

Work Stress: On Ramp to Bipolar Disorder

All names have been changed to protect subjects' identities.

"I just couldn't cope to the point where I needed to just completely disconnect my mind from reality," said Stewart Matthews, 50, "which put me in a place that other people would recognize as not being present and requiring medical attention."

EPISODE I: THE PHANTOM MENACE

This December, Stewart will have been working for the same contracting company for twenty years. He is husband to Julie, 51, and father of two college students: Jamie and Ellery.

In 1998, as a systems analyst doing financial reporting, he was using new technology to build applications for multidimensional data analysis — a project Stewart knew was valuable. After the company's development cycle was over, they went into what he described as "maintenance mode."

"I thought maybe they were trying to force me out of the company...or push me to become a consultant," Stewart said. "It was a stressful time at work, and I didn't...I didn't understand at the time why they would be treating me that way."

Knowing he was a "performer" at work, Stewart ruminated on this job strain. Though he was aware of no prior personal history of mental illness, Stewart described his consequent experience as a "breakdown episode."

"In the end, when I just couldn't explain the treatment I was receiving at work, I had this episode," Stewart said. "The stress kept building and building and I couldn't understand and wasn't coping well and finally, I just checked out. I wasn't present to the people around me."

Institutionalized

When Jamie was about two and a half years old and Ellery was roughly six months old, his wife Julie noticed early symptoms.

"Physically, he looked different," Julie said. "He was kind of yellow ... jaundiced, almost — he looked different, he sweated different, he smelled different, and he was kind of pacing around, couldn't concentrate, couldn't sleep."

One time, Julie recalls, the family was at Stewart's parents' house when he dropped a drinking glass he had been holding on the floor, hard. It was clear to her then that something was wrong.

"That was the first time we took him to the hospital," said Julie.

Stewart went willingly and signed himself in, though likely with some coaxing on Julie's part, she said. Stewart's parents accompanied him and Julie to the hospital while Julie's mother looked after their kids during his stay.

At the hospital, Stewart was evaluated and given a drug, Depakote, that acted as a sleeping aid, Julie said. The next morning, he was advised to get a complete physical — which came out fine — as well as to see a psychiatrist.

Stewart was told he had to go through a “reconnection process” to detox out of his disconnected state. During the day, he remembered being given art projects such as molding clay. Gradually, he said, he became de-stressed.

“I don’t remember — I suppose Julie could come visit for a short period during the day,” Stewart said, “but I remember there just being long, long days.”

Stewart remembered having a room to himself, although he supposes it was because there weren’t other patients in his section of the facility, as opposed to deliberate isolation. In the evenings, he said, he couldn’t recall a staff member being present.

“[One evening], I got up and explored a little bit and I went down this wing where ... there were some private rooms and in one room, there was this old, unshaven man who was moaning,” Stewart said.

He guessed the man had some form of dementia.

“I remember sort of empathizing with him ... coming to stand by his bed and realizing that, ‘Oh, this is a mental hospital like you see or hear in the movies,’” Stewart said, “where they institutionalize people that don’t function.”

Stewart said he knew that wasn’t where he wanted to be.

“That was an eye-opening experience ... being in that type of facility for the first time,” Stewart said.

Of realizing there was such an establishment so close to home, Stewart said, “I’d never been exposed to that ... right here in (the county I live in), where there are people whose mental health issues are severe enough that they’ve basically been institutionalized.”

EPISODE II: ATTACK OF THE CEREBRAL CIRCUITRY

Insomnia

One night leading up to Stewart’s second hospitalization in 2003, Julie said “things were getting bad” and neither of them could sleep.

“[The catalyst for an episode] almost always, [seemed] to be a work-related trigger — some stress that he perceives and he gets wound up about it and can’t sleep and it just snowballs,” Julie said.

Stewart remembers feeling, as an employee, as though he was deliberately being pitted against company-hired consultants.

It was on his mind during the day, he said, although he didn’t think his work performance was affected. At night, however, he would mull the situation over in his mind to the point of insomnia.

“He is just lying in bed with his eyes open, staring at the ceiling, thinking whatever he’s thinking — which I don’t know what he’s thinking — and I can’t sleep because he’s just awake there with his eyes open,” Julie said.

She retreated down the hall to sleep in their guest bed.

“But then I couldn’t sleep either because I knew he was not thinking clearly and that [our children’s] rooms were in between us,” Julie said.

Because the situation was unpredictable and frightening to her, Julie didn’t want Jamie and Ellery to be in between her and Stewart.

“If he got some thought in his mind, I wanted to be able to get to our kids first,” Julie said.

She returned to their master bedroom and stayed with Stewart so she would know what he was doing if he got up and left the room.

“I had determined at that point that if — and I’m not sure if it was between the first hospitalization and the second one — but at some point I determined for myself that my boundary, in terms of taking him to the hospital, was if I was afraid of him,” Julie said, noting his size and strength. Stewart is six-foot-three and weighs 220 pounds.

According to Stewart, Julie recognized he had once again become mentally disconnected and called his mother, Doris. The two women jointly decided he needed to go to the hospital and brought him in. Again, he entered voluntarily.

Jessica Lynch

Stewart’s second episode occurred during the early years of the Iraq War, when there were ground troops going into Iraq. A prominent news story, he remembers, was that of Private First Class Jessica Lynch, a soldier who had been serving as a unit supply specialist for the U.S. Army.

“Somehow their vehicle or group of vehicles got removed from the caravan that they were with,” Stewart said. “They got separated. They got lost. And they ended up taking gunfire from the enemy and many soldiers in her unit were killed.”

Lynch was injured, taken hostage and brought to a hospital, Stewart recalls.

“When I disconnected from my reality, I think I connected with this Jessica Lynch story,” Stewart said. “Maybe that was just part of my coping ... just to empathize with somebody who was in a difficult position.”

As Stewart describes, he placed himself in the shoes of Jessica Lynch, now a prisoner of war. For a short time, he pictured both this alternate reality his mind had constructed and recognized his mother, Doris, who was with him in the hospital.

Stewart said he had an “aha” moment where he realized he was in another place mentally and needed to come back.

Of that revelation, he wondered at the time, “How do I gracefully come back to the real reality of being in the hospital? ... You know, because I was not — not ‘with it.’”

And he did return, so to speak, to lucid awareness.

“They got him back on track, and he has not been in the hospital since,” Julie said, “so that’s been twelve years.”

Peacemaker

“Recently, when I took the Enneagram personality test, my personality type showed to be that of a peacemaker,” Stewart said.

He said during his episodes of becoming disconnected from reality and latching onto current events, it seemed natural for him to associate with those war-related news stories, given his designated Enneagram description.

“To a peacemaker personality, you might give thought to resolving issues like ending the war,” Stewart said.

IN THE YEARS SINCE

Recognizing his trigger

“Several years after that, I remember another incident,” Stewart said. “I could tell that work stress was getting to me and ... I’m certain that it was another case where I felt like (certain managers at work) were creating this stress deliberately. But this time, I said, ‘Well, I’m just going to take a few days off — I’m going to take a break before it snowballs.’”

And he did so. Stewart had a new manager who was observing the stress he was being put under by others and wasn’t comfortable with it, he said, so Stewart called him to take time off.

A spiritual experience

Around 2005, Stewart remembers still processing relentlessly and said his stress was getting the better of him. One evening, he was home alone and began to hyperventilate.

“I came up and laid down in bed for awhile,” Stewart said.

Stewart, who was raised Catholic, described what happened next as a spiritual experience — a feeling of being open to God.

“The spiritual part of it was, I felt like my heart was opened up and God was looking inside and fast-forwarding my life and seeing my life ahead and how I would act — how I would respond,” Stewart said.

He analogized the sensation to being awake on the operating table while undergoing open-heart surgery.

“It was as though your chest was cut open and you were aware of the doctors working on you,” he said. “You couldn’t do anything other than leave your life in their hands.”

Finally, Stewart was able to relax and normal breathing returned.

“The weird thing was, after that episode, I — I was feeling my heart and I couldn’t feel a heartbeat,” he said.

He decided to stay in bed and eventually fell asleep. Stewart said he generally has low blood pressure and attributes the contrast from having his heart race earlier while hyperventilating to his possible inability to detect his own pulse.

Still, at the time, it troubled him to the point where, the following morning, he put on his winter coat and walked roughly half a mile in the freezing February cold to Walgreen’s pharmacy to buy a stethoscope so he could check his heartbeat himself.

PINPOINTING SYMPTOMS PRIOR TO DIAGNOSIS

Talented-and-gifted

“I remember being young, of elementary age, where they first started talented-and-gifted programs in schools,” Stewart said. “I remember being taken aside and asked all these challenging questions. I was being administered an IQ test to determine if I was a good fit for the talented-and-gifted program.”

At the time, Stewart became too overwhelmed to think clearly and as he describes, “completely broke down, ” and unable to function effectively enough to be able to answer the questions. In hindsight, he says this was a clear indicator of having some issues in dealing with stress.

“The stress, in that case, was not understanding *why*,” Stewart said. “Why are they quizzing me like this?”

The teachers around him knew he was an intelligent child and eventually, Stewart was included, and thrived in, the talented-and-gifted programs.

“That’s the same experience I had with the work stress,” Stewart said. “I knew that it was deliberate — that I was being put under stress — but I didn’t understand why.”

1993

“The first time we noticed something was not right was when we were dating still, before we were engaged,” Julie said.

She recalled a time around 1993 when Stewart visited her apartment.

“He was just really, really disturbed, you could tell — and he said he was,” Julie said. “He said he was disturbed, and he was pacing back and forth.”

Julie said Stewart went to his parents’ house and returned the next day, staying at her apartment for a couple of days, likely calling out from work during that period to rest.

“We could tell that something was wrong and that we didn’t know what and maybe just thought it was some kind of a stress attack, and he just seemed to sleep it off and seemed to be okay,” Julie said. “But looking back, I think that was sort of an episode.”

She also recalls times when Stewart got very “distracted and preoccupied.”

“When you get upset about something about work ... it’s kind of natural to get distracted, so it’s a little bit of a gray area — like, at what point does it become a problem?” Julie said.

TREATING MENTAL ILLNESS AS A DISEASE

“I think it is a gray area to try to determine when it’s a problem, even on a good day ... because the things that you start to see are pretty normal,” Julie said. “If you have a bad day at work, you’re kind of upset about it. You don’t sleep well — okay, that’s pretty normal, right? But then at what point does it become a problem?”

It’s a gray area, she said. “And you hope to not get too far in into a bad place before you realize that this time it’s a problem.”

Pharmaceutical therapy, clinical treatment and coping mechanisms

When a person is dealing with mental health issues, Stewart said, there are two types of sessions with one’s medical provider: the initial therapeutic meetings and what he designates “maintenance.”

Stewart said he now visits his doctor only every three months for “med management,” a 30-minute talk that he exits with a prescription. Most psychiatrists only write a 90-day supply at a time.

Neither Stewart nor Julie can pinpoint exactly when he received the bipolar disorder diagnosis. After the first hospitalization, Stewart was prescribed the mood stabilizer and anti-epileptic agent Depakote, Julie said. Eventually, he switched health care providers to another psychiatrist, Dr. Hartung.

According to Julie, Hartung switched his medication to the atypical antipsychotic drug Seroquel, which at the time was a medication used in Europe. It was new and expensive in the U.S. — but, for Stewart, it seemed to work.

Stewart describes the Seroquel, for his use, as a sleep aid, since he has never experienced the depressive state common in other cases of bipolar disorder — which was formerly known as manic-depressive disorder — for which he knows he is lucky.

“If you are bipolar, if you have these mood swings ... there might be a different medication that would help with that,” Stewart said. “But since that hasn’t been the case ... for me, the Seroquel is mostly a sleeping pill.”

Julie said they’ve learned how to manage Stewart’s disorder better and recognize the signs of when it’s coming.

“When he’s stressed, he’s got some leeway in his prescriptions from Dr. Hartung,” Julie said. “[Stewart has] a basic dose and then he’s got a range that he can take an extra booster if ... he feels like he needs it — which he’s I think he’s very good about regulating himself.”

Over time, Stewart said he’s also been able to develop better coping skills, which include exercise to relax his mind and flush out or purge built-up negativity stemming from his work stress.

Work stress triggers

Julie considers her husband to be sensitive to chaos.

“We’ve talked about it,” Julie said, “and sometimes I’m sure he doesn’t tell me when he gets upset about something because ... he doesn’t want me to say, ‘Oh, don’t take it personally.’”

Concerning his job pressure, Stewart said, not understanding — not being able to come up with an explanation as to *why* he was being professionally strained — led to the mental processing that needed to be shut down.

“I think it’s an inappropriate comparison to say that I am suffering ... from post-traumatic stress in a way a soldier is, but in my mind, it’s more like post-traumatic work stress, you know?” Stewart said

If he could make a contribution to the treatment of mental health issues, Stewart said, it would be to find a way in society for people to avoid stress triggers and to help people manage stress before it becomes debilitating to the point where they are labeled with a mental illness.

“In order to really get at a cure, you have to get at the root cause,” he said. “The medication, it’ll help [me] cope with the stress by ... turning the mind off and helping [me] sleep, but ultimately ... to me, if I’m going to get cured, it’s going to take finding a less stressful work environment.”

Today, Stewart feels as though he is recovering to the point where he can see a day where he might not even need his medication, although he says that would likely require a job change.

“Life sentence”

In the past two years, Stewart asked Hartung if it was possible that there would be a point in the future at which he will have recovered completely.

“I feel like I’m improving to the point where, in my mind, someday I won’t have this diagnosis,” Stewart said. “But I’m not sure my psychiatrist agrees.”

From Hartung’s experience, Stewart thinks, bipolar disorder is a condition that people live with for life. Stewart said having that type of a “life sentence” sounds discouraging.

Even if a person who has been diagnosed with a mental illness feel out of the woods, he said, all the elements are still there that could cause them to revert back to their unhealthy state.

“It’s not something likely that Dr. Hartung is going to say — although I would love to hear at some point — that, ‘Yeah, we can get you off these meds and call you cured,’” Stewart said. “I’d like to see that become a possibility for more people, including myself.”

Socially stigmatized

Stewart says he is at a place today — and has been for ten years — where his condition is manageable and he doesn’t consider himself debilitated by a mental illness, although he doesn’t deny that his medication is “helpful and needed.”

“But at the same time, it does feel like a stigma to have the ‘mental illness’ label,” he said.

Over the years, Stewart said, mental illness hasn’t been covered by insurance as often or as much as other physical ailments, but he thinks that is changing to some extent.

“People don’t talk about mental illness a lot ... which makes it, I think, harder to deal with in some sense because you internalize your disease,” Stewart said.

He said it helps to have somebody to talk to.

“If you don’t have an outlet ... As long as it’s a stigma and people don’t want to talk about it, then I think it just makes it get worse for people with mental illnesses,” he said.

In the early periods, after his initial episodes, Stewart said, he likely shared his diagnosis with his direct manager, “but now and for the last ten years ... I don’t speak of it at work ... I don’t use it as an excuse.” Though he continues to experience cyclical work stress, Stewart said he is very intentional today about not making his bipolar an issue in his professional life.

He believes the prevalence of mental illness in our society is growing and “a lot of people are probably like me” who have struggled with similar issues.

“Just having a mental illness,” he said, “doesn’t necessarily mean you can’t function.”