*An Unquiet Mind* is a memoir about the author, Kay Redfield Jamison and her struggle with manic-depressive disorder. Her first manic episode occurred when she was in high school, and it only got worse from there. By the time she got to college, she was having full manic and depressive episodes. She finally sought help from a psychiatrist, and began taking lithium to assist in controlling her moods. The medication helped, but she did not like the way it affected her. She missed the manic episodes where she was bursting with ideas, had little need for sleep, and was very productive. She also had received comments from family about how she was not herself anymore. This caused her to begin a battle of taking and not taking her medication. One day she tried to overdose on her medication, but was unsuccessful. After long struggles with her disorder, she finally got an understanding of how to manage it. She went on to be a very successful expert in psychology and has written many books about her disorder.

Jamison was diagnosed with manic-depressive disorder, but that term is no longer used today. According to her symptoms, today she would be diagnosed with bipolar I. This is because she had complete mania alternates with major depressive episodes. She also had a single manic episode with the absence of depression. In the book she describes her first full blown manic episode as being the worst she had ever felt because of how fast her mind was racing (Jamison, 1995, p. 82). She also had mild mania at one point in her life. She described these episodes as being enjoyable because they made her able to be extremely productive while needing very little sleep. She also describes a depression that lasted for more than a year and a half (Jamison, 1995, p. 110). Based on her detailed descriptions of her episodes, I believe the diagnoses in the book is correct as long as it is updated to bipolar I instead of manic-depressive disorder.

I believe that Jamison’s disorder is rooted in her biology. This is because the book describes her father as having high moods in which he would develop wild ideas, buy new things, and be imaginative. After these periods he would slip into a black depression and would barely leave his bed. He also began drinking to cope with this (Jamison, 1995, p. 34). It is known that bipolar I is primarily a disorder engrained in genetics. Some of the changes in her life may have contributed to her episodes. She moved to civilian school her freshman year of high school, and this was very different than her previous experiences. She also had a stressful time in her first year at college, because she was working many hours along with keeping up with grades and finances. Jamison went through divorce later in her life that could have been a trigger for her illness as well. Even so, I believe genetics had the biggest hand in her disorder, which makes it hard to prevent. She could have gone to a psychiatrist earlier when she began realizing her moods were off. This could have started her treatment earlier which may have prevented some of her mistakes that came from her disorder being out of control.

Psychotherapy and lithium were used to control Jamison’s disorder. This was prescribed by her psychiatrist, and it seemed to work. Her moods were for the most part in control. Although she was feeling better, she associated this with being cured. Since she felt better, she thought she could stop taking her medication because she did not need it. She also missed her manic episodes because she felt on top of the world during that time. The side effects of the medication also made her not want to take it. It made her vision and focus to the point where she could not read books and comprehend them, which is something she really enjoyed. She started reading journal articles because they were shorter, but it still took her hours to comprehend them even when she took notes. This was a huge frustration for her that affected her life and career. Her family and friends also influenced her to not take her medication when they told her it made her a different person. It really hit home when her sister told her that she was a shell of her former self and her personality had dried up (Jamison, 1995, p. 99). With all of these things, her combination of psychotherapy and lithium was the treatment she needed to function as normally as possible. Later on she began taking a lower dose of lithium. This made her feel more emotional, but in a normal way. She described being able to cry, enjoy music, and be receptive to stimuli and feelings she had not felt in a while (Jamison, 1995, p. 162). The only change I would recommend is trying some of the new medications for bipolar I to see if they helped better or were easier to maintain.

I learned a lot from this book about bipolar I disorder. My father was diagnosed with it five years ago, but we are not very close so I have not experienced his disorder much. This book has given me a deeper understanding of what it is like for him on a regular basis. Jamison’s struggle with taking her medication and regulating her medication really helped me to better understand my dad’s struggle with his medication. I always thought it was his low will power or inability to commit to things that made him not take his medication, but reading from the perspective of someone who struggled with it changed my view. I also never understood why he seemed so bright and enthusiastic sometimes, and would call me and be interested in seeing me, but then slip back into being sad and angry and drinking heavily. Jamison’s experiences along with her stories about her father shed a lot of light on how I felt. This new understanding of how a patient with the disorder feels has made me realize I would like to work with them in the future. I want to help be a safe place for them to talk to and improve their moods.

I would recommend this book to both people who are and are not educated in the field of psychology. I believe it would teach a decent understanding of the disorder without the reader having any previous knowledge of bipolar I. This book portrays both the disorder and the treatment in a mostly positive way. It really addresses the positives and negatives of lithium, which would be informational for the reader.

The author is very biased because she has the disorder. She is also has a PhD in psychology, which may decrease some of her biases because she is so educated in the field. Since the book was written twenty years ago, it is a little outdated in some of its facts. It leaves out some of the newer medications and methods of treatment. It is also behind in its diagnoses because the DSM-5 would diagnose Jamison with bipolar I and not manic-depressive disorder since this term is outdated. I do not believe she left out any details that would be helpful in the understanding of her struggle with the disorder. She went through her childhood and helped relate her experiences to further explain her disorder, and she even addressed where her disorder may have come from.

Overall, this memoir taught me many new things about bipolar I disorder and what it is like to live with a mental disorder. It added to the information we have learned in class about this by showing me a perspective I have not been able to look from. Jamison’s perspective is also unique because she is a psychologist, therefore she has inside and outside knowledge of her disorder.

References

Jamison, K. R. (1995). *An unquiet mind:* *Memoir of moods and madness.* New York: Alfred A. Knopf, Inc.