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Learning from Writers with Bipolar: Educational Strategies

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There are four main ways writing teachers tend to talk about mental illness and writing. We talk about encouraging writing to heal, about dealing with disturbing writing, about celebrating the creative impulses that come with some mental illnesses, and we talk, however rarely, about educating ourselves as teachers as to the unique processes such students bring to the English classroom and as to the challenges they face once there.

One such discussion of the challenges students with mental illness face is in Susan A. Gardner's 2003 article in *English Journal*. Gardner writes that we often do not recognize the challenges of the depressed student in the classroom and that such students tend to "fall through the cracks" (29). She says that teachers who are properly educated on depression can help students with the illness continue to learn; that is, they can make accommodations so that students continue to learn. She recommends that, "when we work with depressed students, we need to begin thinking seriously about adjusting our requirements.... We need to take a hard, honest look at our assignments and what might be necessary to complete, given the medical circumstances, so that students can be assessed fairly" (32). Gardner's suggestions include creating a supportive classroom, providing different kinds of assignments, and, I think most importantly, asking for more education on depression.

In order to better understand what writers face when they experience another mental illness—bipolar disorder, I interviewed twenty-one writers who suffer from the illness. I asked these writers about those writing practices and processes, their literacy journeys,

their illnesses, and their self-perceptions as writers during bipolar episodes and while not. Over a period of three years, I conducted thirty-four hours of in-depth interviews and analyzed 585 pages of transcripts. The results of my study are meant to contribute to a better understanding of twenty-one lives that are deeply affected by this illness and to broaden our understanding of writing processes and practices.

Interviews with Writers with Bipolar Disorder

For the purposes of the study, I defined "writer" as a person who writes on his or her own time, by his or her own choice. I chose those who consider themselves writers over students on the belief that such participants would likely be more aware of how their writing practices and processes were affected by their illnesses. As writers, four of the twenty-one were professional writers, those who wrote for their livelihood. Two of those four wrote fiction, a third was a technical writer, and a fourth wrote for freelance projects as well as occasionally taught a course on writing/publishing. Although only four were professional writers, others' works had been published in collections on mental illness, in psychiatric journals, in newspapers in the form of letters to the editor and editorials, and/or in blogs. Another—a woman in her early thirties—had written her own memoir of her struggle with the illness.

Participants were found through advertisements on listservs, in magazines, as well as through my attendance at support groups when admitted. (I am most indebted to the local affiliate of the grassroots National Alliance on Mental Illness [NAMI] for its support.) Participant identities are protected here through the use of pseudonyms. All participants were under the care of a doctor or therapist, as I had specified in the participation criteria. Some were experiencing episodes at the time of the interviews, and all were experiencing some effects—positive and negative—of treatments such as medication and electroconvulsive therapy (ECT), which I will briefly describe below.

My study was a qualitative, naturalistic study

based on grounded theory; that is, rather than creating a hypothesis and testing it, I allowed theory to emerge from the data. This is best illustrated in the evolution of my questions. Although I began with a set of flexible interview questions, I continually revised and expanded them as the study went on based on the data I was collecting and the pertinent literature I was reviewing. Often, too, I would go back and ask new questions to participants I had already interviewed. I coded and categorized chunks of interview data, discovering such things I expected to find, such as the faster pace of writing when manic, and those I did not expect to find, such as the concept and specific, detailed causes of *depression block*. In the meantime, I kept a researcher's journal detailing my reactions to the interviews as I continued the study and the changes in my coding scheme.

Much of what the participants in this study said about writing and bipolar disorder is aligned with studies of famous writers, such as Kay Redfield Jamison's *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*, and supports other work that tries to understand bipolar writing processes, such as neurobiologist Alice Flaherty's *the Midnight Disease: The Drive to Write, Writer's Block, and the Creative Brain*. However, whereas other studies about writers with bipolar disorder tend to focus on the products of established or (in)famous writers, their diaries and work, and textual analyses of their writings, this study focused on the people and the stories they have to tell about their lives, writing processes, and writing practices. It is through such stories that these writers can teach us about how and why and in what unique ways they write despite or because of shifting perceptions, impaired concentration, engulfing emotions, and memory loss.

Technical Definitions of Bipolar Disorder

Bipolar disorder, formerly known as manic depression and now considered one of the manic-depressive illnesses, is said to "magnif[y] common human experiences to larger-than-life proportions" (Goodwin and Jamison xix). According to the 2007 edition of Frederick K. Goodwin and Kay Redfield Jamison's seminal text on the disorder, bipolar disorder is a medical illness that reaches across

culture, race, gender, class, and ethnicity. The illness is marked by changes in things such as emotion, perception, behavior, energy, eating and sleeping patterns, and cognition, changes that have distinct starting and stopping points in time. The interval between one cluster of changes and either another cluster of changes or normalcy is known as an episode. Currently, there are three widely-recognized major episodes that a person may experience: mania, depression, and a mixed state, the last of which entails a combination of the symptoms that mark the first two. Each kind of episode can vary in intensity: a person might be mildly depressed or mildly manic (known as hypomanic) as well as intensely depressed or intensely manic.

The definitions of mania and depression depart significantly from the common use of these terms. Mania is more than being "up" or euphoric, and depression is more than just being down or "feeling blue." In the words of Goodwin and Jamison, manias involve "heightened mood, more and faster speech, quicker thought, brisker physical and mental activity levels, greater energy (with a corresponding decreased need for sleep), irritability, perceptual acuity, paranoia, heightened sexuality, and impulsivity" (32). Depressions, they write, "are usually characterized by a slowing or decrease in almost all aspects of emotion and behavior: rate of thought and speech, energy, sexuality, and the ability to experience pleasure" (65). Moreover, in contrast to the common meaning of *depression*, clinical, bipolar depression can come upon a person out of nowhere, lacking a reason, a phenomenon documented as far back as the second century A.D. (Goodwin and Jamison 5).

Effects of Bipolar on Writers and Writing

There is no question that the writing processes of people in a bipolar episode differ from the typical processes of others. The differences are major and complex. One is that writers who are symptomatic or undergoing treatments are forced into or barred from certain abilities despite their struggle not to be. If editing is needed but the person is in a manic or hypomanic state, the editing might be over-the-top. If idea generation is needed but the person is in a depressed state, such idea generation may not be possible. If drafting by hand or taking notes is usually the most

effective for a writer and that writer is undergoing certain treatments, hands may shake too much to use and vision might double or triple. In addition, ideas may be foggy and chunks of memory may be erased.

Writing and Depression

Although the clinical definitions of bipolar episodes found in Goodwin and Jamison's work and in the psychiatric diagnostic manual the *DSM-IV-TR* are extensive and informative, most useful for giving context to the exploration of writers and writing in this study are the descriptions of the illness from the participants themselves. In describing their depressions, participants included the following words and phrases: screaming on the inside, trapped, separated from the outside world, weepy, unable to experience joy, helpless,

Participants repeatedly, across the board and unprompted, identified a partial or complete inability to write, which they distinguish from writer's block and which they identified as existing alongside a depression.

hopeless, apathetic, bodily aches, dulled senses, difficulty getting out of bed, tiring easily, putting things off, use of viciousness and sarcasm, wanting to vanish, and, in rare cases, the presence of delusions and hallucinations.

My first exposure to the effects of depression on writing was in my conversation with Thomas, a man on disability who writes to feel "normal," to feel as if he is "just like everybody else." Thomas explained what I would come to call *depression block*: "It's not writer's block. I've experienced writer's block, where I get to a certain part of the story or something else I'm writing and I just don't know which turn to take with it...But no. When it just comes to a screeching halt, you know, it's the illness. And I can't get up on top of it for some reason." Participants repeatedly, across the board and unprompted, identified a partial or complete inability to write, which they distinguish from writer's block and which they identified as existing alongside a depression.

With depression block, there is the sheer difficulty of putting anything at all on the page: difficulty finding even the most basic words, difficulty coming up with ideas, difficulty "keeping things together," difficulty mustering the energy to write, difficulty mustering the energy to even sit at the computer. For Jane, a very bright, hardworking nineteen-year-old woman, writing in college was daunting. She described for me what happened when she tried to write for school: "I'd get to the computer," she told me, "and I'd just sit there and watch the line just blink...and I'd try to type and I'd get a sentence in maybe like a half hour or something. Then I didn't like it." It was so frustrating to write that she would go back to bed.

Depressive symptoms such as apathy, anhedonia, low self-confidence, paucity of thought, and low energy keep these participants from being able to write. As much as writing means to Thomas, he does not "want to have a thing to do with the keyboard" when depressed. Some participants also experienced anhedonia, a loss of enjoyment in otherwise pleasurable things, which for these participants included writing. This loss of enjoyment was all the more pronounced because they identified themselves as writers. Lowered self esteem and self confidence affected Chris, a graduate student in writing, who told me, "the difference between that—the feeling of hopelessness—is, I mean, it's not to say there aren't any ideas behind it. It's just sometimes I have an inability to handle it, that I'm not good enough for it." Mary, a professional writer, editor, and teacher, described her feelings about trying to write when depressed with, "I feel like a fraud." Lawrence, a man in his sixties who has enjoyed writing his whole life, told me, "Every time I've been thinking of picking it up and writing it, I get these feelings of unworthiness, [and] it stops me. I don't know how much good is going to come out of me." He feels if he were indeed a good enough writer, he should be able to write. Two participants, Mary and Thomas, said that what differentiated them from great writers is that great writers can write when they are depressed. According to Thomas, "You can't write when you're depressed. I mean, people—great people—who've written when they're depressed are like, you know, Edgar Allen Poe wrote a lot of stuff when he was in dark times." Mary said, "I think Dostoyevsky was horribly depressed and look at

what he created, so...that's not me." She explained that, when she was younger, she felt the need to emote, but now, nearing fifty, she is tired of being depressed. Perhaps, she suggested, the illness had worn her down too much by this point for her to be a great writer.

According to participant accounts, when writing is indeed possible while depressed, such writing tends to be private, personal writing. Some found it especially difficult to write other than in journals or to loved ones. At least three participants said that they can write at lighter intensity depressions but do not write because they do not want to relive the pain later. Still, lighter intensity depressions tend to allow for some of the creativity that such depressions are popularly thought to support. Chris, who cannot write while very depressed, has keener senses, he feels, in lighter depressions. Still, Chris said that when he can write, the work is never whole—he lacks the energy and the ability to make something coherent and structured. David, a man who often writes editorials advocating for mental health as well as creative pieces, said that, when he is deep depressed, he cannot write, but that when he is in lighter depressions, he feels the need to emote and does. Jamie, a graduate student in counseling, finds depression a good place to line edit, though still difficult to write in.

There were outliers: a couple of participants experienced very little of a blockage or none at all. Gregory, who writes poetry and produces documentaries, said that he does not slip into depression often, and when he does, he is usually not blocked as a writer by it. Susan, a technical writer and editor, said that it is possible for her to write even during a suicidal depression.

Overall, though, the effect of depression on writing can be terrible. Evidence that this block exists is strongest in its presence in professional writers, who are more observant of their writing processes than others. Kevin, a fiction writer in his forties, estimates that he has lost two years of his sixteen-year writing career to depression.

Writing and Mania

In describing their manias, participants used the following words and phrases: irritable, sociable, artistic, impulsive, unable to keep up with thoughts, energized, unable to get enough done during the day, feeling as if falling in

love, becoming vicious, speaking sarcastically. They also reported faster thinking, the feeling of falling in love, and heightened senses.

Mania's lighter version, hypomania, which is perhaps mania's most famous incarnation, has also been closely linked to high creativity and productivity. The noted psychologist and researcher Kay Redfield Jamison writes widely on the connection between manic-depressive illness and artistic achievement, often connecting hypomanic activity with creative thought. The experiences of participants in this study lines up with Jamison's work. Carol, a college English professor, told me that in a rare hypomania, she had the "feeling of flow. It was the feeling of all things, like your knowledge of words, your memory about your life, your analytical skills, and everything was all flowing together to make it come out to be just about as complete and good as it could be." Erin, a high school English teacher, had a similarly pleasant experience in a piece she wrote in college: "in that brief little essay that I had to write, everything in the world was connected and it was beautiful and had the utmost meaning, and everybody appreciated that meaning."

But, as the hypomanic episode progresses toward mania, the clear and swift connections, the flow, of hypomania can get more and more "out there," more bizarre. The clarity becomes incoherence. Manic writings begin to have, according to one participant, "no substance to them...the pen keeps moving and it doesn't make any sense." As mania progresses, the writing might become frantic and illegible, and one might not be able to keep up with one's thought. Melissa, a woman who has written a manuscript about bipolar and postpartum depression, said that writing during mania is frustrating because she cannot write as fast as she can think. Ultimately, psychosis can make the writing so disjointed—if the person can gather thoughts to write at all—that the writing makes no sense.

In *The Midnight Disease*, Flaherty writes about *hypergraphia*, or "the overpowering desire" to write, which accompanies mania (2). Like writing in a depression, writing in a mania parallels manic symptoms. People tend to be more verbose, have more thoughts, and have those thoughts at greater speeds. They might experience pressured speech—a clinical hallmark of mania, which for

writers means writing more and more. Julie, a journal writer, writes for hours not having a conclusion, only stopping for being sick of it getting repetitive. Manic states cause Tess, an avid writer of multiple genres, to “go off at the mouth like there’s no tomorrow” and write too much. For Annie, a woman that wrote a memoir of her illness, said that as she wrote the book through levels of mania, she found that she wanted to include every detail of her life and talk about those details at length. Janet, another journal writer, said that she obsesses about things in her life without coming to a conclusion. For Chris, “the pen doesn’t stop moving: it’s just one constant stream.” A few participants, including Jane, start making long, long lists. Along with the quick speed of writing, Erin notices a visual difference in the pace of thought in the actual written product: very little punctuation. Chris said that he is “all over the place, big letters, little letters, drawing in between.”

As with manias and their potential harm on people, manic writing processes can hurt a piece of writing when escalated to the extreme. Flaherty writes that “Hypergraphia, although intriguing, is a neurological curiosity that when uncontrolled can lead to very bad prose indeed” (48). Just because the writing gets done doesn’t mean it is necessarily good. However, Lisa, a professional fiction writer, told me that when she was a teenager, writing in mania may have even contributed to her literacy growth because she would be up all night writing and writing.

Moreover, the writing that is done might seem to one in an episode to be done well. Talking about his perception of writing while he is actually in a manic mood, Thomas said, “when you’re doing it, you think that you’re writing the greatest thing that has ever been written. And it’s very humbling when you go back and read it and it’s just so broken up.” David told me that when he is manic or hypomanic, he thinks he is writing well, but when he looks “at it at some other point, it’s not good.” While Annie was writing her memoir, she would psych herself up to the extent she thought she was going to write a best seller rather than the informational book she had originally intended.

Writing in mania often involves only one draft. Some of the writers brought up the concept of prewriting to say that they did not actually prewrite on paper when in a manic state. Thomas was adamant that he freewrites rather

than prewrites. Usually the first product is the finished product. In talking about her own hypomania-inspired pieces, which flow, Carol told me, “I still really like the pieces, but I guess I had this...slightly uncomfortable feeling that if I sit down to try to write another piece that goes with them, that either none will come or that it will be much harder to do it.” Some consider their hypomanic or manic writing fascinating, sacred even, because it is a record of their thoughts in a manic state.

Starkly different from the inward focus of depressed writing, manic writing tends to be focused outward; it tends to be public writing. When he is manic, Lawrence starts “writing furiously—postcards, letters to the BBC, White House, about world affairs, comments on what I heard in the news. Mostly very angry type of writing. Made me feel better.” Writing in public through letters or editorials makes him feel like he is participating in the world. Bill, who writes mainly when hypomanic, regularly composes letters to the editor. Kevin, a fiction writer, sees a marked difference in the editorials he writes: “They sound different than I typically sound.” He said he writes editorials when he is not in a hypomanic state, but the “angry, furious” editorials do tend to come out of this state. Jane once wrote irritable blog postings, which got her suspended from school. David said that his writing is not good in a hypomanic state—by not good he meant that “it’s an overreaction to something. That’s one of the things I do when I’m in an elevated mood: overreact to little things, things that wouldn’t bother me, when I’m in a manic state, they really tick me off.” He said he has learned to sit on things for awhile and especially have somebody read it back to him and see how it sounds.

Treatments and Writing

The two treatments for bipolar disorder that affect writing are medication and ECT (electroconvulsive therapy). ECT is a treatment whereby a shock is delivered through the brain, causing a seizure. It is a highly controversial treatment, and it can cause memory loss, usually short-term memory loss. Both treatments cause cognitive differences in the writer and are highly controversial in terms of whether they suppress or prevent creativity.

The writers in this study were divided over

whether medication stunted their creativity. Because of the mental side effects including foggiess, Tess does not go to a higher level of medication. On medication, she said, "I would sleep too much...you get this idea that you get so fogged out you get so detached from everything...You're not doing it. Maybe it's doing itself. Wow! Look at that: there are words appearing on the screen." In fact, if there were a cure for bipolar disorder, she would not take it; she sees "a certain kind of truly magic energy in mania and even to a certain extent in mild depression." On the other hand, some participants believe that treatments enable them to be more creative because they are more stable. Susan told me that her medication affects her "creative impulses" but not creativity itself. She said,

I'm unquestionably a happier, more stable, more capable and competent person on medication. And I think that it's a possibility that I don't reach some point, but I don't think it's necessary to reach that through I guess self-infliction, in a way. Why should I biologically or neurologically punish my brain and body when I've been healed in so many ways?

Erin said that medication affects her writing inasmuch as it calms her "to a state where I'm able to record my thoughts. It puts me in a state that I can actually write." Gregory said that he is on a "manageable amount that does not cloud my thinking"; but that medication also "provides stability for my everyday life and that provides me an outlet to maintain better control over my own creativity." Annie explained that with medication, she could not focus—"it wasn't clear"—but, at the same time, she "was able to keep my thoughts on one thing."

Erin said that ECT made her confused. She said of words that "finding them was very difficult. They don't come as readily as they normally would and it's very frustrating. It's difficult to articulate things on the level that I think—like I think my mind is at a certain level and my ability to articulate isn't up there right now. And so I'm up there frustrated, trying to think of the words."

What Teachers Can Do

When asked for suggestions to pass along to teachers, participants requested that students' differences be kept in

mind and that lessons be geared to accommodate the greatest number of students. Lawrence suggests that teachers not "robotize the class," by which he meant teachers should account for the differences in the classroom. Annie said, "look beyond the person and information provided and wonder what they are trying to say to you. If they do say something, be educated enough to work with them to pass classes or refer them if needed to [appropriate] resources." Others suggest compassion: as a high school English teacher, Erin said that if she were to have a student with the illness in her classes, she "would be more sympathetic toward them...cut them a little more slack, and pay them a little more attention." Others, too, suggested that teachers be more understanding.

Ride the Waves

Kevin said that, if teachers know students have bipolar, teachers can teach students to "ride the waves." He said, "I would talk to them about waves, finding a balance, when to edit." Writers in a hypomania might be best served by taking advantage of the energy: Jane said that when she had dropped out of a university and started at a community college, she thought she had figured it out. She said, "Now what I've learned was I can take advantage of this mania and get so much done. So when I get that syllabus when I go to [a new college] this fall, as soon as I get that syllabus, I'm going to try to get as much done as possible, like try to get ahead. And that's what works. Coping skills." Jane learned in school to take advantage of the high energy times, but this she found difficult to do at her new college. Still, taking advantage of a hypomania or mania is not always possible or even useful. Students suffering from mania may have a hard time narrowing down topics, focusing on just one, and choosing which details are relevant and which are not. The writer might not want to revise it. Alternatively, he or she may perceive his or her writing to be complete nonsense.

Writers who are depressed might benefit from a schedule, even if that schedule is not kept. As a professional writer, Lisa follows a writing schedule when mildly depressed. When this is not possible, she dumps thoughts in a journal. Erin said that, when in school, deadlines were helpful; she said that sometimes she could force herself

to write if it was for school. She said she “didn’t always stick to them, but they help.” It is not entirely unbelievable that students suffering from a light depression might be able to plug information into a preset format or even that they might be able to write in light intensity phases. One participant found that she would write for class if she had to, but she preferred her work when she did it when she was inspired.

For those students who are used to composing in hypomania, who need to be in a creative, inspired state to write, writing in a normal state might feel awkward. Demystifying writing might help: teachers might stress the practice of writing when not inspired.

Dangerous Drafts

James W. Pennebaker, a research psychologist who has conducted numerous studies on the salutary effects of expressive writing, approaches the fear in his workbook, *Writing to Heal*, that a draft can be dangerous to any writer writing for therapy. He gives a rule of thumb he calls the Flip-Out Rule: “It’s a very simple rule. If you fear that you might get too upset while writing about a particular topic, don’t write about it. If you think that something will cause you to flip out, write about something else. This very simple rule works” (13). Pennebaker’s advice, then, is good: if the writing is too intense, stop writing. All students should be advised that they can put emotionally-charged, potentially dangerous drafts down. They might be taught to abandon writing that might be dangerous, such as highly emotional pieces where the student finds himself or herself reliving the experience.

Participants in this study did not find writing psychologically dangerous in terms of causing actual episodes, but they can see some danger in it in other ways. Chris offers that it might be more likely that writing could cause an episode in someone who does not write often because that person will not be used to or able to gain the appropriate distance and not be able to pull himself or herself out of intense writing. Reasons the participants see writing as dangerous include giving others fodder to hurt the writer, illuminating the sadder facts of the writer’s life, proving to the writer the veracity of his or her belief that he or she is incompetent as a writer, justifying thoughts and

actions that contribute to a skewed perception of reality, riding the hypomanic wave so much as to write oneself “out of sanity,” and rereading it later, which might reinforce negative ruminations that are already in mind.

Disclosure

Students who say they are suicidal should be taken seriously and referred or taken to people who can help. In “Responding When a Life Depends on It,” Marilyn J. Valentino suggests, “If a student seems suicidal, counselors advise that you may want to ask: ‘Is this the only solution you see?’ and remind him or her that once that option is used, there are no other options” (280). The participants in the study approach this advice cautiously: they felt that when suicidal, options were already gone. In *Night Falls Fast: Understanding Suicide*, Jamison writes the following of suicidal individuals: “Their thinking is more constricted and rigid, their perceived options narrow dangerously, and death is seen as the only alternative....In short, when people are suicidal, their thinking is paralyzed, their options appear spare or nonexistent, their mood is despairing, and hopelessness permeates their entire mental domain” (92-93). Likewise, Anne Sexton writes, “But suicides have a special language/Like carpenters they want to know which tools./They never ask why build” (qtd. in Jamison, *Night Falls*, 233). Although suicidal individuals may or may not have bipolar disorder, nearly fifty percent of individuals with bipolar disorder will attempt suicide at least once (*Night Falls Fast* 110).

Accommodation

I am not suggesting we diagnose our students; rather, we should take what Gardner calls a “hard, honest look” at what our students are facing. It is probably the case that our students with bipolar disorder do not know the accommodations they need; they may not have yet been diagnosed or may not have yet come to terms with the illness. Such students will not be on medication enough to stabilize their thought processes. Students might also have the additional challenge of struggling with self-blame for their depressions or have a host of difficulties due to their manias, including not being able to concentrate, sit still, maintain linear logic, or choose from a number

of topics. Accommodation requires understanding that these differences exist and developing pedagogical tools to continue to facilitate learning. It means finding new strategies and, most importantly, educating ourselves.

Works Cited

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., text revision). Washington D.C.: American Psychiatric Association, 2000. Print.

Gardner, Susan A. "The Unrecognized Exceptionality: Teaching Gifted Adolescents with Depression." *The English Journal* 92.4 (2003): 28-32. Print.

Goodwin, Frederick K. and Kay Redfield Jamison. *Manic-Depressive Illness: Bipolar Disorders and Recurrent Depression*. New York: Oxford UP, 2007. Print.

Jamison, Kay Redfield. *Night Falls Fast: Understanding Suicide*. New York: Random House, 1999. Print.
--. *Touched with Fire: Manic-depressive Illness and the*

Artistic Temperament. New York: Simon & Schuster, Inc., 1993. Print.

Pennebaker, James W. *Writing to Heal: A Guided Journal for Recovering from Trauma & Emotional Upheaval*. Oakland, CA: New Harbinger Publications, 2004. Print.

Valentino, Marilyn J. "Responding When a Life Depends on It: What to Write in the Margins When Students Self-Disclose." *Teaching English in the Two-Year College* 23.4 (1996): 274-283. Print.

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