1]

One in five.

It felt like death was going to come soon. It would be delivered as a heart attack or an aneurysm or some shapeless end in my sleep. If not that, the cancer surely building in my mouth would claim me, suddenly, as leukemia did my papaw. The thought of it had always been in the back of my mind. As a child, I hid from passing vehicles because I thought someone had been sent to shoot me. I worried that an infinite God was going to smite me for my infinitesimal sins.

A few weeks before that day on the bedroom floor, I went to see a nurse practitioner for anti-depressants. She gave me a test that asked me to rate feelings of anxiety and depression I may be having on a scale of one to five. One was never, five was every day. I filled out the form, changed some answers, and then changed them again. She took it away from me before I could change them once more. After a brief interview, she wrote a prescription for quetiapine XR—an antipsychotic primarily used to treat people who have schizophrenia and some types of bipolar disorder.[2]

She knew I was prescribed quetiapine when I was first diagnosed with bipolar disorder while attending college in 2006. I remembered referring to them as coma pills then. I slept for twelve, thirteen, fourteen hours at a time after taking the medication. If I managed to stay awake, everything that touched my skin, even the air, hurt. I didn't have health insurance then, so the Indiana State University psychiatrist gave me sample packages. But after a while, I began to believe the pills were poison, that he was trying to kill me.

I stopped taking the medicine.

The prescription this time was for two weeks. I was to double the dosage after seven days. She warned me to be alert to how I was feeling. It could cause manic episodes or suicidal behavior in some people.

I would've done anything to stop the feeling.

* * *

I sat in an office chair at the edge of a large wooden desk in a dark room in a dark wing of the hospital. A stone-faced therapist sat across from me.

"Why are you here?" she asked, and I told the stories I always told. I'd told them so many times, it was as if they weren't mine anymore. I smiled and laughed at the right moments, as though I was recounting the comic foibles of a character in a movie.

* * *

It began with a shopping cart.

I was seventeen years old, ambling through a Walmart parking lot, when I was seized with rage. I grabbed hold of the cart and pushed it as hard as I could into a ditch. It was an innocuous enough event—one most likely shared by teenagers around the world—but it was out of character for me.

For several months after the incident, I was inundated with hallucinations.

While I walked home from Martinsville High School, a person in a badger suit emerged from a gravel alleyway between a church and a squat, beige house. He or she started across the street, stopped in the middle to flip me the bird, got in an orange sports car in another alley and sped toward the town square. No one else saw it. No one else was there—no parties, no children, no parked vehicles. The church door was locked, and the houses were hushed. It was unreal, and a sign of things to come.

At an emu farm in some brownish-yellow place north of Indianapolis, I saw it rain spiders. I saw them fall through the air, all different sizes and colors, and slam into the windows, shadowy dots cascading down the glass and into the dirt below. They appeared, then they were gone, replaced with more impossibilities. On the drive home, everything in the rearview mirror was black and white. A tornado, detached from the sky, spun menacingly in a half-dead field to my right, impotently kicking up dust.

One night in Indianapolis—the night Kelsey and I started dating—I saw two snarling German Shepherds about thirty feet away from us on the other side of the street. We were walking along the wall of a parking garage, talking about ditching Indiana as soon as we could, when

the shine in their eyes became apparent. I threw myself between Kelsey and the dogs. If they came, we'd be trapped between them and the wall.

"What's going on? What's over there?" she asked.

"Be quiet," I whispered. "The dogs might go away if we're quiet and still."

"What dogs?" She wasn't quiet.

She peered into the darkness, looking for the glints of their eyes. She listened for growling, the pads of their feet on the asphalt, barking, any sign at all that there were dogs nearby.

"Cleveland," she said. Finally.

We waited until I understood. There was nothing.

"What do you want to do now?" she asked, and we stood by the wall talking for a long time.

It was as though I slammed the shopping cart through the tissue linking the prefrontal cortex and the basal ganglia regions of my brain. Loss of connectivity between the regions has been associated with psychosis—episodic breaks from reality—and depression.[3] The neurologist who saw me in 2005, after the cart and the spiders, couldn't have known that when he said there were no signs of brain dysfunction in my functional MRI results. Physical changes in the brain develop over time as episodes of mania and depression occur.[4]

* * *

I tried to hold myself accountable. There was always something I could do to eliminate my neuroses. It wasn't out of my control; I just wasn't doing enough or the right things. For example, the nurse practitioner who prescribed the antipsychotics discovered that I was deficient in vitamin B^{12}. Researchers have linked a deficiency in the vitamin to symptoms of depression and psychosis—symptoms that could look like bipolar disorder.[5]

I told a new psychiatrist about it when I saw him in early 2016. I wondered if I could've been vitamin deficient for years and not known it, if that could've brought me to his office. Then I told him my stories, and he made his diagnosis.

Bipolar disorder with psychotic features.

Again.

One in five.

He suggested I think about taking lithium. It had the highest success rate for treating people with bipolar disorder[6], but there were caveats. Its use required regular bloodwork, because it could become toxic and damage the kidneys in the long-term.[7] He asked me to read *An Unquiet*

Mind by Kay Redfield Jamison before I decided.

Even on lithium, Jamison attempted suicide. Moreover, she attempted it by using the lithium. She had major depressive episodes. Worse, she no longer comprehended what she read and couldn't write. It took her years to regain those skills. That was an unacceptable risk.

The psychiatrist suggested lamotrigine as an alternative.

* * *

Lamotrigine doesn't have the history lithium does. Lithium has been prescribed successfully for bipolar disorder for more than fifty years[8]—Jamison's case was anomalous. Lamotrigine wasn't approved by the U.S. Food and Drug Administration until 1994.[9] That approval was for epilepsy treatment.[10] Almost ten years later, in 2003, the FDA approved lamotrigine for bipolar disorder.[11] The two drugs impact the disorder in different ways. Lithium is most successful at abating mania[12]—defined by enormous energy, euphoric and racing thoughts, and irresponsible behavior[13]—while lamotrigine is best at reducing depression.[14]

Lamotrigine's approval carried a black box warning.[15] A potentially fatal rash could develop after starting the medication.[16] Doctors later learned that increasing the dosage to the desired level over time could help prevent the rash.[17] So it was with me.

I was to increase the dosage from 25 to 100 milligrams over four weeks. Meanwhile, I was getting treated for my vitamin deficiency. There were weekly, then monthly, vitamin B^{12} shots totaling six months. If the medication or the vitamin treatment, or the combination, was effective, it would be impossible to tell which.

* * *

From 2005 to 2007, I didn't sleep more than two hours a night, if I slept at all. I wandered and wrote and read and watched movies and TV and played Scrabble and chess and told people I could make myself see things for the first time repeatedly. I made plans to learn to fix cars, become an archaeologist, play Chopin, build furniture, throw myself into debt and get out of it, be a filmmaker, write a book, invent a cocktail, open a bar, run a battle of the bands, hitchhike, hop rails, code, move to Portland, move to Yorkshire, England, write a screenplay, play guitar, write music, draw, paint, homestead, become self-reliant, channel Neal Cassidy, make love, move fast and break stuff. On and on.

Mania is boundless. It's everything; it's impossible. It's looking outside a hotel window in the big city at the most crushing moment of your life and feeling alive and buzzing with the hopes and dreams and rhythms outside. It's seeing the moving cars and realizing nothing matters;

this moment is one of billions happening at once. It's doing anything, everything, because there's freedom in insignificance. It's being radically honest and wrecking friendships. It's not caring if people's feelings are hurt. It's not respecting others' privacy. It's spending money recklessly, yours and theirs. It's sleeping on broken futons after dropping out of college, smoking three packs of Lucky Strikes a day, and filling notebook after notebook with hurried scrawls.

Mania is endless. Just as the spirit and energy lift you, they become an anchor suspending you in the murky waters of could've beens. All the potential wasted because you flitted from one goal to another. Because manic episodes drove your achievements, then drove them straight into the ground. Because the person you could've been matters.

* * *

The *Diagnostic and Statistical Manual of Mental Disorders* requires a bipolar I diagnosis if the individual has suffered a single manic episode lasting longer than seven days. Even if they never have another one, the criteria have been met. It's a life sentence.

* * *

I'd just finished increasing the dosage to 100 milligrams when Kelsey and I moved to the outskirts of Indianapolis. Soon afterward, the psychiatrist I had been seeing announced the clinic was closing.

"You'll have to see someone else while you adjust to the medication," he said. "Make an appointment as soon as you can. It might be a long time before someone can fit you into their schedule."

He wasn't alone in making the move. The whole outpatient clinic was consolidated into another IU Health hospital.

The day he made the announcement was his wife's birthday. They were getting old.

"I got her a pile of dirt as a sort of joke, you know?" he said from the doorway, then it was good-bye.

The next time I went to get a B^{12} shot, I told the nurse practitioner what had happened. "I'll write your 'scripts," she said. "But you have to promise me you'll follow up with a psychiatrist. I want to know when you get an appointment. That's the deal."

* * *

The U.S. Department of Health and Human Services found in 2016 that there was a shortage of mental health professionals. By 2025, the department estimated there would be between 6,080 and 15,400 fewer full-time psychiatrists than needed to meet the demand for their services nationwide.[18] It also noted that providers were unevenly distributed across

the states and shortfalls may have been present in some places, even when surpluses were expected.[19]Indiana had just one psychiatrist per 16,543 residents in 2016.[20, 21] The situation exacerbates an already long, barrier-laden process to receive treatment.

After Kelsey and I moved to Indianapolis, I again had to do intake—an initial assessment of the severity of my illness—and see a therapist before the psychiatrist could see me. The timeline was long: Two months before the intake, another month to see the therapist, and another to see the psychiatrist. Had it not been for the nurse's willingness to prescribe refills from a distance, I would've experienced a significant lapse in treatment and, perhaps, never gone back at all—a common story that I was lucky not to fall into myself.

"I'm sick of having to prove this," I told Kelsey. "They have medical records. They know the history. If I had a broken leg, I wouldn't have to demonstrate over and over that it was broken."

Despite my frustration, I moved forward. I told my stories again for another stone-faced therapist. Then, I surprised myself.

"I've spent most of my life thinking I would one day kill myself," I told her.

It was an admission I'd never made in a session. Even when the thought was not front-of-mind, it was a specter looming in the background, biding its time until it would reveal itself again. Sylvia Plath described the feeling in her semi-autobiographical novel *The Bell Jar* after Esther Greenwood was released from the psychiatric hospital.

"How did I know that someday—at college, in Europe, somewhere, anywhere—the bell jar, with its stifling distortions, wouldn't descend again?"

It did for Plath when she was thirty years old. My age.

One in five.

"What Could Have Been"
Endnotes

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