Transcript of discussion following screening of

Mr. Jones - Movie Monday Feb. 27/ 95

Bruce Saunders - Movie Monday Mogul - has experience of manic-depression
Janie Oliver - has experience of manic-depression
Annie (not her real name) - has experience of manic-depression
Dr. Mary Connolly - Psychiatrist - Mood Disorders Clinic at Eric Martin Pavillion
A1 to A14 Audience questions/responses (AB roughly translated)

BRUCE: So I'm pleased it brought us all here for this discussion. I was going to start by just asking some of us up here just to touch on one or two points they noticed in the movie and then we'll be up for input from the audience as well. We'd like to hear your input as well. So who would like to start?

JANIE: One point I could really relate to in the movie is when he went to the bank and withdrew all that money and went on a spending binge. Well I sort of had a similar experience, but I didn't have all the money in the bank; I had credit cards so my little spending binge drove me to the poorhouse and bankrupcy. So I can totally relate to how when you're on a high you just want to give money away, you want to buy things. I actually went on a Caribbean cruise so... it was rather nice, so I totally related to that.

BRUCE: I'm a really tight guy, generally I grew up with a tight background. So it's real hard for me to spend freely, but I bought a big ghetto blaster the first time I was here in the hospital, the first time I was identifiably hypo-manic - a real nice big ghetto blaster, it's too huge for my bedroom - and I bought my first video camera a lot more quickly than I normally would have, somewhat under the influence of the manic side of my behaviour.

ANNIE: One thing that I saw in the movie when it came out - it was over a year ago I guess - the thing I related to the character when he's in his depression was his inability to realize he was depressed and his inability to reach out for support. The scene where he was on the street and he was just kind of aimlessly wandering around, completely alone. That was one thing that I really thought was depicted well in the film, especially his inability to reach out, but yet when someone reached out to him he just broke down and cried, and said "help me".

As well, the first scene in the hospital when he was brought in and the head doctor's comment of "evaluate, medicate, vacate". That was brilliant. I was surprised that they would do that in a film, because in a sense it put a bit of a downer on the hospital; if that's their attitude, then what kind of help is available? I thought it was interesting because I think that many people who are in that position when they go to the hospital realize that it's pretty much what it's like some of the time, especially if there's a shortage of beds and that kind of thing.

MARY: It's an interesting film, and in true Hollywood fashion it dramatizes the horrific aspects of the illness, and I think failed to educate or show any real concern for the true treatment of people with manic-depressive disorder. That was very disconcerting for me, and I think as you say they take out individual things like that: medicate, treat, and out of there, and I think portraying ideas like that to people with the illness is a very dangerous thing.

I was horrified at the psychiatrist's behaviour and I thought that the boundaries were transgressed and he and his illness ended up with the worst end of the stick for that and I think that was never really portrayed either. There was a nice Hollywood love scene that cures all, and really that's not the story. It's really a much more devastating illness than that and it really covers many areas of people's lives.

It would have been a much better film if it had portrayed the more realistic outcome of illness like manic-depression. I think it's like "One Flew over the Cuckoo's Nest" to some extent. There are many partial truths in it, and many truths as well. But often the partial truths impede the treatment and give a false notion, a false message to people with the illness and its treatment. That was my response.

I got very angry with the transgression of boundaries and really... it portrayed to me somebody was in need herself, and that was evidenced at the very beginning when she was rejected by the gentleman in the first scene; he knocked on her door and then brought along a girlfriend with him. And I think from then on the whole thing was set up, that she was vulnerable and the whole issue of not recognizing that for what it was translated into a whole scene with abuse by her of the patient. So I felt very angry about the whole message and how trivialized to some extent his treatment was.

BRUCE: I also wrote down this "evaluate, medicate, vacate". It struck me that the hospital staff, when they were

talking, were feeling as hopeless as everyone else about the medical system, the way the system forces them to treat people. They don't have the resources it seems to completely care for somebody the way they ought to. Like one of the characters was saying, this is the best we can do, this is the way the machine works unfortunately.

It seems to work that way here in a lot of cases too. You're lucky if you get the follow-up treatment, you're lucky if you can find the right med, the right doctor to work with. It seems kind of a duck shoot, whether you get the right treatment or not, just because of the way the world is, not because of people abusing other people.

MARY: I think that's actually very true and I think when the resources are cut again and again and again it reduces the treatment to a very simplistic model, whereas people with manic-depression take a tremendous amount of care - to educate them and to find a way of helping people to take responsibility for their illness, for its management, and to own it as they would own diabetes or a heart condition, and to manage the illness themselves with the aid of somebody who knows something about the medications, the outcomes, when they should be hospitalized.

But I think all in all it has got to come down to educating and helping people to assume full responsibility for controlling their disease.

JANIE: I have to agree that the character Mr. Jones was not taking responsibility for himself - he wasn't trying to educate himself - and it has just been my general consensus that people who have this illness are information mongers. They want to read everything, they want to know everything, the more the better, and that was not really portrayed at all in the movie.

MARY: They're generally bright people and competent about many aspects of their illness but they are often at sea and don't know... If they are educated and cultivated in management they can assume full responsibility for their illness, and have a much better outcome and a much better life.

ANNIE: But doesn't that want to educate yourself come with stability?

MARY: I think it's like anything else. If you know what amount of insulin controls your diabetes you're much better off than if you haven't a clue and you can recognize what causes decompensation. I think that's part of the education. If you can detect early on a change in oneself then you can manage yourself very carefully and appropriately.

ANNIE: That scene in the film doesn't last for very long. My impression of where it ends was where he was accepting... obviously throughout the film up until that point he hadn't accepted the fact that he was manic-depressive. He conciously knew it but he hadn't accepted it. My impression is that at the very end there - you know how when the movie ends you think, "well what's going to happen?" - that's his acceptance and he's going to get his help.

I think that he missed his highs, he felt safe when he was high until he got to the point where he was too high and that's when he started swearing and he was obviously out of control. But I think that he felt that's what being high was like. He missed his highs and he didn't understand that you can't be high without it basically spiralling out of control.

MARY: Or you can be in control and still lead a reasonable life, without seeking that extra push that makes life chaotic.

BRUCE: One of the tricky things about the illness is that the way you make those choices is affected by the illness. It's really a trick to consciously use well that brilliance that some people - a lot of people - have in the manic state. They have really sharp thinking abilities. If you can turn some of that brightness into looking after yourself, making the right choices, and consciously working with the illness to have a better outcome for each day or each travail you go through, then you can really make some gains on it. But most of us, if we're not really conscious of trying to do that, will go for some new idea, we'll go off on a tangent and just put all our energy into it to the destruction of everything else that is our lives. Unfortunately that often happens.

JANIE: Can I just ask everybody in the audience by showing hands who thought it was a typical portrayal of the manic-depressive?

A1: I'd just like to say that the thing that I thought was most accurate was the portrayal of manic episodes. I have the illness myself and I've been through many manic episodes where very similar things happened to me. Particularly in the movie at the beginning when he went up the construction job and he was walking along that beam and he was high, he thought he could fly or something like that. That part, and also when he went into the music store and he was trying all the different pianos, and of course when he went into the theatre and ran up there and took over conducting the orchestra.

I thought that those were real-type manic things, and I thought that particular part of the film ought to be used to teach professionals what mania is like, because trying to describe it in words, in spoken words or in a book, is very difficult for people to see what it's actually like. I think that movie did a good job of that. I can understand, with all due respect, that the psychiatry wasn't recreated well enough as being typical, but I think that the mania was very realistic.

A2: (Kis): I'm not sure we should dismiss that aspect of his remedy(?). Like it's unusual to have that reversal there, but there have been more cases than there should be of male psychiatrists taking advantage of female patients and of male nurses, right here in Victoria. So it may not be that common, but it's there, and we shouldn't ignore that.

A3: There were signs of him being gifted, different at 3 years old and later on. My question is why wasn't it treated when he was three, why wasn't it corrected then, instead of waiting 'till later?

BRUCE: That's an interesting point.

JANIE: A lot of traits of manic-depression don't show up until people are around age 17 to 25. Even though he was a prodigy at age three, a lot of these illness traits would not show up until later in life. That's why they can't treat it until later in life.

MARY: I think that's right. It's very typical...

A3: (Family history of several generations of mood dissorders)

BRUCE: There is a very interesting video tape that's been made by a group in Vancouver. [#102 Bipolars and Their Children - MDA of B. C. 1-604-873-0103] It's talking about manic-depression in adolescents and in families that have already identified manic-depression in their families: what to look for, watch for early signs, and treat it early rather than after it becomes a full-blown situation. It was quite a surprise for me to find out all this information and it would probably be quite helpful for a lot of families. Could we take some other questions?

A4: I wanted to say... well for one thing I know a lot of manic-depressives. I'm manic-depressive, my common-law husband is manic-depressive, I have friends who are doctors who are manic-depressives. I'm a nurse, and I've worked in emergency psychiatry and pediatric psychiatry, so I've seen manic-depression from a lot of different perspectives. What I thought was really interesting about the movie is that what they were trying to say was that doctors are human, and so are manic-depressives. I thought that was really important that they were saying, "I'm just looking for a friend". I didn't think they needed to use the doctor to show that he wanted a friend, they could have made it a distinctive female patient. I don't think that too many doctors would risk giving up their career to have a sexual fling with a patient. But I have had my psychiatrist tell me to shut up, when I was babbling on, and he was a professor at UBC, no names mentioned. [laughter]

MARY: You're saying "I really don't think we have to resort to that sort of language.

A4: No, I don't think he had to either, but he has.

MARY: ...to have a conversation with somebody and to maintain a professional position in treating somebody with an illness. I think you have to have mutual respect, and I think that was portrayed very well, in that he behaved very abusively towards the woman, towards the female physician.

BRUCE: On the other hand, some of us can be very overbearing, persistent, and just on, on, on, on - to the point where it can drive people to distraction, beyond the boundaries... you just can't stand it.

MARY: I think that's a very good point, and that's how the illness becomes so troublesome, and disruptive, and alienates manic-depressives from their support system, from their friends, and from all of the things that they value - and they're victims in the end. But I would expect a professional person who knows about the illness to be able to deal with that in the proper way, not in an abusive sort of way, and not to allow the abuse to continue, backwards and forwards, which I think is totally inappropriate.

A5: We didn't come to the theatre to see a documentary about manic-depression. I thought that the protrayal of the doctor, although it was unrealistic, was rather refreshing in the sense that the reality of what we're faced with in treatment in a hospital today. I suppose it could be more of a balance between some sort of humanistic approach and what we actually have. Personally I find that the biochemical treatments that are there are adequate and that they are being improved all the time. But I think some of the therapies are going for want.

BRUCE: Yes?

A6: A lady mentioned before about the relationship - how they were portrayed as human - and maybe it seemed that the doctor was a little over the top, how intimately she got involved. But the good balance of that was the subtle portrayal of his friend the carpenter, who he met on the original job site, and hung through to the end. It wasn't over the top; there wasn't a lot of hugging, and sort of huddling and all that. He was there for him, it wasn't an overbearing character, it was believable, I think, and it contrasted a lot of melodramatic elements that were happening at the same time.

A3: And it was true friendship.

A6: Yeah it was. Another part as well - even though the rest of the film was... well after all it is entertainment. I mean you have top directors and top stars and it looks beautiful, it's two hours long and it's supposed to sell film tickets.... But there was a scene for two minutes where Richard Gere's character talks about how he's always been too much... I think he was in the woods and it was raining, and he says, "Everybody goes away. I'm too much trouble, I'm too much trouble," he repeats that a few times. And he's talking about people who've abandoned him, or he feels have abandoned him. And he dismisses one very important person as being dead, and I supposed that's sort of a denial to help deal with the rejection and the abandonment.

I think that was interesting, because I can sort of identify with rationalizing people's absence, because your sickness or your illness has become too much for other people to handle, and they move on. You take that as a rejection or abandonment, so in some way you have to rationalize it or come up with an explanation that helps you cope with the pain, and his was that she had died. So I think there's a valid situation there as well.

BRUCE: One of the points that I put on the back of the Movie Monday poster was that he was lucky to have run into a buddy like that who would stick with him and go beyond the normal boundaries of relationships. He broke off with him... he did some things that basically caused the person not to keep coming back to support him again and again. I like the way I put it... I don't remember exactly how I put it, but for people to go beyond those boundaries, just give a person another little break, it can make all the difference in their lives.

I found that with one of my friends who is manic-depressive that he'll hang up or something, just say "I never want to talk to you again," just break it right off, burn the bridge. At one point we crossed letters. I wrote to him, "do you still want to follow up on that thing we were working on". He had written an apology to me, and it was quite exceptional that we could build that bridge back again. And it's real hard to expect that of people and sometimes you just can't keep on doing it. But it's pretty special if you can see what a person is really and what part of it is an illness, and give them another chance.

A7: The way it's portrayed in the movie it appears as though manic-depression is primarily an organic chemical imbalance. She delved just very briefly into his past. Is it chemical? Is it primarily chemical? Or is there an emotional component?

MARY: I think it is primarily bio-chemical illness, and ensuing from that it's primarily a mood disorder, and ensuing from that, difficulties then can arise for a person and their experiences, when they experience dramatic mood changes and the consequences that they bring. I think I'd like to go back to your point... the range of treatments needs to be expanded. I think families need to be involved when there are family difficulties; family therapy has a great place to play, especially when there are adolescents developing, it's really terrifying for their families. And I think also individual psychotherapy is another mode that helps people get in touch with the difficulties that they have which drive the mood disorder to some extent realize the impact they have . So I think that medication is only one answer; that in order to help people with the manic-depressive illness we have to come at it from several different points.

BRUCE: We experts really have some experience to relate...!

A8: I just wanted to say that they could have done the non-compliance thing a little differently. I thought what they could have shown was, yes, when you're manic you don't think you need medication and you throw it out. On top of that it's been my experience that I've had a lot of terrible side effects with Lithium but I found a medication that works, valporic acid are alternate mood stabilizers [or carbamazepine], and I thought that maybe they could have explored that a little bit more.

ANNIE: I was just actually going to talk about that... my impression wasn't that he went off the meds due to side effects or anything. He went off because he missed his highs.

A8: Yeah.

ANNIE: And I can relate to that. I take Lithium and I've gone off it a couple of times just to see if I can hack it, because I miss my highs at times. I thought that was really realistic because I think one of the characteristics of a manic-depressive is living on the edge, and when you go off your meds you're living on the edge, and that just comes right with the illness.

A5: (How do you have such good balance on meds?)

BRUCE (to A7): Yeah Charlie, your question was about the biochemical model as opposed to the psychological aspect. A lot of people that I've heard of, and my own experience is that I have found that I'm quite convinced that the meds make a huge difference. It confirms to me that they help us. If we go off them we need help again.

You screw majorly, get back on them and restabilize. You can't mess around too much because sometimes they don't work if you do that too often. It's a "do I need glasses if I do it half as much?" sort of thing. [laughs] It's a dangerous thing.

There's some information up there [in the lobby] about Lithium use and the two other medications that are used for mood stabilization. It's quite important that people know the options, and find the medication that works for them. But it does quite confirm the medical model; it's a big step up if you can find a medication that does work for you.

A9: I find it very touching, your relating how you and a friend, a fellow manic-depressive, had a disagreement and how it was very painful and how you made up quite easily. It's been my experience as a manic-depressive with other manic-depressives that we're very forgiving, I think by the very nature of the disease, and what we cause to happen, and the hurt that our actions result in, that we are certainly not a group of people who hold grudges. I find that very common, that manic-depressives are only too eager to forgive anyone almost anything.

A1: I just wanted to say, on the downside of the film - and it's understandable because it's not a documentary - was that they just payed lip service to Lithium, but I don't recall seeing him actually take the drug, or take any medication. I saw him throw it in a waste basket, which I did with my own Lithium a couple of times when I first got diagnosed, because I missed the highs and I thought I could go ahead without it. But I soon very quickly got manic in about three weeks and ended up back in hospital. Once I went through that treadmill I decided to take the meds because I didn't want to be back in a psych ward again. But I think the best analogy to indicate whether to take medication or not take medication is, anybody who's been around town has seen people on the street who are doing things like talking to themselves out loud or yelling or something like this. There's an example of somebody who's got a mental illness but who is not being treated. And then on the other hand, people that take the drugs, even though we don't like to take medication, we become stable; instead of sticking out like a sore thumb we blend in with the rest of the crowd. I think that's basically the pitch as far as medication goes.

AB: He had not accepted his illness. He was escaping life. It was very good that his friend was good to him. So often people out there forget they have an illness. People treat them like they are normal and expect too much.

I'd like to see in the future that nurses and doctors be more sensitive to people- not so firm and tough. They treat sick persons so tough and firm - just give them medication as the only support and no talking and feedback. Some patients are so depressed all they can think about is "I'm going to die" and no one seems to care.

BRUCE: You think some of these professionals might learn from us?

AB: Yah. Some in our community of mental consumers know we need support, and professionals don't try to learn and understand.

A10: I had a few questions about the movie. I agreed with the reviewer who said, in that there's a good film trying to get out. Nobody has mentioned the Asian girl whose only fault seemed to be that she was very much on edge, that she talked too fast, and her ideas were spilling out. But when one saw the environment she was trying to cope with that was not surprising, so the director in a sense was covering his bases: was it organic or was it environmental. And as far as the main character was concerned, if indeed he was a prodigy at 3 and doing something else extraordinary at 12, so were people like Balzac, and Van Gogh, and various others. There were many people whose intelligence was so high, that it was hard for the rest of the world to cope with them....

BRUCE: Just like us! [laughter]

A10: .....and not trying to cope with themselves.

A11: I have a friend who lives out of the country now. I've tried to figure him out for a long time, because he goes up and down like a yo-yo - really fast - and he does really erratic, weird things, but yet is incredibly quick and fast. And he crashes - like I would be worried that he would kill himself. Now, what's the best way to approach people like that? Could they deny it, would they fight you, would they challenge you, would they listen?

BRUCE: It's a delicate matter.

ANNIE: When they're crashed, that's the only time when there's a problem. You have more of a problem when people are depressed than when they're manic.

AB: Ive had some experience. I just be patient and calm, sit dowm with the person, make a cup of coffee, ask the person to talk and that helps.

JANIE: There's a really good video out on the information table, it's about how to communicate with people when they're manic,["How To Communicate With Someone Who Is Experiencing Mania" by Nurseminars - available through Mental Health Centers from the Min. of Health Mental Health Library] and one of the things that is mentioned in there is that you keep firm boundaries, and that you keep saying what you want to say and don't let them push you around, because that's one of the things a manic person will try to do is manipulate you. So that video's out on the table, if you want to take the title of it and check it out.

BRUCE: It's available, you can draw it through the Mental Health Center that's in this same building. It's an excellent video tape. It's something that every person who deals with anybody who has manic-depression - including themselves - doctors, nurses, everyone should see. It's really helpful. It helps you to understand the little games you play, it makes you, if you are someone with mental illness, very self aware of what you're doing. It's a revelation really, for most of us, to see this. I just discovered it - nobody showed it to me when I was in here with the illness, I just happened upon it just because I went down to the Mental Health Library. It's amazing.

The other thing you might think about is introducing him to someone else with the illness. A peer councelling kind of thing.

A11: The weird thing is he has a friend who has been on Lithium Carbonate for, what, a decade, and they play like tweedle-dum and tweedle-dee. You can always say, "well, so-and-so's on medication," but he never has to deal with it himself, because it's almost like he can have his friend as the guy who's on the medication. I would talk with him, and it was like playing matches of checkers, I couldn't keep up with him. It was like he would go this way, and I would go that way, and I couldn't actually get him pinned down. Do you have any suggestions at all on how to deal with something of that manner?

BRUCE: It's the classic hypo-manic way of the thinking. The way you can make connections ultra-quickly, and baffle people. It can be quite clever, but you don't do yourself much good in the process. It's a way of thinking. You get quite good at it when you're under the influence. So it is really difficult to reach people.

MARY: I think what you're describing is someone who's quite functional but who's in that state. There are a lot of people like that. They're very inventive. They can work long hours and produce good work. But in their low state, when they crash, they don't like it at all. But I think what you really need to do is talk to him, discuss this behaviour and what it's like and how it comes across to you and other people, the impact it has on other people. Then suggest to him that it resembles hypo-mania, and that perhaps he should go and see somebody, and take some responsibility for it. He may not want to, because as you say people like their highs, unless it's causing him a lot of problems.

A11: What kind of medication do you think...

MARY: There's Lithium Carbonate, which is the medication that's been longest in use - it was 1949 when it was first discovered in Australia - and a more recently a medication called Tegratol, which is an anti-epileptic has been used quite effectively. And there's now a medication called Valproic Acid which is also an anti-epileptic. Those key medications together with another medication called are probably the mainstays of treatment for manic-depressives.

BRUCE: There are some that work really well, some that work for some people and not others, they don't work for some people at all. Those people are really hard to treat.

JANIE: And that's going back to chemicals, because it's dealing with that chemical imbalance.

MARY: You really do need people to supervise the medications, because there are side effects and there are long term difficulties associated with medications. You need someone who's well up on these medications.

A2: Speaking as a person with an illness other than manic-depressive illness, I wanted to say that the kind of losses and that of support and people just getting worn out and incapable of carrying on; those kind of losses are pretty real across the board. But also the thing about a more human approach, an approach other than just pushing the medications and putting people in hospital - a kind of more humanistic approach, with mutual respect, and treating a person as a person rather than as a disease, would also benefit everybody.

My pet peeve, in general about manic-depression - (this is just more light-hearted) - is the emphasis on the genius thing. You'd almost think that there were no geniuses anywhere else. [laughter] So I've been waiting a few years to bring that up.

BRUCE: You've made your point.

A12: I just wanted to point out, I don't know whether this was intentional or not, that the emotions that were invoked were not necessarily those of manic-depression; they were byproducts of the illness. And I think it's important, at least for me, having experienced the illness for a long time, and having finally come to grips with that, you realize that as Kis was saying, we're human beings as well, and we are entitled to our emotions. It's not necessarily bad. We can experience anger, we can experience fear, we can experience sadness, as a human being and not necessarily as a bi-polar manic-depressive.

A13: I was just wondering, how often does manic-depression manifest itself with obssesive-compulsive disorder? It that common, or it is very rare?

MARY: Obsessive-compulsive disorder is quite rare actually, and in association with manic-depressive disorder even rarer. So it's not that it's unknown, but it would be quite rare.

JANIE: If you want to, after this session, there's one gentleman in this audience I know who has both OCD and manic-depression. If you want to talk to him more specifically about that...

A14: I just wanted to say in response that I find when I'm getting on the high side that I become obssesive. I'm not an obssesive-compulsive. I also wanted to say that when the Japanese girl said, "I really wish I was Dad, I really love him"

....to be completed....