

Unfinished Business

Chapter 9

Elation and Despair:

Judith (2)

The Phantom Passion

THE COURSE that Judith's third and most florid manic outburst took was as typical as the other two attacks had been. Again there was the at-first-almost-imperceptible, and yet strangely relentless mood of happiness: it was as if something wonderful were going to happen, something almost too wonderful to be humanly true. And in fact, one of the dreams of her life might be about to be realized, for she was in the process of being considered for academic tenure. "At first," she said soberly, "I saw this as a tense, awful, horrible ordeal-as achieving tenure is, for anyone who has to go through this experience. But somehow, and I'm not sure when it happened, the anxiety left me and I felt quite happy and optimistic and confident." She shrugged: "I didn't realize it until later, but I was starting to become manic."

Judith Karlin, despite her hospitalization for mania the previous summer-and a shorter, much more easily containable episode of elation which had occurred in the year before that-had never yet been tried on a course of lithium. During her short stay in the sanatorium out in California, heavy doses of a powerful tranquilizer called Thorazine had been used to cool the racing motors of her agitation and excitement. She had gotten well eventually but looked back on her "tranquilization" with dismay. "In a way I would rather be crazy. It's hard to describe just how those things make you feel ... as if your mind can't connect, in a way, as if you are a zombie." She frowned. "I could hardly speak, either; it was as if there were weights on my throat, holding me down. I felt, all the time I was in the hospital, as if I were sleep-walking, or the walking dead. Anything," she added wryly "but a human." Still, she'd been able to leave the institution by early August. When she returned to her teaching post in the fall, the whole terrible business was (so she hoped) behind her forever. Her California physicians had suggested that she not share the story with friends and acquaintances; it could, realistically speaking, impair her chances of professional advancement. Like Lot's Wife, Judith had been instructed to look steadily to her future--and not to risk what might be destructive glances behind.

She had been being a good patient and following orders. She wasn't attempting to look back at all. But she was, by the time the winter months had given way to the sudden thaws and erratic excursions into spring that characterize mid-March, slipping back into the construction of her "crazy fantasies." Again they involved the production of a "masterpiece." "This time," recounted Judith "my fantasies were about various political things that were going on in the department too. It all got quite confused, because the man who was supposedly deeply in love with me and the one whom I loved so desperately was"-she hesitated, then smiled-cowell, he was the chairman of the

department. And there was, as before with Frank, absolutely nothing between us. He was friendly; he liked me. I happened to be doing an essay on Sergei Eisenstein's work as a director- and this was something that he, Ralph, had written about himself."

She never did, reiterated Judith, become obsessive about a man with whom she truly was sexually involved. "Never," she repeated once again; and then added that when she got into these eerily intense fantasy affairs, they were nothing other than "symptoms." She herself had no wish or desire for a consummation in the world of reality: "If anything did really happen," she explained, "I couldn't have my fantasies. What this is, to me," she added, her strong, aquiline-featured face intent, her straight dark hair, usually secured behind one ear, now falling forward over her forehead, "is a retreat from any actual occurrence. It's a private, an interior happening ... a retreat from the exigencies of the outside world and into the world of my fantasy."

Once again there were two long months of good feeling; of a growing sense of joy, anticipation of a glorious future; and of simply being the master of all the things that mattered. She experienced herself as powerful, as centrally important to the scheme of things-as a person in control. "I find it very hard to communicate," she remarked, "the way in which my knowledge of my omnipotency slowly grew and swelled within me. It was just this whole sense, this really manic sense that something absolutely marvelous is happening to you! And until one goes absolutely off the deep end, it is that way: in your inner world you are famous and powerful and you're unquestionably in control of everything! It's rather like the Walter Mitty fantasies; but then, it's more than just being brilliant or beautiful or effective. It is, oh-well, by the time it peaks I am a being with magic powers. I have perceived the secrets of the universe. By then, though, I have become compulsively involved in whatever it is that I'm writing or doing. And in the phantom passion that I believe is becoming stronger and deeper . . . I mean that I'm swimming in fantasies of all kinds. It's difficult to explain, but I am not divorced from the outside world: things on the outside are just feeding into my fantasy world. It's as if I were writing a novel, and it were partly true and partly imagined...."

Her cheeks had grown rosy; her eyes were alight, as she said this. "But I believe the part that's imagined! It becomes another act in this great drama that is happening. And it is unimaginably vivid and exciting!"

She was moving, this time by the end of April, from a mood of happiness to one of high irritability. Side by side with that sense of her own importance there was a deep down knowledge that the balloon might burst any moment; she might be revealed as a being both vulnerable and fragile. "On the one hand I experienced myself as someone inspired. I was a sybil, and I was God, and God was speaking to me and through me. I couldn't be crossed. I could call anyone an idiot or a fool; it was as if all inhibition had disappeared. And oh, Lord, some of the things I did say!" She laughed mirthlessly. "That's what I'll never get over, I suppose. That I said damaging things, and did damaging things, which made no sense from the point of view of the people around me!" Some mournful clouds, drifting over her features, now settled upon them as if meaning to stay.

"I think part of that irritability of mine came from the fact that I knew, somewhere deep down, that I was going crazy. So that if any opinion were challenged, it became terrifying. Because to me-and I understand that it's a common symptom of mania, this irritability -it was like a statement to the effect that I was crazy. Which was the thing I most expected, and feared, that people would say!"

In the early weeks of May she'd taken to rushing into people's offices and making sweeping and outlandish statements with which the hearer was expected to immediately concur. "A few weeks before I really cracked up for the third time," smiled Judith, dissipating the gloom of her expression immediately. "I got very into feminism. I was teaching my first course on women in film; and I saw myself as this great messianic feminist person-" She laughed suddenly: "I was the Amazon of Boston! Well, some of the things I did and said were funny; being manic has its rather funny aspects. But I spoiled a lot of my relationships absolutely irrevocably..." Her voice and her expression shifted into the "low" registers once again. "And of course, though no one will admit it at all, it had everything to do with what happened about my tenure, and my job."

A Mood of Triumph

At a time when there was every incentive for being cautious and circumspect, Judith Karlin's mood of joy drifted irrevocably upward: her energy, enthusiasm, her insistent "confidence" continued to grow; she was in an amphetamine like high. She was unable to relax, unable to sleep, unable to let anyone around her even complete a sentence! "The reason was, of course," she recounted, "that I felt that I had all the answers anyhow-so how could I permit someone else to finish a sentence? I was just so hyper and so 'up.' And really, there was a whole power thing: I had this feeling that I finally was showing everybody! There was simply no doubt in my mind that my tenure was being approved and that they were all working their asses off to give me an offer good enough to convince me to stay! And so I lost my inhibitions and my restraint. For example, one of the middle-aged male professors had been having an affair with a graduate student. She happened to be someone I knew well, a divorcée in her late twenties; and I had felt that he was doing a power trip on her, that he was manipulating her. I mean, he'd done certain things for her which had, in effect, helped to advance her career. But when their affair was over, he'd dumped her not only personally but professionally. She'd been, in effect, both unfairly elevated and then treated very shabbily. And my own reaction to all of this had been that she'd let herself be used and discarded; she'd put herself in this passive position vis-à-vis this terribly exploitative man." Judith hesitated. "I wasn't just sympathetic to her plight, you know; I was angry at her too. She'd been playing these manipulative, feminine games; and also, she had been being manipulated. I was just working and not playing; which was, I think, better in the end. Anyhow, my mood was one of triumph--of triumphant rage, I suppose! Because I just started ragging that man, and in public. I kept saying: 'How's Nancy? I haven't seen her lately,' and things like that. This person, mind you, had immense weight to swing in the upcoming decision regarding my tenure! And these snide remarks I was constantly making: they were key phrases to everyone present. Oh." Judith shifted in her chair, suddenly, rested her chin in her hand. Looking down at the parquet squares of her living-

room floor, she said ruefully: "I was like someone possessed. I was tearing up my whole life. And that's the part that most people don't understand. Unless you are with someone who's knowledgeable about such things, or loves you so much it doesn't matter, I think that such behavior puts an irrevocable blight on your relationship-to you, as well as the other person." She looked up, added in a voice full of anguish: "I can't confront people who have seen me when I was manic, unless they are people I am so intimate with that they will-you know-take anything."

Certainly, those friends who cared about her had been trying to caution and contain her. A woman colleague, Barbara, had been at a faculty lunch at which some of the male professors had been affectionately teasing Judith. "I was the first feminist in that department, and it was very likely-at that time-that I'd be getting my tenure. And during that lunch they began saying all of these wildly sexist and chauvinist things; they were just joshing around, being playful. One of them, a young professor, was someone who was my age and was a friend. He actually is chauvinistic, because he made his wife give up her job to have a baby. But I'm not his wife, and he's a nice man; he's an enemy, but he isn't my enemy. At any rate, though, he was saying women should really be subordinate, and things like that-that feminism was all ... well, I don't remember. Just that 'Oh, you women's libbers' kind of teasing. It was his idea of being funny. But I just got so upset and so angry and so furious at all of them! And Barbara, who didn't even know that I'd ever been manic, but had once had a friend who had been, called up that night. She told me that she thought that I was different, somehow: 'You know', she said to me, 'I honestly think you're going into a mania.' "Judith had responded to Barbara's concern with an angry outburst."I started yelling," she admitted. "I don't even remember what I said." The suggestion that she ought to consult a therapist was met with an arrogant incredulity. She felt so wonderful, in general; why in the world would she want to go for help? She was fine--and not simply fine; she was superb. Her mood was the mood of victory: she was terribly excited about her upcoming tenure appointment, about the writing on Eisenstein's films that she was doing. And above all, she was stirred by the wonderful feelings that come with being in love.

The Glow Wasn't Sickness; It Was Love

"I was never in love, either with Frank or with my departmental chairman, when I was sane," she said, her voice low and uncertain. "That was a manic thing. I realize that when you're manic you get so elated and supercharged and excited that-well, a woman who was brought up in the way that I was could only attribute that feeling to one thing." She smiled: "To being madly in love with someone."

I shook my head, not sure what she meant: Judith stood up suddenly, began pacing around the room. "You are charged with this incredible, unprecedented excitement," she explained. "It's a glow, and the whole world is wonderful. And I was brought up, as so many girls are, to believe that such transfiguration could only come from a man! That's just our sexist upbringing. And so you pour that energy out on whoever happens to be there. Which in this last instance was Ralph, our departmental chairman. I mean, I never said to myself 'I am sick, and something is happening inside

me, and that's why everything is all aglow.' I certainly didn't think about that. I mean, I'd do so if I ever started going crazy again; at least I hope I would! ... But I never gave a thought to being sick; I was just in love." She stopped her pacing, stared at me, and said: "You'd have to be in love to be so excited. But I'd known Ralph for years; I'd been a graduate student in that same department before ever going out to California. And all that time, until I started fixating on him, he was never anything more than a nice person."

Her state of elation, which had been affecting Judith's judgment and understanding, had enabled her to remain impervious to what she now recognizes were advance- signals of the impending disaster. So convinced was she, in fact, that she would easily surmount the tenure hurdle, that she purchased an elaborately expensive plum-colored velvet sofa, an antique bookcase, and an oriental rug. Such purchases were, she realized, a bit extravagant, but she would pay for them with her increased earnings; after all, promotion was around the corner! And it would be good to have her place looking just perfect at the time of the celebration party.

Several weeks after these furnishings had been bought, however, her promotion had been passed over and her tenure bid denied. It was clear that she would have to seek a new teaching post elsewhere. And Judith plunged with an almost dizzying rapidity from the exalted heights of her Olympian triumph to the depths of an acute depressive despair.

The Touch of a Malicious Wand

Judith had had three episodes of mania, during one of which she'd become psychotic. (That was of course a year earlier, out in California, when she had received those "messages from God" over the radio.) But this was her first experience of a serious depression. The feminist "Amazon"; the brisk teacher and writer; the energetic scholar; the beloved protégée of the departmental chairmen: all, all had disappeared. She'd been transformed, and totally, as if by the touch of some malicious wand. Her mood, her experience of her life became "black ... one of blackness, awful hopelessness." She felt as if she had been, in essence, destroyed. Her shell continued to move and to function; but "she"-the real Judith-was dead inside. Or if not dead, worthless. She had nothing to give, and nothing to expect; no, not from anyone. Life was unendurable. She felt totally isolated and alone.

The High and the Low

What Judith Karlin's last and most prolonged attack reflected was the more or less classical outline of a manic depressive (or "bipolar") mood disorder. She had, for an initial period of three months or so, been feeling too good to be true, too immune to any of the possible difficulties or problems that she ought, rationally, to have been confronting. Now, following upon the rejection of her tenure bid that too-happy picture had entirely reversed itself; things were too bad to be true. The collapse of her hopes for a rapid and ego-satisfying promotion was being equated with the destruction of her worth and value as a human being. In the wake of what had unquestionably been a defeat and

a disappointment, she was calling herself a useless and even "loathsome" individual: she had begun questioning her right-and her willingness-to go on living, as well. In short, the rebuff she had sustained was being magnified beyond all proportion.

The mood of despair was as exaggerated as had been the prolonged experience of happiness that it had supplanted. And in fact, the "high" and the "low," on the surface such strikingly different emotional states, did share one very important feature. They both rendered Judith incapable of sustaining realistic contact with her environment. It is this inability to correctly read and assess the signals coming from outside the self that is one of the hallmarks- and dangers-of manic-depressive illness. For our mood states have so much to do with the ways in which we perceive, process, and interpret the information that comes in upon us unceasingly from an ever-changing, ever-challenging, ever-demanding outside world.

The Circular or Cycling Illness

Manic-depressive illness is one of the oldest psychiatric disorders to have been described in the literature of Western civilization. Medical writings, as well as prose and poetry dating well back into the fourth century B.C.--contain references to individuals who suffer mysterious mood swings, alternating between extreme glee and what the ancients called melancholia. One Arateus, a doctor living in the second century B.C., wrote a clinical description of the manic-depressive cycle which remains valid to this day. Such patients, after a prolonged experience of euphoria, were seen to become "sad, dismayed, sleepless... They (are made) thin by their agitation and loss of refreshing sleep ... At a more advanced stage, they complain of a thousand futilities and desire death."

So striking in its roller-coasterlike progression of high and low moods is the disorder that in the last century a French psychiatrist, Falret, called it folie circulaire-that is, "circular or cycling madness." But the term manic-depressive psychosis was not invented until the early nineteen twenties, when Dr. Emil Kraepelin first used it to delineate a form of mental disturbance most characterized by inappropriate mood; that is, "too joyful" or "too miserable" emotional states.

In Kraepelin's schema, the person who evidenced mania with no sign of depression-as well as the individual who became depressed without any prior phase of elation-was to be classified as manic-depressive. (Actually, mania in the absence of depression is extremely rare; and Judith's first two outbursts, which had not been followed by depressive attacks, had made her an "interesting patient," i.e., a medical oddity. Depression without mania is, on the other hand, as ordinary and common as is the proverbial apple pie.) Kraepelin was, however, making the supposition that even if the depressed person never evidenced any signs of mania, the elated phase had still somehow been there.

More recently, and largely as a result of the development of different types of psychoactive drug treatments, this view has come to seem increasingly questionable. For certain medications, such as the tricyclic antidepressants (Elavil, Tofranil, and the like)

may be very helpful in the treatment of "plain" depression. But, compared to lithium, they're relatively ineffective--and may be contraindicated -in the treatment of manic-depressive disorder. If the two patients were really suffering from the same illness, as Kraepelin believed to be the actual underlying situation, then they ought, of course, to be responding to and helped by the same kinds of cure.

Generally speaking, most experts in the field of depression now tend to view manic-depressive disturbance and "plain" depression as fairly separate and distinct disorders. Manic-depressive disturbance is frequently referred to as bipolar disease-a mood disorder encompassing both "poles" of emotional state, high and low. And depression in the absence of any symptoms of mania is, in current terminology, unipolar disease. The "high-low" sequence is, statistically speaking, a far less frequent occurrence than are periodic episodes of the lows. Within the nation at large, manic-depressive disturbance seems to affect only some 10-15 per cent of the population. But unipolar or plain depression is much more widespread; according to government statistics, it may be affecting up to 30 per cent of the American people. A conservative estimate, given me by Dr. Robert M. A. Hirschfeld, chief of the depression section of the National Institute of Mental Health, comes from that bureau's most recent survey data. The NIMH findings indicate, Hirschfeld told me, that one in every five Americans has at least moderate depressive symptomatology. Such symptoms may include sadness, loss of pleasure in life, indecisiveness, irritability, impaired ability to think and to remember, as well as sleeping problems (early morning awakening is a signal of a possible depressive disorder!), appetite changes (loss of interest in food or the overeating of the chronically obese), fatigue and loss of drive or agitation and hyperactivity. Loss of sexual interest is a common phenomenon-but this drop in libido, which can be accompanied by impotence or frigidity, reflects a broader loss of interest in most things in the world outside the self. The depressed person, like someone with an awful toothache, turns his or her attention inward and has little to give outward; it simply hurts too much.

If we are talking, in any event, about one in every five Americans having at least moderate depressive symptomatology, we are talking about a group of people on the order of 40 million. It is, as Hirschfeld acknowledged, a public health problem of almost staggering proportions. And two thirds of that group are women. As noted earlier, all surveys of the incidence of plain depression show a routine sex bias, that is, many more depressed women than men!

But this is not the case where bipolar depression is concerned. In manic-depressive disorder, which somehow has a more hereditary and biological "feel," nature appears to have provided a certain parity. Here, the sexes are equal: there are roughly similar numbers of manic-depressive women and men.

The Bearer of the Family Dream

Needless to say, there have been numerous efforts to tease out the causes, or triggering factors, that may set off the manic-depressive cycle. One branch of the research has taken the biological high road, viewing the illness as "constitutional" and built into a person's

inherent natural makeup somehow. Another branch of the research has taken the "nurture" low road, linking manic depression with particular kinds of rearing practices and certain life experiences. One landmark study of the latter sort, carried out in the mid-nineteen fifties by Mabel Blake Cohen and several coworkers (among whom was Frieda Fromm-Reichmann, the model for the female psychoanalyst in *I Never Promised You a Rose Garden*) was a meticulous study of the family backgrounds of a group of eleven manic-depressive patients.

Dr. Cohen and her colleagues found that their patients had all come from families which had been set off, for one reason or another, from the surrounding milieu or neighborhood. Either the family belonged to a minority group, or had lost money, or an important family member had become mentally ill. Whatever the onus or burden might have been, it was the individual who later became a manic depressive who had been the one selected to win, or to restore, the family's honor. Often, this child had been chosen for the task because she or he was brighter, more beautiful, more talented, or superior to the other siblings in some other way. "We also found," reported the Cohen researchers, "that the child is usually caught between one parent who is thought of as a failure and blamed for the family's plight (frequently the father) and the other parent who is aggressively striving, largely through the instrumentality of the child, to remedy the situation...."

Is this, then, the particular kind of family and social environment that breeds manic-depressive disease? The findings of the Cohen study, though they continue to intrigue mental health workers, have never been confirmed. Later researches on manic-depressive patients have demonstrated that while many do spring from the type of background described by Cohen et al., there are many others who do not. I myself must confess to having been astounded by it, nevertheless. For I'd already been doing extensive interviewing with a sample of women who, like Judith Karlin, experienced "highs" as well as attacks of depression. And the thumbnail family background sketch suggested by the Cohen group seemed to fit what I knew with an accuracy that I found almost eerie.

Judith was, for instance (and I'll cite her history, since she is someone we already know something about) indeed the "golden girl" of her family. She had had, as a child, the bouncing curls and winsome charm of a Shirley Temple; she'd also been, as she described herself, "a bit of a ham" and someone who knew how to maintain herself at the center of attention. She was not only "brighter, more beautiful, more talented, or superior" to the other siblings in her family; she had them beat, hands down. For Judith's brother, three years younger, had had polio in his infancy, and was slightly crippled; and the youngest child, a sister, was stolid and average-not at all so flamboyantly superior, so clearly destined for intellectual triumphs later on in her life.

Judith's father, too, conformed to the familial outline suggested by the Cohen study: he could have been called "a failure." For, at the time of her parents' marriage, he had been a promising and already moderately successful actor-with credits both on the stage and in films-but his career had, somehow, never consolidated; it had simply fizzled out. He'd had to go into his family's sweater manufacturing business, based in Chicago,

and he despised what he did (even though he was an effective executive and had, in fact, made a great deal of money). To her mother, Judith suspected, the ending of her father's acting career had been in some sense a betrayal and in every sense a disappointment. She, the bride of a worldly and glamorous actor, found herself confined to what she considered the dull, drab milieu of the business and moneymaking world from which this marriage had been meant to provide the latchkey, the means of escape. She'd wed an actor but was married to an ordinary executive. There had been her mother's recurring back trouble, too, and the sense, for the precocious and pretty Judith, that things had gone sour in her mother and father's generation. It was she who was the hope of the family, she who was the family's real investment in the future. And it was she who-so the unspoken but powerfully present family myth had it-would someday make all of the things that seemed wrong or disappointing become, at last, magically "right."

I Am What My Dreams Desire Me to Be

For Judith herself, however, such explanations of her present plight were not in themselves sufficient. "I am not saying," she once told me dubiously, "that there were not problems in my family. But you know, my father could have been actively destructive and walked out on the family; he could have done those palpable, terrible things that happen to a lot of people . . . people who don't go crazy. And again, I know people with difficulties that are severe--objectively severe--and they haven't gone crazy. So it is as simple as that. I mean, the real question is why is it me and not somebody else? I'm not saying that my early life or my current life is totally the right life—but what is the right life? I believe the answer to why it's me is that I have this disease that most people do not have."

Nor did she have great sympathy for the view, common among many psychiatrists, that manic attacks represent a frenzied flight from what is actually an underlying depression. This view is based, to some degree, upon the clinical observation that the joyous person's elated mood is usually accompanied by aggression and growing irritability. (As one therapist remarked to me: "The manic person is feeling good; but it's not a warm glow, nothing that includes other people. It's all focused on the self, and it has to be guarded carefully, protected from intrusions from the outside.") The happy mood has, in other words, an almost desperate quality. And, although the euphoric person's self-references are positive-super positive, in fact-they appear to be of a very frangible sort. They must be protected, at all costs, from incursions from the real world (hence the tendency to feel threatened, and the irritability). Seen from this standpoint, the manic-depressive individual is someone who, in order to stave off the oncoming depression and all of its attendant negative feelings, has gone to the extreme opposite end of the mood spectrum in order to maintain her or his positive sense of self.

Judith, however, considered this schema to be "absolute bullshit." She didn't believe, she said, that there was any truth in it whatsoever. "It's like saying that being in Heaven is a flight from Hell." Her voice was charged with indignation. "But I have been wildly manic-to a degree that I've never been depressed-and they are, I think, two very different places. I mean, you are racing when you are manic; you can do things a

depressed person would never be capable of doing! The whole thing about depression is that you can't get out of bed; but when you're manic, you can't get in bed; you are totally unable and unwilling to sleep. They are utterly opposite kinds of experiences. You want to collapse and to withdraw when you're depressed. When you're manic, oh!-you just want to be going all time."

A number of therapists do, nevertheless, view the manic episodes as not only a denial of an underlying, depressing reality; but as something similar to the acting out of a metaphor, a wished-for dream. The woman who goes on a clothes-buying spree, or redecorates her whole house or becomes sexually promiscuous is really saying to the world: "I am what my dreams desire me to be. In my dreams I am all beautiful, and can wear all the clothes, or decorate the most beautiful house, or absorb all the men in the world. And there are no bounds to my reality-no boundaries to social convention, the limits of my talents and capacities; the size of my pocketbook; the capacity of my vagina; or my body's ability to do without nourishment or sleep." And no doubt this is the reason why the manic person does, for many of us; exert a dramatic and compelling appeal. For we all do have, somewhere deep within us, some part of that same dream; that wish to make our own overly expansive "impossible" fantasies palpable and real.

About Power: Acting Out My Mother's Rebellion

If I were asked to say what Judith Karlin's waking dreams -those three long experiences of elation-had been about, and to say so in a word, that word would be power. Once, when she'd been describing to me the "differentness" of the ways she thought and behaved when she was manic, I tried to find out whether she'd realized-at the time itself-that she was indeed thinking and behaving differently. "No, no," she replied, almost impatiently. "You think other people are crazy and you are inspired; you know everything; you're God. I mean, it's a whole thing about triumph and domination. And the feeling is: 'I'll finally show them.' It's a little like being drunk; you just lose your inhibitions about what it's possible to do, and what you can and can't say." We were having lunch together on the day when she made this particular observation. Judith had leaned forward, on the table, her chin in her hands. "The thing is," she continued, "that it happened to me, and I was possessed. It wasn't me; it was the world that had changed, somehow. Because my perceptions of it-the world, I mean-had changed.

"I know," she added, "that in reality the world didn't change; it was only an unending fantasy. But when I think of trying to reproduce for you what it actually felt like-well, I had no sense of it coming from inside me! It made perfect sense to me, somehow, the whole crazy new world I was responding to, and seeing, and in touch with. I believed in it; and I was inspired; and it was lovely until the culminating sequence, when I was getting those 'messages,' which were, I now understand, projections of unconscious feelings and psychological whatevers. But, no more than that phone's ringing on the counter over there"-Judith pointed toward the cash register-"did that all feel like it was coming from inside me."

For a moment, then, she was silent. The waitress brought us our cheeseburgers. "You know," said Judith casually, her voice tone changed, as if her thoughts had shifted onto a far less emotionally charged topic, "I sometimes think that my manic episodes were like--well, the very obverse of my mother's depressions."

I think I must have looked very startled when she said that, for Judith's own brown eyes widened in surprise. "You never said," I remarked carefully, "that your mother had been depressed."

She took a bite of her thick sandwich, shrugged. "I don't know that she was technically. But women are more depressed than they are anything else--women are much more depressed, I'd say, than men. And in a way, I was so pushed one way in my life: to be feminine and subordinate and everything ... to a man. My mother wanted me to achieve, sure she did. But she also wanted me to do this other, this 'girl' kind of thing. So at one level, there was the pressure to behave in a very traditional way; whether or not I wanted to. There was nothing ever said explicitly about that being a lot of shit, and beneath me--or her--or anyone. But I've sometimes felt that I, in my manias, was acting out my mother's rebellion." She took a sip of her coffee, replaced the cup in the saucer with a clatter.

"I might have said that I am manic, instead of depressed, because I am leading a very-not abnormal maybe 'offbeat' is the word, life for a woman. I mean my life is something that I could think is a fantasy!" She picked up the sugar holder, poured a bit into her cup, then stirred it around with her spoon somewhat dreamily. "You can do very funny things when you're manic," she said, "and what I did, especially this last time, was to get terrifically aggressive. And order people about. I was obnoxious, sure; but I was also interesting. I mean, I wasn't just sitting there like a blob ... and I don't, I never have felt trapped. There are a lot of things I could complain about in my life, but feeling trapped is definitely not one of them!"

"What could you complain about," I asked, "if you were complaining?"

"Oh. Not being able to live where I choose to; that is, being dependent on what school finally decides to hire me. Not being able to maintain relationships--because I still don't know where I'll end up being." I smiled: "Employment problems."

"That's right. It's my whole life. But it's not my husband's employment problems ... that's the only thing that sees Die through." Judith was smiling too. "I mean, before I came to meet you today, I was reading a novel about a woman whose husband is an actor. And he's going on tour, and she has to turn down a job. See, this is a situation I wouldn't be in. I mean, the only thing that sees me through is that this is my employment and my choice. And it's not that I've never been terribly lonely--I have been. Every time I move into a strange city, and feel abandoned and miserable, I regret, in a way, not having married. But the minute I get on my feet," she lifted one eyebrow ironically, "I find I quickly un-regret it. Really, I would link my becoming manic, rather than depressed, to that more than to anything else."

"And if you were a wife follower of another person?" "I think I would be depressed." She laughed: "I would also, I think, be a rather mean bitch. You know," she added, her expression becoming serious, "the fact that I go into uppers, and not into downers-the way most women do--actually relates, I believe, to the fact that I've made a very firm and committed choice not to live in the way that most women live. I have my own ambivalences-sure I do. But I don't have the ambivalences of having to follow a husband, to take care of children, and to keep up a home. So I'll tell you what I make of this: it's that most women are told, from their earliest life, that there is only one set of things that will make them happy-a home, children, 'love,' 'fulfillment.' And women then, at some point, get depressed for one of two reasons: either they've gotten these things and they aren't happy or they haven't gotten these things so they can't be happy! A woman's life is measured in inner states. Whereas for men, the measures tend to be more external-things like 'success' and 'productivity.'

She lifted her coffee cup, took a sip, put it down again. Her cheeseburger had been barely touched; my own was almost gone. I started nibbling at my pickle and potato chips. "But you know," Judith was continuing, "being 'fulfilled' is a rather static thing. You are," she shrugged, "just so full, and then you can contain no more. You're just standing there, full of something!" She grinned, lifted her somewhat discouraged-looking sandwich, took a bite.

"And when you're not being 'fulfilled' or full you are ... I" I'd almost been thinking aloud, but the words came out as a question to Judith. She was chewing, but signaled me to wait a moment; then she swallowed. "Obviously, when you're not fulfilled you are empty and frustrated and miserable!" She wiped her lips with a paper napkin, which became smudged with her lipstick. Then she added, with what might have seemed careless irrelevance (but wasn't): "Once, when I was already grown up and an adult, my mother made a remark to me about my father. She said: 'If lance started being angry at him, I would never stop.' To which I responded, I remember, with an inner something like 'Aha!'" She stared at me a moment, her dark eyes bright with intelligence. Then she picked up the soggy cheeseburger, shrugged, took another bite.

The Origins of Depression

Judith was clearly a subscriber to that well-known model or paradigm for how it is that depression originates: the "anger-turned-inward" schema. Many experts do have it that the inflated rates of depression among women are connected with feminine inhibitions about the release of anger. Nice girls don't, as everyone knows, behave aggressively and display their assertive, competitive feelings openly (better yet, as will be seen in Chapter Thirteen, they don't "have" any such tendencies in their general personality makeup at all). If, nevertheless, a person is enraged-and if she is unable to recognize and deal with her own feelings of fury-there is a way of experiencing the emotion without actually threatening her relationship with the one who's enraged her. She can turn her anger at the other person around and allow it into consciousness as anger and rage at herself.

Such an individual may be totally, or partially (as was Judith's mother), unaware that she's in a state of simmering fury. In the former instance, she may suppress all awareness of her own hostile feelings because she feels she shouldn't be the sort of person who would have such negative, angry thoughts and ideas! In the latter case, she may "know" at some level what she is feeling but consider herself totally helpless when it comes to expressing or communicating the anger that she's experiencing. Her feelings, which can't be released or discharged, are then-like a hand grenade, pin pulled, that the person keeps hanging onto-used destructively against the self. The emotion, transformed, falls down upon the person who's not been capable of releasing it, and in a shower of punishing self-vituperation. The fallout from this sort of self-directed attack is inevitably a drop in self-esteem. And this is, in itself, one of the primary symptoms-the hallmarks--of a depression.

Women actually may, as Judith seemed to assume they do, tend to get depressed more often because they have more trouble with the display of and communication of their anger-and because they frequently try to handle angry feelings in this particular fashion. That is, instead of experiencing and confronting their anger consciously, they turn it around, into weapons destructive of the self. The reason being, of course, that aggression and anger are unfeminine. Her own mother, she seemed to be saying, had been womanly and depressed. She, Judith, would conduct her own life in a totally different way.

A Model for Mania

No one conveys a more convincing portrait of the utterly happy person than does the individual who is moving into an extended euphoria. I have heard such people discuss their lives and their future prospects in the most wonderful and glowing terms. While it's true that some manic patients may experience a subliminal discomfort, they're possessed by a great exaltation of spirit. The entire mood-the sense that one is "floating on air," "bursting with happiness"-seems the very obverse of depression.

And, in many ways, the two states do seem to be poles apart. For where the euphoric person adores herself, the depressed person detests herself; where the manic individual denies the existence of any realistic difficulties or bars to the realization of her wishes and dreams, the depressed individual exaggerates the size and the scope of the problems that she does face; she's overwhelmed. The "high" person is driven and impulsive; she is hyperactive and striving. The "low" person has a sense that she is stuck-paralyzed- and that there is nothing to be done, and that nothing that could be done would have any meaning or be of any conceivable use. The elated individual is expansive, friendly, grandiose; her heart is full of high expectations for the future. The depressed person is just the opposite; she believes that nothing good can possibly happen.

And yet, as I mentioned, some of the psychological explanations of mania start with the basic assumption that the mood of joy is essentially a defense-a massive denial of what is in reality an underlying depressive state. Such a "model for mania" has it that the manic person, although appearing to be outgoing and friendly, is self-centered,

manipulative, actively controlling of others' behavior. Suggests Dr. Lawrence C. Kolb, in a recent textbook (Modern Clinical Psychiatry): *These attitudes are based on an emotional need for a dependency relationship.* (My italics.) Writes Kolb: "The manic would seem to perceive threat and danger in accepting his (her) dependent needs to be cared for by others. To maintain his self-esteem and to defend himself, to maintain his key perception of power and strength, he appears to use those transactions which control others to whom he looks for emotional support. His repertoire of behaviors requires that he must appear extraordinarily independent, needing no one. He thus develops a repertoire of behaviors in which he suggests that he will care for others-his grandiose schemes. He repeatedly attempts to test, manipulate and over commit others so that he involves others around him to care for him ... [and thereby] ... he obtains the needed dependent role while challenging external constraints under the guise of an aggressive pseudo-independence."

The notion here is that the elated person perceives herself or himself as gloriously strong, capable, and competent, in order not to be aware of another perception of the self, which may be looming even closer to consciousness. And that is an estimate of one's self as weak, needy, scared, powerless, dependent. The fluctuation between two such radically different appraisals of one's own person may be, as some experts have suggested, a reflection of some vacillation between identification with the submissive maternal figure and with the more powerful father. In other words, the manic-depressive patient, in denying an underlying depressive identification with the mother, acts out an intensely triumphant, strong, victorious, overaggressive role which is in imitation of the paternal figure. It is a way of becoming emancipated from being-like-mother by means of being like- father; it's also a way of showing the world that one is the person on top.

According to the schema being suggested here, it is the manic-depressive person's failure to attain his or her inflated goal, or dream of glory, that finally forces a renunciation of the identification, with the powerful father. The fantasized strength and power vanish with the bursting of the bubble--the fantasized goal that was, in one's imagining, somehow within reach already. And it is in the wake of having to renounce the paternal identification (so goes the reasoning) that the patient becomes so depressed, so utterly helpless.

In a way, this psychological model did match with Judith's situation; and it fit almost as neatly as Cinderella's glass slipper. As she once remarked: "The manic-depressive family pattern is very much tied up with your relationship to your mother and father; this is true. You have all of these ambivalent feelings of love and hate--which are exemplified in those extreme mood swings; in your elation and in your despair. You can't react in any normal way; you are always responding in extremes. And apparently, from what I understand, it also has to do with conflicting expectations."

The Girl Game

Judith had had two different sets of expectations that she'd been asked to live up to simultaneously: "I was supposed to be both boy and girl. I mean that I was expected to

be very achieving, like a son, and that part I did like. But at the same time I was supposed to be very popular and docile and all of those traditional girl things ... which was something that I wasn't good at, and that I hated." She hesitated, then said with dubiousness: "I sometimes think of my greatest sin-and maybe even the part of me that is 'crazy' -as being my failure to, you know, be like my mother. She was ... very beautiful. And she was charming, and into the whole female business of attracting men. I was a disappointment to her; I was offbeat, not very interested in clothes and what she used to call the 'girl game.' The model of the female role that she presented me with-it wasn't for me; I rejected it very early. I knew I wasn't like her, and that I wouldn't make it. I'd just never fit into her categories of 'womanness'; the ways I was weren't her idea of what a woman should be like."

She had always, said Judith, felt deeply guilty about not being the person her mother had wanted her to be. Still, she'd had-at the very same time-a certain contempt for this particular feminine vision. She repudiated what she termed the "subordinate, manipulative kind of girl game" and disliked all the pressures about being popular, "developing poise," "having dates," and the other feminine expectations which weighed more and more heavily upon her. "I loved my mother, truly," observed Judith, with the somewhat shamed expression of a misbehaving schoolchild, "but I couldn't, somehow, do those things right. At the same time, I knew I had to. Because of course, the idea was that your life depended, if you were a woman, on the quality of the man you were good enough to attract!"

Judith sighed. Then she said, with a touch of puzzlement, "Maybe girls aren't growing up with those kinds of assumptions nowadays. But we-oh, we surely did in the 1950s. Nothing was so desperately critical as the 'girl game.' For it was the men who had the power, the real social power. They could give, or withhold from a woman, everything that would matter in her life."

She herself did, she conceded, nevertheless suspect some imponderable link between her mania and her "arrogant" (nonfeminine, nondependent) way and mode of living. Indeed, in speaking of her first hospitalization-the one out in California-Judith had said (not without pride) that when they'd brought her onto the ward, she was "flying." "I was manic, like the men there . . . not depressed, you know, like ail of the women." Maleness was, in her mind, linked with being high, in charge, expansive and active; while femaleness was vulnerability, lowness, dejection, and passivity. To be completely the woman was, in her view, to be completely without power.

A Kind of Biological Command

True understanding of the problem of manic-depressive disorder will ultimately come, I suspect, from the biochemist's laboratory and not from the psychiatrist's office. For, fascinating though it may be to try to fathom the underlying psychology of bipolar illness, one can truly do little other than to produce rather wobbly theoretical constructions. Life events; psychological history; personality structure: all are, one suspects, less significant than are the neurochemical surges and tides which occasionally

overwhelm the realities of the vulnerable person's ordinary mental and physical existence. In brief, the feelings of joy or feelings of depression-whether or not they've been triggered by a real happiness, on the one hand, or a sorrow or setback, on the other-cannot be normally handled and worked through by the manic-depressive individual. The feelings, because of some mysterious biochemical disturbance, become self-generating. The mood, whichever it is, doesn't end ... and, while it's undoubtedly due to some subtle interplay between the person's constitutional predisposition and her or his environment, the major part of the responsibility can almost certainly be attributed to factors that are biological.

In manic-depressive illness, a shift in the functioning of those delicate brain compounds which appear to be necessary for maintenance and regulation of normal moods must be involved. And it is this mysterious inner happening which more than anything else probably sets in motion that marked shift in the manic-depressive person's state of emotional being and of experiencing. Rather than that biological permission to develop a mood disturbance, of which I spoke earlier, the bipolar individual indeed may be subject to a kind of biological command.

The command might be, in fact, a genetic one. There have been, in the recent past, some fascinating investigations into the possibly hereditary nature of manic-depressive disturbance. Before I talk about these carefully controlled laboratory studies, however, I want to mention that it has long been recognized that manic-depressive illness tends to run in certain families and groups. Although it is, as I said earlier, statistically infrequent within the population at large, there are certain peoples among whom it is very common. Jews and Scandinavians, for example, show high incidences of manic-depression; among Jews it is, actually, the most common form of mental illness.

New Genetic Clues

The relatively new genetic evidence has, however, changed what was an intriguing suspicion-that there is some kind of inherited vulnerability which renders some people incapable of adapting to certain types of stress-to a respectable scientific view. The evidence, according to Dr. Gerald Klerman, director of ADAMHA (The Alcohol, Drug Abuse and Mental Health Administration, in Washington, D.C.) comes from three disparate sources. One source is studies of twins; such studies have shown that where one member of a pair develops manic-depressive illness the likelihood that the other twin will do so is extraordinarily high-over 60 per cent. "Also," Dr. Klerman told me, "identical twins have a higher concordance rate than fraternal twins. What that means in nonjargon terms is that if the twins came from the same egg the probability that if one is manic-depressive, the other will be too, jumps even higher."

That, observed Dr. Klerman, is one good genetic clue. Another comes from what are called pedigree studies. These are long-range studies of families-running back several generations-of individuals who have been hospitalized with manic-depressive illness. What the pedigree studies have demonstrated is that, in the families of these patients, there are more manic-depressive and depressive relatives than could have been accounted for by chance alone. Furthermore, a large-scale pedigree investigation, carried out in

Israel, has implied that the incidence of manic-depressive illness is far higher among the Ashkenazi, or Jews of European origin, than it is among the Sephardic Jews (who are Spanish, Moroccan, more oriental in origin). This study, which was done by a student of Dr. Klerman's, indicated that "almost all of the manic-depressive disorder in Jerusalem seems to be among European families." Added Klerman, with a bemused and intrigued expression, "There seems to be practically none among the North American and Middle Eastern families."

A third type of evidence, also arguing strongly for some inherited predisposing factor in the development of bipolar illness, has come from yet another kind of genetic investigation. There are now several studies which have attempted to link the tendency toward manic-depressive disturbance with certain other characteristics-such as color blindness and the Xg blood type-which are known to be passed down from parent to descendants and to be carried on the mother's X chromosome. This research has, in general, supported the notion that the predisposition toward becoming manic-depressive can be correlated with these other genetically transmitted traits.

In other words, one may inherit the vulnerability to manic-depressive disease from one's mother, grandmother, or great-grandmother in much the same way that one might inherit her color blindness or her Xg blood type. And perhaps it is true that among the good fairies surrounding Judith Karlin's cradle-who'd bestowed upon her superior intelligence; a great creativity; a sense of energy and purpose; an eccentricity, of a sort, that went with her artist's conviction that she was, indeed, someone quite special- there'd been the traditional evil fairy, bestowing the one dark and damning gift, i.e., a tendency to crumble under certain types of stress. She was, if I've not said so, Jewish; and her family was of Ashkenazi, which is to say, European, origin.

Special Biological Permission

This brings us back, once again, to that notion of "special biological permission." Before she'd begun being maintained on the antimanic medication lithium (which has, at this writing, kept her attack-free for a period of some four years), Judith had experienced three upsurges of prolonged mania, and one-relative to the degree of mania-not too severe depression. And what had set these attacks off, in terms of events or environmental input, had been: 1) a move back to the East Coast after a stint of teaching out in California; 2) a letter from Frank, whom she was to see during a summer vacation in California (also, perhaps, the death of an adored grandmother, which had occurred several weeks before Frank's letter actually arrived); and 3) the prospect of receiving academic tenure and promotion.

These were, as I have remarked, all circumstances that would require a certain ability to cope and to adapt-to meet changing situations and the changing demands they involved. They still appear to be, though, far removed from the kinds of massive trauma that would drive a person to madness. Yet "driven crazy" is clearly something that Judith Karlin had been. Something about returning East; and then going back to the West to work on that manuscript; and then about coming up for tenure, had been sufficient to set

into motion those mysterious, ill-understood shifts in central nervous system functioning that appear to underlie disorders of emotion and of mood.

So we return to whatever constitutional factors may underlie that special biological permission. And yet we mustn't, I think, succumb to a certain temptation to view Judith Karlin in terms, only, of hereditarily transmitted biochemical aberration. It would be easy, foolishly easy, to begin forgetting her personhood: to see her as essentially a defective molecule decked out with hair, clothing, parents, friends, a job, and all of the accoutrements of a human personality. But this would be to ignore the fact that brains—even ones that show the non-adaptive responses that Judith's did—respond primarily to psychological and social experience. And so, while soberly taking into account the obvious relevance of constitutional factors, one mustn't dismiss the importance of "nurture" and the things that had happened and were happening in her ordinary, everyday life.

Judith could have had no mind, no "mental life" without the physical functioning of the brain that underlay it. Nor, on the other hand, could one imagine her having a brain that functioned in the absence of a past; that is, in the absence of psychological learning. The situation is not an either-or, and one cannot "explain" Judith Karlin's dilemma solely in terms of neuroregulators and brain biochemistry. As one psychiatrist, Dr. Robert Stoller, has written: "... I hope no one seriously thinks one's past life does not usually influence one's present behavior. That a medical treatment may quite ignore this past, go directly to the brain and succeed in changing behavior does not disprove the importance of that past experience in producing the behavior. It may only indicate the obvious—that the brain is the final common pathway" through which behavior is going to be expressed.

I am making these points because I do think very seriously that the notion that hers was a genetically, constitutionally disposed weakness that rendered her unable to respond adaptively to her environment might make Judith's problems seem very different from those of women who are capable of responding in more vital and healthier ways. And yet the fascinating thing about such abnormal reactions and about "diseases" in general—and this has been true throughout the history of medicine—is what they have to tell us about the meaning of "normality" and of health. Judith's issues, the emotionally laden dilemmas with which she wrestled, were the stuff of her madness: and yet they were not, by any means, matters remote, alien, or arcane.

She was struggling with a set of difficulties revolving around an uncertainty about which of her beloved-and-resented parents she was most like. In a sense, certain things that she complained about—having the expectations of both sexes put upon her—had placed before her monumental tasks that she had not, somehow, the strength to carry out. This confusion of sex-appropriate tasks ("Should I marry?" "Should I have a child?" "Should I try to make it in the world?" "Should I be passive and receptive, or go-getting and aggressive?") is a theme that pops up again and again, in the many conversations I've had with depressed, distressed, and also with normally coping women. It is a common problem in a time of changing feminine expectations; and it can only become commoner with the passage of time.

Of course becoming manic is a highly specialized way of responding to stress. For Judith, solving the problem involved becoming all-masculine, and leaving those other dilemmas behind. She'd taken control of her own life, and was relating to power as it exists in a man's world. Once she'd said to me, in a voice throbbing with pride and passion, that she had never been stigmatized for deciding to remain single by women who were jealous of her. "You know," she'd explained with a laugh, "the kind of women who say, 'I too would be teaching, or doing something, if I didn't have the fulfillment of my home and three children.' But really, the fact of being able to be single, and to live alone and have status and dignity; that makes America a great country, and the twentieth century a very lucky time to be living! And that's one thing I'm grateful for-I never thought I'd be allowed to live like this! To live alone, and move about, and do a lot of different things. To read, and to write ... which is what I want to do more than anything. To not see people when I don't care to see them-I mean, women weren't allowed to do this, a mere twenty years ago!"

She was engaged, not in the girl game, but in the games of the larger world: in men's games, and men's activities. In the political intrigues of the department, which, no matter how disinterested she might have felt, required her to take a position on certain sensitive issues, and to pick and choose her positions correctly. She was, in brief, having to deal with professional decisions, made independently, which would secure her a place in what had been and was still to a large degree, a man's competitive, power-riven universe. Occasionally, the entire power game gave her vertigo. For, whatever obstacles "being female" laid in her path, there were also other issues-issues stemming from what seemed to have been a somewhat faulty problematic identification with her mother and father (and therefore with the male-female aspects of her own inner self). Add to these sorts of difficulty, which are the current and everyday concerns of women searching for ways of being that will "fit" with very disparate sorts of inner needs, that biochemical problem: then you will have a far more accurate understanding of, not only the unusualness, but the very ordinariness of the sources of Judith's distress.

For she was trying, as are many women like her, to establish herself in a world predominantly masculine in orientation- a world filled with the kinds of power games that men do, in a variety of ways (competitive sports being an obvious one) spend much of their childhood time preparing for. Part of her childhood had been spent in the learning of how to be popular, chic, poised, and receptive; little wonder that, when it came to making mistakes, and mishandling some matters, she wasn't always up to managing perfectly, to being tough, and forthright, and properly aggressive. She was operating now with a set of underlying rules that she couldn't always completely understand. For this was not the old, powerless, world of women and the "girl game." That was the world that had been her mother's and Judith's uneasy, unfinished task was to find the one that she could fit in comfortably-the one that would be her own.

In the Thirties: Loving and Working

Single womanhood, a state that Judith championed with such enthusiasm, has recently become a much more acceptable, and even fashionable, style of female living. It is still something that's not that usual in the early thirties, for many women who've declared against marriage in their twenties have done a turnabout-as had all of the women in the sample studied by psychologist Wendy Stewart- by the time their thirties have rolled around. Most women have married, and many have one or more children. In terms of numerical figures, it used to be the case that 95 per cent of the adult population was married by this point in their lives (that is, nineteen out of every twenty people); now the figure has fallen to somewhere between 92 and 94 per cent. Rounded upward, that figure means that some eighteen out of every twenty people are married by the early years of the thirties: despite the great lot of talk about the nonexistent future of marriage, getting married is still something that most people do!

The major issues faced by women who are married at this point in their lives-and who may be mothers of one or more offspring-are, in many ways, different from the issues and concerns being faced by a career-oriented woman like Judith Karlin. The "thirties'-issues" of a person who is wife and mother, (like Mrs. Laurie Michaelson who'll be met with in the two succeeding chapters) were much more clearly and distinctly female issues, while for Judith, the concerns weren't dissimilar from those that men face during this self-same period of their lives.

This phase of a man's life has been termed, by adult personality researcher Daniel Levinson and his Yale colleagues, the "settling down" period (roughly ages thirty-two to thirty-nine). What is settled is the notion of what one's occupational goals are-the place where one wants to get in the world-what the long-range goals will be. The formation of this inner understanding ushers in a time of focused, ambitious, highly energetic commitment to the working out of a Dream, the elaboration of the Quest, the goals one wants to reach-and struggles toward-because it will bring happiness at some point in the future. For the man in his early thirties-and the dedicated career woman in her early thirties-there's a sense of crucial choices having already been made, a career commitment solidified. Now one is scrambling up the ladder, getting there and making it. These are the years of advancement, of discovering the limits to which one can possibly go. The flavor of this life period is the flavor of competition; beating other contenders out, while discovering the far borders of one's own possibilities.

When it comes to this sort of career-building enterprise, it must go without saying, the valued and important qualities would be things like aggressiveness, assertiveness, independence. These traits don't always sit comfortably within a woman's personality-and what's more, women are often criticized for daring to display them (see Chapter Thirteen). Equally important, career-building affects opportunities for daily intimacies. In an instance such as Judith's, clearly, the competition wasn't only with other men but with other women. This would affect the nature of those special friendships that are of such significance in women's lives-those intimate friendships through which women change, develop, and grow.

Female friendships have, in general, a very different quality than do male friendships. Women friends are usually more intimate, in terms of feelings shared; and they're more tolerant and fluid, in the sense of permitting one another to change their minds about an opinion that's been expressed yesterday. (Men can become indignant about such easy shifts in views and opinions! They behave, frequently, as though betrayed-as though they'd believed that what she said yesterday had been carved in cement, for all time!) Women's friendships contain more empathy, more mutual nurturing; they allow in certain sorts of shared knowledges and perceptions that would have been filtered out, had one insisted on perfect definition and precision, on statements and opinions made for eternity. And women need their friends-and grow through their friends-perhaps using them as nearer images in working out their own individual identities.

Men's friendships are not like that, by and large. Men can, in fact, sustain their friendships at what might be called a buddy level. They do things together-work, hike, fish, hunt, climb mountains, bowl, etc.-and share certain experiences. Women take care of each other-and are taken care of-and are willing to switch that caretaking around; to take turns. But this kind of willingness to merge and to trust and to share one's innermost thoughts and feelings can't thrive in a situation of competition. For women who, like Judith Karlin, have placed career commitments foremost, must-as men must, in their professional lives-be a good deal more careful. To a certain not inconsiderable degree, Judith had to forego these feminine experiences of self-sharing and loving empathy. She had, perforce, to be prudent; one doesn't expose one's flank to one's competitors. Women's friendships are often subtly (or not so subtly) affected and altered by their assumption of a serious career commitment.

Women become more wary, in this situation, more like men. They, tend to keep themselves to themselves to a far greater degree-adaptive behavior, on the career front; but on the other hand, a far lonelier way of being. One is, because one has to be, far more chary of giving away the same degree of "self"; one keeps one's emotional distance. This leaves the woman more isolated, more alone with her own thoughts (which men are, more than are most women). Men don't let themselves get involved in the kinds of intimate exchange that would let others into the secrets of their weaknesses-for obvious reasons-and working women, who are moving up a career ladder, must be affected by the same rather practical constraints.

A man, when he shares his intimate thoughts and feelings will usually do it (if he does ever do it) with a woman. A woman, in a relationship with an opposite-sex partner, will often do it with a man. But she'll still tell much about who-she-really-is to her friends, while the man will be much more guarded. Judith Karlin, for reasons stated above, had to show a certain amount of cool appraisal when it came to deciding how much of herself to share with friends who were female. And, when it came to forming a long-term attachment-a commitment to an intimate relationship with a male partner-she was, as she'd made clear, utterly and completely opposed.

Her sexual relationships were "satisfactory" in terms of the life she was trying to live. She had affairs, passing affairs, with men whom she found attractive enough-and whom she liked well enough-and this was really as far as she wanted to go; no further.

Still, I couldn't help but wonder about this when thinking about the specifics of her history. For what, in general, had her manic fantasies actually all been about? It seemed to me that they'd all had a strikingly similar sort of a plot; they were all variations on a particular theme. While Judith herself might disagree with this interpretation, it struck me that each episode had started with a rising euphoria relating to a love affair that was ripening in an almost magical way. There was a mystical, quasi-religious bond growing up between Judith and her fantasy-lover, and it was to culminate in a wonderful production-something that the two of them created together.

Now what is it, when one thinks about it, that a man and woman who fall passionately in love with each other and establish a powerful attachment often do produce? Judith's metaphor, the waking dream of her mania, sounded to me strangely like the coming together of a couple of lover-partners in order to create a child.

In this, Judith's story is, in fact, not so terribly unusual. It does occur surprisingly frequently that a woman will join her professional creativity with a man, in a business venture; and that together they will work to produce a new being-a product. The relationship between the pair is non-sexual-definitely-but it is charged and energized by that erotic undercurrent. One person is male; the other is female-that's all. In Judith's instance, however, the intellectual engagement seemed to move inexorably from the gratifying to the pathological.

In any case, the "child," in Judith's manic script, had to be an artistic production. Was it, one wondered, because an intellectual creation wouldn't involve a letting go of those competitive, assertive, more masculine parts of the self-of herself-which she so valued, because they were seen as the opposite of what is powerless, passive, dependent ... feminine? Her manias, in some strange way, seemed to me to be almost like disinhibitions of powerful defenses against needs and strange wishes that had been powerfully suppressed, squelched, denied. Only those manic upsurges, rising above the seawalls of her fears and uncertainties, had permitted the inrushing of experiences of loving, and the euphoria that attends it; and the intimate connection that results in that "something new," the pair's mutual creation. It was as though, for the Judith who was in her right mind, intimacy was unthinkable; it was terrifying; and to "fall in love" was the equivalent of "to go crazy." Sane, she would stay away from love-bonds entirely; for loving raised the possibility of traumatic separations, such as those terrible experiences when her mother went away to the hospital and she was still a small and dependent child "in love" with her adored caretaker.

In her present life, Judith was protected against any such future shocks; she depended on no one. In the daylight of her daily existence and of her sanity, she was well content to be on her own and without any long-term emotional attachments.