UNWELL BUTRIN:

TAKING MEDICATION FOR MENTAL ILLNESS

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A few weeks on the psychiatric medication Abilify, and I am a different person. I am sleeping at midnight, conquering a life-long struggle to set a consistent sleep schedule instead of cycling around the clock. I'm hungry again — after over a year and ten pounds lost on the antidepressant Wellbutrin, I can eat more than a few bites a meal. And I am content. Waking up and facing the task of being alive no longer feels like pulling teeth. I'm teaching myself how to play the piano, I'm cooking new and interesting meals, and I'm discovering newfound social skills, striking up new friendships with people in my classes. For the first time in my life, I've caught a glimpse of what life must be like for everyone who is not chronically depressed. And it is a life that, for the first time, feels like it's worth living.

But interspersed in all of this, I am vomiting. Every day. I throw up when I wake up, puke suddenly on the street, try to keep my nausea at bay during interviews and meetings. I try to imagine anything else that could be causing it, not wanting to believe it's the medication that's finally helped stabilize my mental health, a process that has taken over two years.

Abilify was the eighth medication of ten (and counting) that I have taken to combat my severe anxiety and depression. I take medication for a host of reasons, including to combat my general depression, ease anxiety, reduce insomnia, boost the effects of my primary antidepressant, and treat the side effects of other medications. I first sought out medication in my freshman year of college because I felt like therapy alone wasn't enough. I had come to college depressed but hopeful; however, after weeks of being unable to leave my bed, throwing up from anxiety, and having panic attacks on the bus, I needed a new solution. I began to take the antidepressant Remeron, assuming it would work because it had worked wonders for my twin sister's depression.

I was told it might take two or three different tries to find a medication that would alleviate some of my incapacitating depression. I was told about the "black box warning," a blanket warning on all antidepressants that details their risk of suicidal ideation. But all of these explanations were couched in language that suggested that while taking medication might take a little adjustment at first, I'd be just fine.

If someone had explained the truth to me, that I was at high risk of experiencing extreme side effects and had treatment-resistant depression, I'm not sure I would have taken the risk and tried at all. No one could foresee the future or predict that my body and mind would be far more sensitive to medication than the average person. Very recently, during a psychiatry appointment, my psychiatrist put down her notes, clasped her hands, looked me in the eye, and said, "You are a very special case."

No one told me what the ugliest moments could look like — that, while trying Seroquel to help my insomnia, it would cause a sharp increase in anxiety that left me with a racing heartbeat and a full-body tremor, which only worsened when I combined Klonopin and Gabapentin to try to ease my heartrate. That Lamictal would make me lose all control of my bladder, causing me intense shame and anxiety that I might wet myself in public at 20 years old. That Zoloft would make me so anxious that I didn't sleep for three days during my first finals week, and would catalyze my first bout of intense suicidal ideation.

Despite these harrowing experiences, psychiatric medication has also saved my life. After over a year of gradually increasing my dose, Wellbutrin has stabilized me enough to reach a basic level of functioning and make real progress in therapy. The medication acts as a cushion, preventing me from falling into the worst pits of depression. Klonopin has lifted me out of panic attacks and has kept obsessive suicidal thoughts at bay. Seroquel, after a rocky trial period, has let me sleep through the night when Wellbutrin increases my anxiety. I have reached a tenuous state of stability, each medication calibrated to work with each other, a balance achievable only by taking these pills diligently every day. To supplement and stabilize this regimen, I have been trying atypical antipsychotics to boost the effects of Wellbutrin. This has restarted the risky process of trying medications, a process I had hoped to leave behind.

After I stopped taking Abilify, I went through a rapid trial period of several different medications, taking a new one each week for four weeks until the process left me in a far worse place than I started. I was physically sick and mentally depleted. I am still searching for a new medication, a magic solution like Abilify.

According to the American Medical Association, one in six Americans takes antidepressants, and this number has been consistently on the rise since 1999. On a smaller scale, medication for mental illness accounts for the greatest number of prescriptions for UC students on school insurance plans, according to the UC Office of the President. And this is for good reason — antidepressants can

provide significant relief from symptoms of mental illness, make severe symptoms more manageable, and prevent relapses and rehospitalizations, as the US Department of Veterans Affairs reports.

While not fully understood, antidepressants are generally thought to increase the amount of certain neurotransmitters in the brain. Commonly prescribed antidepressants such as Zoloft and Prozac are selective serotonin reuptake inhibitors, or SSRIs, and target the neurotransmitter serotonin. Wellbutrin, also known by its generic name bupropion, is a norepinephrine-dopamine reuptake inhibitor, or NDRI. You can think of it like this: the longer a neurotransmitter stays in your brain, the more you can feel its effects. An antidepressant stops the neurotransmitter from being absorbed too quickly so that it has more time to positively affect the brain.

Antidepressants have been shown to be more effective than placebos, helping 40 to 60% of users with their symptoms, as reported by the National Center for Biotechnology Information. Antidepressants and psychiatric medications are truly effective, and they are prescribed because their benefits outweigh their risks. I took Abilify for weeks whilst vomiting almost daily because I would rather throw up every day than feel unbearably depressed. While that is an extreme example, many people work with their doctors and decide that experiencing symptoms such as weight gain and sexual dysfunction are worth living happier, more fulfilling lives.

However, some view medication as untrustworthy, dangerous, or even as "cheating." Many people, in person and on the internet, have tried to convince me that my mental illness can be solved instead by meditation, exercise, a better diet, prayer, just going outside, or eating more vegetables. Dr. Kelly Brogan wrote in her popular article "Saying No to Antidepressants" that prescribing psychiatric drugs as a first line of treatment is "irresponsible." She insists that lifestyle changes are more effective, and doctors are just looking for a simple solution. This article has been shared on Facebook more than 2,500 times. A viral tweet by @patthemanager with over 175,000 likes and 49,000 retweets gives a host of suggestions for what to consider before taking "mental illness drugs," including "make ur bed" and "realize ur loved." Therapy is noticeably absent from this list. And I cannot count the number of times I have seen a certain photo that is reposted and circulated over all my social media feeds, and has been for years: written over a beautiful forest are the words "this is an antidepressant," and over a pile of pills, "this is shit."

There is an abundance of evidence that shows that a holistic approach can be an effective way to treat mental illness by combining exercise, nutrition, therapy, and medication. For me, however, the first three are impossible to accomplish without first being on medication to reach a stable and functional point. This isn't necessarily true for everyone: my freshman year roommate began taking antidepressants shortly after I did, but she found the side effects unbearable and chose to discontinue using them. Two years later, she told me she has found the most comfort and healing in her faith. For me, on the other hand, medication has almost always felt like a necessity.

I have often worried about what my friends think of me, especially as I have opened up more about my mental illness. A stranger once drunkenly insisted to me that depressed people

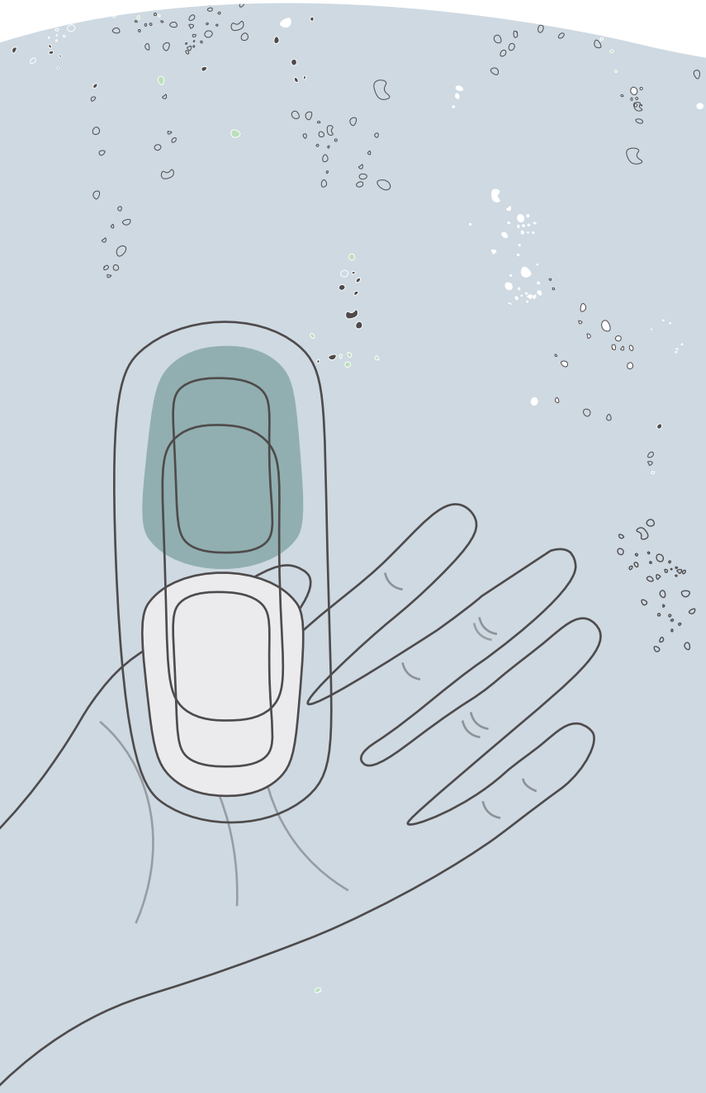
"WHEN IT COMES TO TREATING MENTAL ILLNESS, THERE ISN'T A RIGHT ANSWER OR A FUNDAMENTAL TRUTH. WHAT WORKS FOR ME IS ONLY EVER GOING TO WORK FOR ME."

should just force themselves to be productive and they'd be just fine, not realizing that I was one of the unproductive depressed people to which she was referring. A very close friend once casually criticized my medication usage, insisting that if I exercised, I'd be cured. I didn't know how to tell him I couldn't make the three minute walk to the gym feeling the way I did every day. I don't know how to be productive, or make my bed, or realize I'm loved and cared for without first restabilizing my brain. In an effort to show that medication is a positive force in my life, I posted a selfie of myself with my medication bottles on Instagram. Later that day, my mother and I got in a blow-out fight over the photo. She didn't want anyone to know that I was taking medication, that I was sick. She insisted that privacy was important, but I thought it might be deeper than that — that she was ashamed. Mental illness runs in my family, but I didn't learn that until I was almost an adult through bits and pieces of information that I overheard or were accidentally revealed to me. That argument made me question my willingness to be open about my struggles. Would future employers find the post and hold my illness against me? What did my friends and acquaintances think of me? When my psychiatrist told me that I may have bipolar disorder, I panicked, thinking it a far worse and less acceptable disease than depression. When I tell people I have taken antipsychotics like Abilify and Risperdal, I am quick to quantify it, making sure to mention that they're for off-label use as an adjunct to my antidepressants. I don't want others to think I might have a "scarier" condition — even if those conditions aren't so different from what I have and should be just as socially acceptable as anxiety or depression.

In spite of the reactions of a few people around me, I am bolstered to continue being open by the multitude of other people who have told me that my candor has pushed them to try medication, or made them feel less shame about their own illness. Serving as the Mental Health Commission's External Director for the past year, I've seen how visibility can have a big impact; when we work to make mental healthcare more visible, available, and accessible, and show how we are unashamed of using those services, more people become more comfortable seeking help. I've also served on the Counseling and Psychological Services advisory board for two years, and I've seen the data: more people are utilizing services every year. I hope that the more people who seek help, the more their friends, and their friends-of-friends, will feel compelled to reach out, too.

Many people who have responded positively to my openness still show signs of internalized stigma — they often say medication is a good last resort, a temporary solution, or something they'd support others trying but would never try themselves. I hope they never feel an emotional pain so deep that they'd risk severe or even dangerous physical side effects to combat it. Yet, at the same time, the narrative that medication is untrustworthy and should only be used sparingly only leaves us in the way of more pain.

I am one of only 3.4% of Asian Americans that take antidepressants, as reported by the American Psychological Association. I will likely be on them for the rest of my life because my depression and anxiety are not curable disorders but chronic health conditions. Surely more of us would consider treatment if our cultures and our families were not so against it. Many members of the "subtle asian mental health support" Facebook group cite familial disapproval as a reason for not seeking treatment and for their worsening symptoms. While "Asian American" is a broad categorization, some of the same themes crop up again and again within our differing cultures — family members who have been socialized not to communicate openly, cultures that prioritize hard work over well-being, and the stigma against treating mental illnesses at all because they aren't viewed as valid or real. By dismissing the efficacy of psy-



chiatric medication and making their consumption conditional on certain fac tors like trying every other option imaginable, we hurt each other and prevent each other from healing.

This is not the opinion of all who suffer with severe mental health issues, or take medication. @bigpharmaslut on Instagram, who goes by Alissa, has cultivated both a thesis project and a dedicated internet following by detailing her negative experiences tapering off of Paxil, an SSRI antidepressant that can cause severe withdrawal symptoms. Through photography, photo manipulation, and even making paint out of crushed up pills, Alissa has critiqued the pharmaceutical industry for being more intent on selling pills than curing patients, and she advocates for the need for more transparency and education before and throughout taking medication. Alissa has darkly humorous outlook on her experiences, telling me she's "a slut for Big Pharma." "I wake up and take a pharmaceutical and before I go to bed I take two pharmaceuticals," she says. "I can't remember my life before pharmaceuticals." Alissa brings up issues I have never given thought to. I have operated on the assumption that I will be on medication forever. Truthfully, I have never thought far forward enough about my life to picture a time where I may want to taper off of medication, or where medication will have done irreparable damage to my liver or my heart. But as Alissa recounted her story to me — how she became suicidal during the tapering process, ate so little her hair began to fall out, and suffered from "brain zaps," a phenomenon that she described as "like you're getting electrocuted in your brain" — I realized that my inattention to the long-term effects of taking so many medications could leave me in a more dire place in the future.

There are many horrifying details in Alissa's story, including how she was put on Paxil in the first place — at 20 years old, she was put on 80 milligrams of Paxil, 20 milligrams higher than the average recommended dose. She stayed on that dose for five years, until a new psychiatrist told her she would "never put someone [her] age on Paxil unless it was the last line of defense."

Alissa was understandably shocked to learn this information after five years on Paxil. She had never questioned her doctors: "I had a lot of faith in them. If the doctor said I should try it, [I would think] they're the doctor and they know best, so I'm going to try it." This was the impetus for starting @bigpharmaslut — she had trusted her caretakers, and they had failed to give her crucial information about what she was putting in her body. Ultimately, she felt betrayed "by the pharmaceutical companies and by doctors that didn't really care about me, but cared more about making money and having someone on medication all the time."

After seeing several therapists and psychiatrists who treated me with contempt, harassed me, and manipulated me, I have a healthy skepticism in regards to mental health treatment — insidiously, the industry is filled with people who take advantage of those who are the most vulnerable. But I have never really harbored suspicion about the act of taking medication itself. Before writing this article, it never occurred to me that it was in others' best interests to have me addicted to an antidepressant. I never even realized that antidepressants could be addictive.

I never realized this because, for a long time, antidepressants were marketed as non-addictive. Antidepressants were originally approved for short-term use for six to nine months, but patients often take them for months, years, their whole lives. There is little data on the effects of taking them for such long periods of time.

It is easy to look at this information and feel terrified. I am so far in my own medication journey that it feels like it would be too late to turn back. But I don't want to turn back — I remember what life was like before I started taking Wellbutrin, and it is not a life I want to return to.

Above all, medication works. Medication has its side effects, complications, and stigma, but fundamentally, putting chemicals in my body alters my brain chemistry in a positive way. I can feel it when I forget to take medication for a few days and grow lethargic and easily moved to tears, or when my nighttime medication kicks in and I can assuage my anxious thoughts and fall asleep. Confronted with all this information, my own painful experiences on medication, and my continued lack of answers, it's easy for me to see why someone might consider medication to be far too risky to try. For me, however, there is really no other treatment option.

When it comes to treating mental illness, there isn't a right answer or a fundamental truth. What works for me is only ever going to work for me. The narrative that mental illness can be treated with exercise, nutrition, and lifestyle changes implies that a standardized, one-size-fits-all formula is the truest cure; this is simply not the case. Mental illness, and any illness, takes different forms in different bodies, and every individual requires a treatment plan tailored specifically to them.

I truly don't know if medication is better or worse than the other treatment options for mental illness. My view on medication changes and wavers with each passing day and each new medication. I don't think psychiatric medications are simple enough to be labelled as good or bad; what I do know is that medication is a viable option, and often an option with a net-positive value.

Depression is more complicated than a simple chemical imbalance in the brain, a series of symptoms curable by a certain set of steps. No one medication will ever fix me, nor any other pathologized approach to treatment. Through my two years in therapy, my journey through several diagnoses, and my time serving as a mental health advocate at Berkeley, I've realized that I know very little.When my therapist and psychiatrist, two of the smartest women I have ever met, look at me with confusion, I realize that we all know very little. We are all fumbling in the dark, trying to treat a condition that morphs and shifts and can be take on many different forms and names, caused by biology and circumstance and trauma and bad luck. Treatment looks like a lot of different things, and has led to lifestyle changes that have drastically altered my life. That treatment includes, is dependent on, and succeeds because of the medication I take. Despite the trials, the defeating side effects, the many nights I have spent crying over another failed medication, I still believe in this process. I have seen what a good life can be while on Wellbutrin and Abilify and in really good therapy sessions. I'll keep chasing it. ○