

## Seeing mental illness in a different light

September 10 2009, By Sam McManis

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Part of Tom Wootton's standard opening to his talks on mental illness is to pause, scan the audience and call for a show of hands.

"How many of you have a condition such as bipolar, [schizophrenia](#) or [depression](#)?" he'll ask and then do a quick count. "Quite a few. That's wonderful."

Wonderful? [Personality disorders](#), often debilitating and source of much heartache, are rarely spoken of in such glowing terms.

Yet, Wootton, 53, is not your average advocate for the mentally ill. Diagnosed with all three conditions in 2002, the former Silicon Valley high-tech executive has made it his calling to point out the positives that come with the illness. As he wrote in his 2005 memoir, "The Bipolar Advantage," controlled episodes of manic behavior and [hallucinations](#), and even the flip side, depression, can be harnessed to one's betterment. His new book, "Bipolar in Order," is slated to be published in late September.

We talked recently to Wootton, a San Francisco Bay area resident, who will speak to the Sacramento chapter of the National Alliance on Mental Illness on Sept. 14.

Q: You say it's "wonderful" that people are bipolar or schizophrenic?

A: All three of those states have assets. The easiest to understand is schizophrenia. It's the most frightening to people. Most people have seen

the movie "A Beautiful Mind." He wouldn't have won the Nobel Prize if he hadn't had the ability to hallucinate. But he didn't have any ability to understand his condition. It was confusing to him and almost killed him and his family. Toward the end, he had the ability to somewhat understand it and notice the difference between his private reality and the one he shares with the rest of us.

Q: Is it a self-awareness that makes a difference?

A: A huge difference. When you know what's going on, you have a choice of how to react to it. Toward the end of the movie, a student asked, "Do you still see people?" He said, "Yes, but I choose to ignore them." In my book, I ask, what if he had chosen to learn from them instead of ignore them? Maybe he would've gotten another Nobel Prize.

Q: How does one learn from hallucinations?

A: I recognize that I'm hallucinating. I know this isn't real, but maybe there's some lessons I can gain.

Q: So there's a purpose to the hallucinations?

A: Or at least there's some information we can gain. Same thing with depression. It might be an ugly, horrible experience, but some of us go to movies, walk out crying and say that was a beautiful movie. We like what we might term negative emotions.

Q: Better than being unfeeling?

A: Better than being a zombie. I go as far as saying (these conditions) can be beautiful if we go so far as to understand them and they lose their power over us. When I was first depressed, it had total control over me. I tried to kill myself, even. Now, I'm actually more deeply depressed than

at that moment, but I see it as a rich and varied and intense experience. Since it's lost its power over me, I value the experience.

Q: Can you understand, though, how some people might recoil when they hear your message?

A: I've been there myself. I confront people and it really shocks them, but gets them to think and recognize that at least at minor levels, instead of living in fear that if I get a little sad today I'm going to flip out and kill myself, I recognize that at lower levels I can function pretty good.

There are symptoms that we can value and some that are ruining our lives. If the goal is to remove all symptoms, we end up zombies. We don't have a life at all. We're afraid to get a little high or a little low. We're essentially bored to death. Then we quit taking our meds and, sure enough, we do flip out.

Q: Describe, please, what a manic phase is like.

A: It's a state of heightened awareness and you get all kinds of things done. The problem is you have no control over your behavior, so everybody else wishes you didn't have it. The assumption is, I can't be a little bit manic and stay in control. That's the current paradigm. What if we remove all the symptoms that are a danger to you and others but reduce the harness a little bit and see if we can handle low levels of mania, depression and hallucinating.

Q: When were you diagnosed?

A: Age 45. But my first full-blown mania was at 9 years old. I was awake for three months. I was in the fourth grade and my father brought these (accelerated learning) books home. And in three months, I was at ninth-grade level. I also hadn't slept for three months. And I also lost control

and chased my sister and a friend down the street with a butcher knife.

Q: Why did it take so long to get diagnosed?

A: When you're successful, you can get away with it. There was a couple of hellish years, and I'd go to support groups. That made things worse. All they are is people running around complaining. Kind of like a pity party. I decided, why don't I get these people together and I'd facilitate it.

Q: "Pity party" is a loaded phrase. Are you saying people with bipolar conditions talk about what they could not do and how society feared them?

A: There was no taking responsibility. It was like, "I'm sick. I have a chemical imbalance. There's nothing I can do. All of my behaviors are a result of that." It's an excuse. As I started learning, I recognize that I could, in fact, function.

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