

Why Karen Liberman cares so passionately about mood disorders – and hopes that you will, as well

Adapted from a story in the Fort Frances Times (October 5, 2005) by Melanie Béchard

Karen Liberman, Executive Director of the Mood Disorders Association of Ontario, came to Fort Frances last Wednesday evening to speak to people about her experiences with mental illness. And while the story of her descent into madness and the journey back could not have been an easy one to tell, Karen recounted it with humour and compassion.

She began with her mother.

Karen grew up in Toronto in what she called a “disgustingly normal” 1950s family. It was a happy childhood, she said, until about age eight or nine when “ever so slowly, ever so insidiously, something started to happen to this beautiful, outgoing, dynamic woman that was my mother.”

“She started to fade away,” she recalled.

Her mother began spending more time in bed, sleeping and crying, and she eventually stopped eating. It was difficult to understand for young Karen.

“I was angry, frightened, confused. I thought, ‘Why are you doing this? You’re frightening me.’”

Eventually, her mother was taken to a psychiatric hospital, although it was many years before her illness was brought under control. Mary (Karen’s Mom) was suffering from manic depression, now often known as bipolar disorder. Karen said that lithium—the common treatment for the illness today—was not yet in use at the time.

Three times, her mother tried to take her own life while she was gripped with depression. Twice, it was young Karen who found her.

What was all the more distressing for her was the stigma attached to mental illness.

“No one ever said what was wrong with my mother,” she remarked. “This thing invaded my house, invaded my family, invaded my life. And we never talked about it.”

What she learned from this was that mental illness can far too often be considered “a shameful, dirty secret.”

Luckily, Karen’s mother eventually was put on lithium, when it was still a new treatment for manic depression.

“This past July, my mother celebrated her 90th birthday,” Karen said to applause from the almost 40 people packed into the meeting room at the Ramada Hotel here.

“My mother is an absolute firecracker.”

Unfortunately, the story does not end there.

Karen married a Toronto lawyer, became a senior policy analyst, had two children, and lived an affluent life in Toronto—giving dinner parties and enjoying the company of friends.

“I was a pretty hiphophappenin’ babe,” she laughed. “Honestly, I had nothing to be depressed about.”

But in the mid-1980s, just like her mother, Karen began to fade away. “Initially, I just didn’t feel right,” she recalled. “So I ignored it. Then I felt so tired.”

Her response was to work harder—and play harder. “No one who knew me would ever have known it. I just kept doing and going,” she said.

After a time, she decided the problem stemmed from an unhappy marriage and she sought counselling.

“Week after week I just laid it out, and I didn’t feel any better,” she said.

“I moved from being tired and wanting to sleep all the time to just wanting to give up. I just wanted to stop,” she added. “And thus began my 15-year descent into madness.”

During the 15 years she called the “acute phase” of her illness, Karen had six psychiatrists, was hospitalized 17 times, and was on 27 different medications.

Her shortest period of institutionalization was two weeks; the longest six months.

“I was in so many psychiatric wards they developed frequent flyer miles just for me,” she laughed. In one 18-month period, Karen received 24 electroconvulsive therapy (ECT) treatments. And like her mother, she planned suicide.

“There was not a day that I did not wish for death. I was hopeless, useless, worthless,” Karen stressed. “Mostly what I felt was absolutely nothing. I felt dead. I felt like a corpse, simply breathing in and out.

“I knew not felt, not believed, I *knew* that my children would be better off with me dead.”

Karen was able to recount some humorous stories from her time in psychiatric wards. "All depressed patients were dragged from their beds to be taken down to the patients' lounge for relaxation classes," she noted. "You're sleeping 20 hours a day, you're "tranked" out on Ativan. Seriously, do you need to be any more relaxed?"

Relaxation classes involved lying out on gym mats on the floor while listening to whale music. "There is no more irritating sound on this Earth than whale music. So now, I'm not only depressed, I'm ticked off," she remarked.

One of the hardest parts of the illness was the lack of support from friends and family. People gave advice like "think positive thoughts, snap out of it, count your blessings, be thankful you don't have cancer," she said.

"Can you imagine any other illness where we would use such inane aphorisms? If I had a change in the chemistry of my pancreas—called diabetes—would we be whispering?" Karen changed her voice to imitate a "helpful" wellwisher. "Just snap out of that diabetes there, would ya? Get it together!"

Mood disorders are the result in changes to the levels of serotonin and dopamine in the brain. A PET (positron emission tomography) scan of the brain of a person suffering from a mood disorder compared to that of a normal brain shows they function differently, Karen said.

"If I had a brain tumour which caused the exact same symptoms, people would be coming with flowers and tuna casseroles," she noted.

Instead, people who suffer from mental illness often are abandoned.

"The only ward in the hospital where you see nothing is the psych ward—no cards, no flowers, no teddy bears," she continued. "A change in the neurochemistry of my brain had somehow rendered me dirty laundry."

In August, 1997, Karen was again in a psych ward under suicide watch. "We had truly run out of options," she said.

A clinical trial was underway for a new drug. Only 10 people in Canada would receive it and Karen was chosen to be one of them. Her doctor adjusted the dosage over the course of a few days.

"Then, on Aug. 27, 1997, I woke up at eight in the morning and it was over. The depression was gone," she said.

What she experienced is called "spontaneous remission," and is very rare.

"It was like the grey mesh steel curtain that covered every part of me had been ripped away. I saw colour that I hadn't seen in 15 years," she said.

She was released from hospital the same day.

Now, Karen tells as many people she can about her experiences to try to lift the stigma attached to mental illness.

"We're still like these children walking around in silence and secrecy and shame," she said, adding we see commercials of men skipping and jumping around because their erectile dysfunction has been cured, "but we still can't talk about depression."

As executive director of the MDAO, Karen also is calling for more medical research into mental illness.

"Fifty people died of AIDS last year in Canada. Four thousand died of suicide," she noted. And while millions of dollars goes to AIDS research, just a fraction of that goes to mental illness research.

One in five people will suffer a mood disorder in their lifetime, but less than half will seek treatment, she added.

"I'm a survivor, and I gotta tell ya that surviving this illness was the hardest thing I've ever done," she said. "How many people who survive depression and bipolar disorder stand up and say 'I survived this?'"

"It's the fight of your life."

The Mood Disorders Association of Ontario, under Karen Liberman's dynamic leadership, is working hard to fight the challenges described in this article – including the diseases themselves, the stigma attached to mental illness, and even the lack of teddy bears in psychiatric wards. To learn how you can help, financially or as a volunteer, please visit www.mooddisorders.on.ca