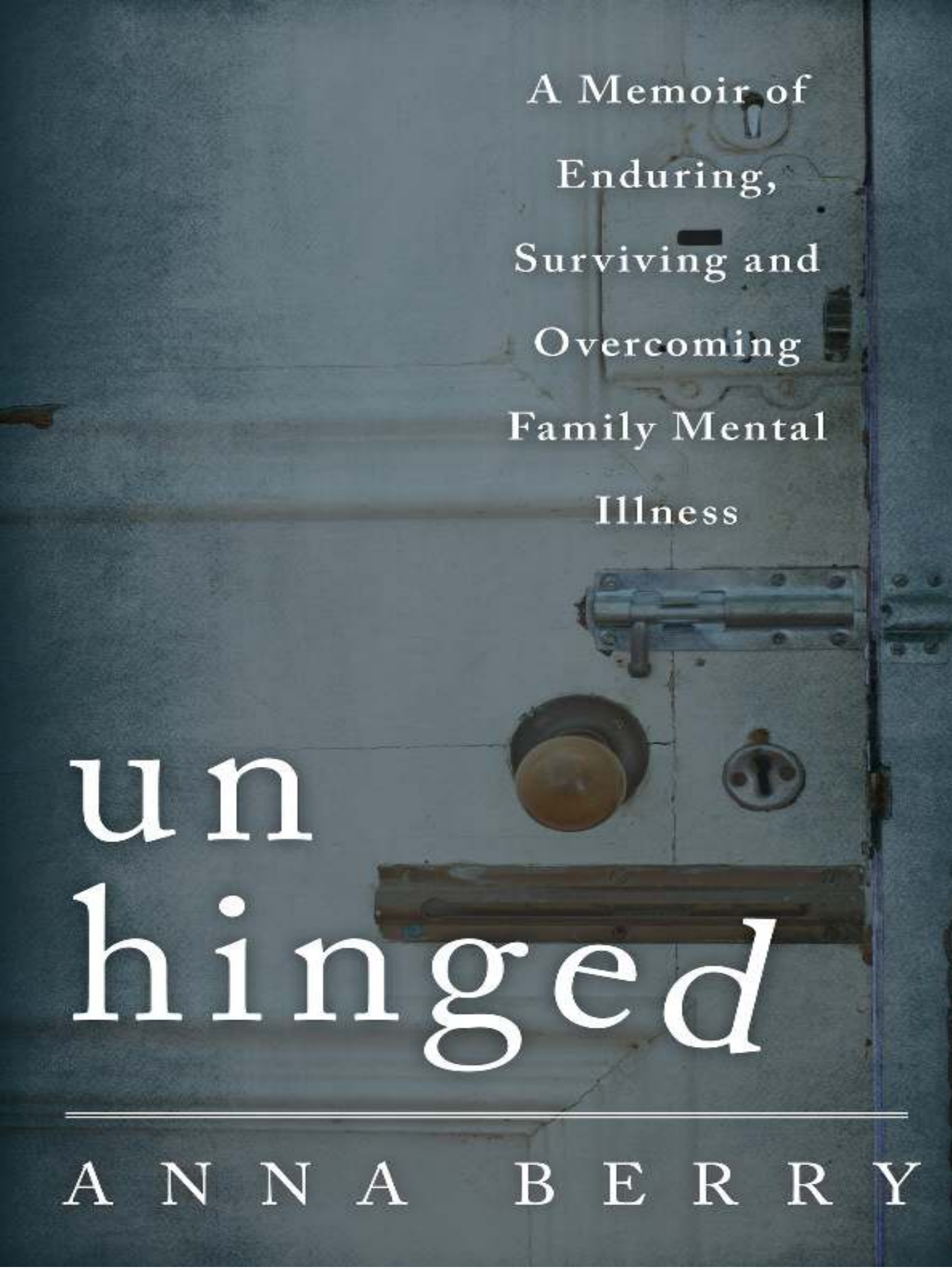
A Memoir of Enduring, Surviving and Overcoming Family Mental Illness
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Author's Note

Although this is chiefly a work of nonfiction, certain portions of this narrative have been altered from the actual events. Names and identifying characteristics o everyone depicted in this book as well as certain institutions and locations (including the city and state of my birth) have been changed in order to protect the privacy of the persons involved; certain details of actual incidents have been altered for the same reason.

I have also compressed the timeline of certain events for narrative purposes. Some conversations between me and other depicted persons have been reconstructed to the best of my ability from long-ago memories that may have altered over time. The two psychotherapists who figure prominently in this narrative—Dr. Chatterjee and Dr. X—are composites of several different psychotherapists I had over a period of many years, and the therapy sessions I describe with these characters are composites of the discoveries and insights I made over more than fifteen years worth of psychotherapy.

I hold no personal malice against anyone depicted in this memoir, even those who may feel they may have been portrayed negatively. I believe that in all cases have been true to my own recollections and opinions of events, and I have also tried to be fair in my depictions of those events. My purpose for writing this book i solely to help educate the public about the crippling effect family mental illness has on society at large, as well as to help reduce the stigma associated with it by showing that while mental illness is a chronic condition, it is also a treatable condition—not to mention a condition that affects a majority of American families in some way, shape, or form.

It is my sincere belief that no one should be ashamed of mental illness, whether they have it themselves or whether it affects someone they love. I hope this book helps you, the reader, learn more about the challenges of living with mental illness, while offering hope and healing to the afflicted.

Anna Berry

Prologue: Chicago, April 2002

I am sleeping in a flophouse. An actual flophouse.

Single.

Room.

Occupancy.

The kind of joint where heroin addicts and transient alcoholic men sleep. The kind of joint twenty-eight-year-old women with master's degrees from the University of Chicago should only encounter on the pages of a fifty-year-old pulp fiction paperback procured from the rare-book store on the corner of Belmont and Sheffield.

I am sleeping in a flophouse. Well, not sleeping, really. Crying, shaking, shuddering with disbelief at how this could possibly have happened to me, yes. Sleeping, no.

An old man is screaming obscenities at the stale air in the room next door. The bedspread smells like a mixture of urine and imported clove cigarettes. The dirty, cracked window has an old-fashioned roller blind stained brown with at least fifty years' worth of tobacco smoke and grime.

The bed sags so far in the middle that the mattress touches the floor, which is carpeted with an ancient horsehair rug that smells like a stable. The lamp has no shade, and the desiccated remains of a horsefly are stuck to the stark yellow bulb

I am sleeping in a flophouse with a cheesy name—I'll call it "The Sunflower Arms," though the rundown joint isn't sunny, and no self-respecting flower would be caught dead in the place. It's a six-story pile of sooty bricks complete with the stereotypical flickering red-neon sign advertising "FREE COLOR TV" and "TRANSIENTS WELCOME." The Sunflower Arms is the only lasting remnant of the skid row that this posh North Side neighborhood once was, until the real estate developers and Yuppies took it over in the late 80s and early 90s. It's the only place where a poor girl down on her luck like me can flop for the night with no luggage, no change of underwear, no contact solution or deodorant—not to mention no dignity—all for the bargain price of $29.99, plus tax. Except I don't have the money for the tax. I have only thirty dollars and a nickel, and that's not enough to cover the room and the $4.97 in Chicago and Cook County hotel taxes.

I also have no credit card, only a debit card linked to a checking account that is at least a hundred dollars overdrawn. But that's okay with The Sunflower Arms. The emaciated, bearded man who gives me the room doesn't even ask for my ID, let alone a credit card. When I tell him I don't have the extra five bucks to cover room taxes, he shrugs, hands me my key, and says, "Just pay it next time, hon."

As if there will be a next time.

The emaciated clerk watches me climb the moldy stairs (the rusty cage elevator is Out of Order) and shakes his head. I hear him say to some unseen person in the back office that I am the first single white woman he's seen check into The Sunflower Arms in more than a year.

I guess I can understand why. The Sunflower Arms isn't exactly the kind of place that makes a single, white, graduate-educated female in her late twenties feel safe. I'm only up one flight of stairs by the time I see my first dead rat. The whole place smells of death, actually. Old cigarettes, dust, moldy 1940s-era upholstery, and death. I'm sure that most of the women who've stayed here over the years were prostitutes. I can almost feel their collective shame oozing from the peeling plaster walls.

My room is on the fourth floor, at the end of a dimly lit hallway. My key sticks in the lock; I have to jiggle it several times before I can open the door. That's heartening, at least—maybe that means it will be hard for anyone to break into the room during the night. Still, it isn't as if I have anything valuable left to steal. And I doubt any of the drugged-out, strung-out old men staying in this hotel would have the stamina to try raping me, anyway.

The room is awful, of course. But I suppose it could be worse. There isn't the corpse of a dead junkie in the closet, or a pile of shit in the bathroom sink, and the toilet and shower work fine. Most of the room is filthy and reeking, but the bedsheets are clean, cool, and pressed. And there aren't any dead rats or bedbugs behind the headboard. (I check.)

When you get to the end of your rope, like I have, you learn to appreciate the small things.

As I settle into the sagging, creaking bed, my mind settles on one thing. Why am I stuck sleeping in a flophouse, flat broke and with no toothbrush or change of underwear when my place of residence—a cozy bedroom in a decent-but-not-fancy Lakeview apartment with a marble bath and remodeled kitchen (the very same bedroom I share with my boyfriend, Dean)—is less than two blocks away? How can a sagging flophouse bed and one city block be the only things separating me from that decent-but-not-fancy Lakeview apartment and life on the street?

The answer to that one is easy.

I'm wacko.

Wacko. Looney-Tunes. Insane. Psycho. Disturbed. Distraught. Unstable.

A nutjob.

Or, as my boyfriend's best friend has so aptly put it, "The misbegotten spawn of Satan, a female succubus witch-bitch."

And a crazy Satanic female succubus witch-bitch at that.

It doesn't matter that I have a good education. It doesn't matter that I used to have a good job. It doesn't matter that my home (or it had been my home until an hour or so ago) is only a block or two away. It doesn't matter that I am young and single and attractive and alone.

None of it matters.

Because when you're a nutjob, sleeping in a flophouse with five cents to your name is all you might ever expect.

Chapter 1

Hearing Voices

I've had a lot of psychotherapists. More than I can remember, actually. When you spend as many years in psychotherapy as I have, the therapists—male, female psychologist, guidance counselor, licensed social worker, psychiatrist, ordained minister, whatever—all start running together like a melting watercolor painting, until I can no longer visualize their individual faces in the overstuffed archives of my memory. The region of my brain dedicated to self-improvement and self-analysis is stuffed to the brim. I'd need another ten years of therapy just to recatalog the scores upon scores of therapy-session transcripts, the passive-aggressive defense mechanisms, and the battles with insurance plans and employers over co-payments and time off that are stored between the thousands of neural synapses in my frontal lobe.

The true nature of my various psychoses rests buried somewhere beneath a tangled demilitarized zone that built up slowly from the subtle manipulations and emotional games of chess between me and many different therapists. I was often an uncooperative patient too, which didn't help matters.

There's an old joke that circulates around and around—I heard it first when I was in college over twenty years ago, and I still hear someone tell it at least once or twice a year.

Q: "How many psychotherapists does it take to change a lightbulb?"
A: "Just one, but the lightbulb has to want to change."

Truer words were never told—and that's precisely why this tired old joke always gets a laugh from me, no matter how many times I hear it. I spent many years in psychotherapy running around and around on the same hamster's wheel, sprinting and sweating yet never getting anywhere, simply because I didn't want to recognize my own role in my ongoing mental misery. But there comes a point in almost every mentally ill person's life when she concludes she doesn't want to live like that anymore, and finally she decides to put her nose to the grindstone and get to work. Whether that means finally taking meds as prescribed, or keeping weekly therapy appointments, or dumping all the liquor down the drain, or switching therapists—or just doing the hard introspection required to recognize and change destructive behavior patterns—it's all hard work.

And truly hard work is seldom fun. Hence, we avoid it.

And sometimes, the most difficult task of all is just finding out what is really wrong with you in the first place. For example, even after seeing at least (that I can remember) twenty different counselors, shrinks, social workers, psychiatric residents, and therapists over a period of fifteen years, I never once got the same clinical diagnosis.

Not once. Ever. Had I received overlapping diagnoses, I may have been more accepting of one, but it's difficult to see where I fit in when so many professionals have had so many different diagnoses. And I can't say that I agreed with any of th

suggested disorders in my case anyway. Not only that, but some of the diagnoses got at various times are either no longer categorized as illnesses by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) at all, or else they've gotten merged with other, "new" disorders. Trying to keep up with all the recent changes in diagnostic criteria isn't just hard for psychotherapists and medical billers—it can wreak havoc on patients too.

It's a common problem: few if any people fit perfectly into the rigid boxes constructed by the DSM-V, the manual the American Psychiatric Association uses to categorize mental illness, which the health insurance industry in turn follows when it comes to paying for therapy—or far more often, psychiatric drugs. If my own experience is any example, this is one case where the one-size-fits-all approach of so-called cookbook medicine just doesn't work. And if you can't even get diagnosed with the right illness, it can be downright hard to receive the right treatment—let alone get better. Let me show you what I mean.

I've been diagnosed as having any and all of the following at one time or another.

Clinical depression (also known as major depressive disorder). I'd definitely say I've been depressed. So have millions upon millions of other people. But I don't fit the criteria for clinical depression as outlined in the DSM-V, which requires I have at least five of their nine possible listed symptoms every single day. I had maybe two or three symptoms at best, and not every day. True, I often had feelings of sadness, even to the point of being suicidal at times—but I was missing several other criteria as required by the DSM-V. Despite what the diagnostic criteria say about depression, I never lost interest in my favorite activities, nor did I have difficulty concentrating at work or at school—quite the opposite, in fact. My weight didn't fluctuate up and down, nor did I have significant problems with my sleep patterns. I did have the inappropriate fascination with death and the dark moods that went on for weeks at a time that the diagnostic criteria require, but the rest of the picture was missing. Which might be why I wasn't given prescription medication for my depression, but then again, who knows? Whatever the reason, I got crammed in a box that wasn't the right size for me. If anything, I believe my depression was actually a symptom of other disorders, which I'll elaborate on later.

Manic depression. Well, sure. Many creative artists like me have this to some extent, as our creative juices ebb and flow in cycles that can seem like a roller coaster at times. We might be super-productive for a day or two, then tired and blocked the next. I've sometimes gone for weeks having to force myself to write despite a profound lack of inspiration, which can be downright painful. But I still couldn't agree with this diagnosis because I did not experience bouts of clinical mania. No going around for days without sleep, no frantic attempts to start a bazillion projects that I never finished (indeed, I'm known for my discipline, attention to detail, and ability to meet deadlines even when I'm feeling at my worst). I did have the occasional shopping spree, and I was what some would call promiscuous, but I wouldn't call either one of these tendencies manic. "Manic depression" is also an antiquated definition of what is now known as bipolar disorder—which itself now has two types according to the DSM-V: bipolar I and

bipolar II. (And I haven't been diagnosed with either one of those.)

Severe bipolar disorder (non-artistic personality). Never bought this one. At th time I received this diagnosis, the DSM-IIIr was in vogue, and it used different diagnostic criteria than those in use for bipolar disorder today. This diagnosis also suggests that I would not be able to function well on a daily basis. But I could, just perhaps not always well. This disorder is now known as bipolar I disorder. A different variation is bipolar II, which wasn't even identified as a distinct illness until 1994 and still remains a difficult diagnosis for most psychotherapists to make.[1] (If I had to choose between the two, I'd say I fit the criteria for bipolar II a lot better, but even then it doesn't seem to work because I don't really suffer from mania, and never have.)

Borderline personality disorder (BPD). I should point out that there is currently considerable dispute in the psychotherapy community whether this is a legitimate diagnosis at all—even to the point that some insurance companies refuse to reimburse for BPD treatment, and some psychotherapists will even refuse to treat BPD patients.[2] It's even referred to rather flippantly by some in the psychotherapy community as the "garbage bin diagnosis," according to Psychology Today.[3] But it's the label that has been applied to me the most often by far, so I'd say there's more than a grain of truth to it. But given the fact that none of my many therapists could ever agree on what was wrong with me, it seem fitting (and appropriately hilarious), then, that I'm chronically ill with BPD, a disease that many clinicians apparently don't consider a disease at all.

The current disease criteria for BPD in the DSM-V state that BPD patients have a history of unstable personal relationships and poor self-image, impulsive behavior (like overspending and sexual promiscuity), chronic feelings of emptiness, and difficulty controlling anger. But, frankly, most young people have all of these problems at one point or another—it's called being young. Indeed, the American College of Pediatricians says that young people's brain and emotional development, especially in the frontal lobe that regulates emotional impulses, are not fully complete until their mid-twenties—and therefore adolescents are especially prone to impulsive behavior and unstable relationships.[4] If the disease criteria for BPD in the current DSM-V are to be believed, it seems to me most young, single women in America have BPD to some extent, which would make having at least some of the criteria for BPD perfectly normal for women in their lat teens and early twenties. Indeed, there is quite a range of behavior and severity chalked up to the disorder, covering the extremes of suicidal behavior on one end mere serial monogamy on the other, and just about everything in between. Susanna Kaysen of Girl, Interrupted fame was locked up for almost two years for being "borderline" in the 1960s, while most contemporary psychologists say her condition at age eighteen would barely merit more than a few cognitive therapy sessions—or at worst, a very brief hospital stay followed by psychotherapy. Drugs tend to be ineffective against BPD, experts say, though they are still frequently prescribed.[5]

It is in fact extremely common for persons eventually diagnosed with BPD to

have had numerous other disease labels applied to them first, not only because many clinicians are not trained in recognizing BPD symptoms, but also because BPD tends to coexist with other mental illnesses, such as depression and anxiety disorders.[6] Indeed, it is common for all mentally ill persons, regardless of their specific illness, to receive as many as a dozen different diagnoses from scores of different practitioners over the course of their lifetime. I think this helps explain why I've frequently been diagnosed with various types of depression—but whethe that depression was actually a symptom of BPD or a coexisting condition is up for debate.

Psychologists who support the diagnosis of BPD state that the ability to "act" as if you are perfectly sane and stable to those around you while feeling suicidal and volatile inside is trademark "borderline" behavior. And my trademark "perfect storm" of near emotional collapse buried underneath a serene, happy exterior is indeed one of the classic symptoms of BPD.

The ability to act as if everything is all right when in fact nothing is leads man BPD sufferers to pursue careers in the arts, especially the performing arts. Indeed, "unusual artistic talent" has been identified as having a strong correlation with BPD.[7] The day-to-day torture of having to create inner and outer selves simultaneously, and maintain both convincingly, is perfect real-world training for professional actor. It's just as effective for someone who wants to be a writer too. When your mind is split into two complete selves—one peaceful, self-lobotomized, and seemingly perfect; the other a raging, screaming, frightened, depressive monster—your entire existence revolves around fabricating scenarios for both of those characters (neither of which represents your true self) in which to dwell. Living with BPD is like living inside your very own custom-made, three-dimensiona soap opera, with your split self playing all the roles and doing all the histrionic backstabbing on a TV series that runs only in your own mind.

What else have I been diagnosed with at some point or other? Let's see.

Multiple personality disorder. Again, I couldn't buy this one because I never had other personalities, so I'm not sure why this one was even offered.

Episodic depression. This means you only have depression at certain times, cycling with either normal behavior or mania. Your depression becomes a series of episodes, popping up at regular intervals like a running gag on a TV show. I suppose you could make the argument that I did have this because I had episodes of depression starting in my early teens through my late twenties; but that seems to me more "chronic" than "episodic."

Seasonal affective disorder. I suppose this diagnosis is common for people wh live in the Upper Midwest like I do, given how dark, long, and cold our winters are. But I'm not sure it applies to me since some of my worst depressive and psychotic episodes occurred in sunny, warm weather. My moods never depended on the weather, per se—I just happened to get this applied to me when I saw a psychotherapist during a January cold snap.

Cyclothymic disorder and/or dysthymic disorder. These are both mood disorders related to depression. Cyclothymic disorder involves cycling between mild to moderate depression and mania and is considered a less severe version of

bipolar disorder, while dysthymic disorder means you've had a constantly depressed mood for two years or more, feeling hopeless and unable to concentrate without necessarily being suicidal. As with their more severe counterparts, I was missing several of the required criteria for these diseases, and since I considered suicide more than once, I don't think either was the right fit for me.

Antisocial personality disorder. I take particular offense to this one. I don't appreciate being placed in the same basket with murderers and rapists. Antisocial personalities possess a profound lack of empathy and act without conscience or regard to the well-being of others. That can mean anything from being a career criminal to the guy who steals his coworkers' lunches from the office refrigerator and then lies about it. Since I've frequently been plagued by guilt or fear of what and how others will think of me or do to me if I make this or that choice, it seems a profound lack of empathy isn't one of my problems. I'm also the first to cry at sad movies, I often beat myself up for not giving enough to charity, and I frequently do way too much volunteer work at the expense of my personal and professional obligations. In that regard, I'm really more of a codependent with a guilt complex.

Histrionic personality disorder. The DSM-V also calls this disorder the "theatrical" or "dramatic" personality disorder. Since I'm a trained actor and playwright, I suppose I can see why I got this diagnosis, given that my livelihood depends in part on a flair for the dramatic. But I don't think it fits me because when I'm not participating in theater (which isn't much these days, now that I'm raising two young children), I actually cannot stand being at the center of attention all the time, as the disease criteria require. Unlike when I'm on the stage in reality I'm more of an introvert. I prefer a quiet evening at home catching up on reading or cleaning the bathroom to making a spectacle of myself at the discotheque or in the returns-and-exchanges line at the mall.

Schizotypal personality disorder. The DSM-V states that this disorder is one that elicits behavior of "extreme solitude." Sufferers tend to show deep anxiety in social situations, have odd or strange social behaviors, and be extremely uncomfortable maintaining close relationships with others. None of those criteria apply to me. While I am a bit of an introvert, I have a wide circle of friends and enjoy going to parties and gatherings, and I'm frequently complimented on my politeness and knowledge of social etiquette—hardly a symptom of being socially awkward. The only reason I can think of why I might have received this diagnosis is because at the time I was choosing to hang out with people who didn't share my values and often belittled me, but that had more to do with my own low self-esteem than social anxiety.

Brief psychotic episode. This isn't an illness so much as it's an acute symptom of a larger problem, which can have any number of causes ranging from several different psychiatric diagnoses to drug or alcohol intoxication and even dehydration.[8] But in the interest of being truthful, I'll admit to having more than a few of these. You'll read more about a couple of them in this book.

Post-traumatic stress disorder (PTSD). This one I wholeheartedly agree with, and you'll learn more about some of the childhood (and adult) trauma I endured that is likely behind it in this book. Some of the symptoms of PTSD can mimic othe

psychiatric disorders, and that might explain why I've gotten so many different diagnoses over the years.

Exhausted yet? Then just imagine what it must be like to be a patient swimming through this constantly changing alphabet soup of illnesses! Imagine a diabetic being told by his doctors that he isn't diabetic, but he actually has lung cancer, and he gets treated for that instead of diabetes. Then a couple of weeks into chemotherapy, he finds out he never had lung cancer in the first place, but in fact he actually had Crohn's disease, so his treatment protocol has to change. And his diabetes still hasn't been diagnosed at all, let alone treated. It seems absurd, but it's not all that different from what a lot of people with mental illness go through. Small wonder most people with mental illness don't seek help at all.[9]

The one thing I can conclude from all of this is that the DSM-V is a good starting point for identifying and treating mental disorders, but if my experiences are any example, it's far from perfect. Clinicians should always remember that people don't always fit into these neat little boxes. And being different or outside the established "norm" for one illness or another doesn't mean we're beyond help. Quite the opposite, in fact. We should also recognize that mental illness is a chronic disease that can change and evolve over the course of our lives. The diagnosis we got twenty or thirty years ago might no longer apply, but that doesn necessarily mean we're "better," either.

"Chronic" means treatable, but not curable. If you're unfortunate enough to b born with nutjob DNA, or to grow up in a nutjob family environment that skews an scars you for life, you will never be cured. Not totally, anyway. The best you can hope for is merely to manage your chronic illness—that is, keep it from killing you —just as a diabetic must manage his sugar levels with painful insulin shots to kee from dying, just as a cancer patient must endure excruciating radiation and chemotherapy to get her life-threatening tumors to go—temporarily—into remission. So it is, too, with mental illness. There are no miracle cures, no final triumphs over this most sinister and misunderstood of afflictions. There is merely an ever-present series of small battles and skirmishes, fought one day at a time, in an endless war against the terrorist acts committed by an unstable mind.

Sounds depressing, doesn't it? And it is. But it doesn't have to be.

Mental illness—this most difficult and costly of all chronic diseases—is manageable. It's survivable. Better yet, it's even a disease under which you can thrive, improve, better yourself, and reach a higher human potential than you eve thought possible.

And despite what the American pharmaceutical industry wants you to believe in many cases, you can accomplish all of these things without ever popping a single pill.

How do I know this?

I'm very proud to say that in more than fifteen years of psychotherapy, I've never once taken any psychiatric medication.

Not once. Now before you dismiss me as a crackpot for saying that and throw this book across the room, please know I realize that for some people this may not be an option and that psychiatric medication may be good and even necessary in

some instances. But for me, I've managed to avoid going down that path.

That's not to say that I didn't want to be medicated. Often, I did. I even specifically asked psychiatrists for antidepressants on more than one occasion. Bu every time, I was denied the prescription—either because my health insurance wouldn't pay for it (90 percent of the time) or because whatever therapist I had at the time thought I'd respond better to cognitive therapy (10 percent of the time; and those were the therapists who had my best interests at heart. Thank you).

I'm also very proud to say I don't "hear voices." Not the demonic ones that tel me to hurt myself or others, anyway. The ones I hear are inspirational, like the character voices I hear when I'm writing a play, or the plot bunnies that pop into my head when I'm taking a shower and that I have to go instantly write down so they can become part of my latest novel. There can be good voices and bad voice inside our heads. The good ones can be truly beautiful, and it can be just as damaging to suppress those as it can be to listen to the demons who tell us to destroy ourselves.

And any playwright can tell you that "hearing voices" is absolutely necessary when writing a play. Playwrights "hear voices" in their heads in the same way that composers of symphonies hear entire string quartets or woodwind sections in thei heads, in the same way that architects see unfinished buildings floating before their eyes or sculptors see a beautiful woman's body in an uncut block of marble. Whenever I sit down to write a play or a story, I stop to listen to the voices in my head and then strive to give them a home of their own.

I suppose in my own peculiar way, I've managed to channel one of the main afflictions of my family DNA into a creative art form. I also suppose that if I couldn write plays, I would be heavily medicated, unemployed, and on permanent menta health disability—just like my older brother Mark[10] is now. Just like my mother is too—even after more than thirty years under the care of psychologists and psychiatrists.

The "crazy artist" stereotype is ubiquitous for a reason. Many of us artistic types walk a very thin line between sanity and madness, a very thin line painted a varying thicknesses according to our ability to express ourselves. If ever that ability gets trampled upon, if it ever melts or is simply erased, then the mad-bad voices start creeping in to start telling us that we must destroy ourselves in order to survive. It's a strange dichotomy, but I know from experience that self-destruction—whether through alcoholism, drug use, abusive relationships, casual sex, or whatever—is what keeps someone whom the mad-bad voices have imprisoned alive. For a time, anyway. Some, like Brian Wilson,[11] Carrie Fisher,[12 and Dick Cavett,[13] manage not only to stay alive but to triumph over the mad-bad voices and even to harness them as tools that make their art that much more successful and beautiful. But others—Vincent Van Gogh, Spalding Grey, Marilyn Monroe, and scores more—take the bargain but lose the battle, finally succumbing to the demons that help murder artists by their own hands. The mad-bad voices suck all the doomed artist's lifeblood dry in order to feed the great Beast that dwells above all of us, the Manic Muse that we both love and hate, that we both rely upon and fear.

My mother, my brother, and several of my ancestors have all “heard voices” at one time or another. My mother and brother still hear voices whenever they forget to take their antipsychotic medication—and sometimes they still hear them through the drug-induced haze they live in while medicated.

Years ago, my mother heard the voices of tired old women telling her that “company was coming to visit soon”—special, fancy company that required an immaculate house and exceedingly well-dressed children. I remember days when I would come home from school to our house in Indiana and find my mother in a frenzy—dusting furniture that had no dust, straightening pictures and throw pillows that weren’t crooked, mopping floors already so clean they could be used as polished platters for baked Alaska. As soon as my brother and I set foot in the house, Mom would order us to change out of our school clothes and into the “best of our best”—me, a crisp, white-lace, ankle-length dress I wore for my first communion at St. Mary of the Lake Catholic Church; my brother, a three-piece suit of light blue polyester and a clip-on maroon tie he’d gotten as a present from our grandmother, Memaw Jones. Then Mom would make us take up prim positions on the striped-blue velvet couch in our living room to wait for the mysterious, nameless “company” that never arrived.

The only person ever to show up at our front door on those long, itchy afternoons when I sat motionless, trying hard not to scratch at the First Communion lace around my neck, was my father when he got home from work demanding his dinner and wanting to know why the hell everybody was dressed like it was the goddamn Academy Awards.

Each time this happened, I asked Mom where she’d heard that company was coming. Did someone call? Did she get a letter? Did the Jehovah’s Witnesses that came by our house once a week maybe want to stay for coffee and cake? What? She avoided the question the first couple of times. Then the third or fourth time, she said simply, “I thought, maybe. I thought maybe.” Every time thereafter, whenever the voices told her something was going to happen that didn’t, her standard response to those of us outraged at the inconvenience of First Communion lace and rearranged furniture was “I thought maybe.”

It wasn’t until years later, when I was in college and Mom was in one of her rar periods of unmedicated lucidity, that she told me the truth about the dry old women she heard in her head, the ones who insisted she clean and dress us for th phantom company that she thought for sure would come, the company that had t come so she wouldn’t die.

My maternal great-grandfather Papaw Scott—whom my mother says my older brother Mark resembles in many ways—heard the voices too. I only met Great-Papaw Scott once before he died when I was barely a toddler, but the stories of th voices in his head are legendary in my family. Great-Papaw Scott grew up desperately poor in the mountains of western Virginia and got a job working on th railroad when he was in his teens. He married young and had children before he was twenty. He “retired” young too—in his late forties, by bribing a doctor to write a letter to the railroad company saying he had a heart condition that rendered hin unable to work. (He was in perfect health. Physically, at least.) He then moved fro

rural Virginia to Evansville, Indiana, to be closer to his children (including his daughter, my Memaw Jones,[14] whom he constantly begged for money) and spent the rest of his life tinkering in his tiny bungalow, building beautiful folk-art model houses out of scrap wood and trash and listening to the voices in his head.

Great-Papaw Scott's voices started out in the mid-1950s as the FBI. By the 1960s, they had become the CIA (and occasionally, Interpol). The FBI, Interpol, an the CIA told Great-Papaw Scott, via all-points bulletins only he could hear, that he could not work outside the home because they were spying on him, monitoring his every move, and if they didn't like what he did or where he went, they would kill him. My mother believes that the voices told him to quit his job with the railroad and told him to bribe a doctor to write the fake disability letter for him too. The voices wanted Great-Papaw Scott under their complete and utter control. They used him as a tool for their own ends—just as they use everyone who falls under their spell.

At first, Great-Papaw Scott's voices only affected him. But near the end of his life, his voices so controlled him that he refused to leave the house—even to go ou into the yard or collect the mail—and forbade everyone who came to visit him fron speaking aloud in his presence. He would only communicate through notes written in a simple letter-replacement cipher code because he didn't want the CIA and the FBI to overhear him and track him down. Relatives and friends avoided him because they didn't want to write coded notes back and forth to Great-Papaw Scot just so they could have a conversation.

Great-Papaw Scott never saw a psychiatrist for an official diagnosis, but he wa probably a classic paranoid schizophrenic. And like many paranoid schizophrenics he died relatively young, in his early sixties. My Memaw Jones inherited several of his beautiful folk-art houses and now keeps them in her basement, where they sit and collect dust. I've told Memaw several times that the only things I want from he after she passes away are those beautiful folk-art houses, the only things that remain from my great-grandfather, who was crazy as a loon but also quite possibly an artistic genius.

My older brother Mark—my only full-blood sibling—is like a younger version of Great-Papaw Scott. He heard voices from an early age. Mark's first breakdown happened as a teenager, officially starting when he walked out onto the top of an ancient Indian burial mound across the street from the top-secret nuclear facility where my father worked, pulled his long, dirty gray trenchcoat over his head, and shouted, "The Russians are coming! The Russians are coming!" over and over again until security personnel came to restrain him. The voices in Mark's head apparently ordered him to sound a warning to the soldiers guarding the nuclear reactors across the street that World War III was imminent.

Mark was hospitalized for the first time not long after that. He was never exactly what anyone would consider "normal," even as a child. Diagnosed as a paranoid schizophrenic in his teens, Mark flunked out of several different colleges (including a large Midwestern university, where before dropping out he accused one of his male professors of sexually harassing him) until ultimately deciding to join the U.S. Army. His past mental illness kept him from enlisting until he found a

psychiatrist willing to draft a letter saying that his paranoid schizophrenia (for which he'd been heavily medicated since the age of sixteen) didn't exist. Mark stopped taking his meds, went to the recruiting center with his phony bill of good mental health in hand, and was promptly admitted to the Army infantry division.

Mark stayed in the Army for less than eight months. Shortly after completing basic training and being stationed in Korea as a medic, he wrecked the ambulance he drove in the South Korean demilitarized zone and got a medical discharge from the Army that entitled him to a monthly disability payment for life of $800. He went back on antipsychotics as soon as he got home from Korea, and he hasn't held down a real job of any kind for more than two or three weeks since. I've often suspected he wrecked that ambulance deliberately, though I have no proof.

There is a long tradition of suicidal paranoia and hallucinations in my family, lending credence to the theory that mental illness, especially schizophrenia, is in part a genetic condition that runs in families. For example, two of my great-great-grandfathers on my mother's side committed suicide in the late 1800s. Details are sketchy now, but after interviewing several of my older relatives, I discovered that one of my great-great-grandfathers holed himself up in one of rural Virginia's many mountain caves one winter night and killed himself by drinking a Mason jar full of carbolic acid. He left a note saying he committed suicide because he had witnessed a murder in the backwoods and the perpetrators had promised to come and kill him if he told anyone what he'd seen. My mother and grandparents insist that he only killed himself because "that's what people did in the olden days when they saw something bad."

My mother goes as far as to say that our ancestor had no choice but to kill himself before the "murderers" he saw came and killed him themselves. But I believe that the "murder" he saw was merely a hallucination, and the people supposedly coming to kill him were simply the schizophrenic voices in his head, the same voices that demanded he steal the bottle of carbolic acid from a neighbor's barn and drink it.

Another of my great-great-grandfathers killed himself by putting the barrel of a shotgun in his mouth and pulling the trigger. Nobody knows why he did it—just that he did. I'm sure the family voices told him to do it too.

The dark, demonic voices caught between the double-helix strands of my family's DNA run very, very deep. I don't hear those voices anymore, but I used to. They were there for me as an odd, wayward child who talked to herself; they were there for me as a morbid, disturbed, and distraught teenager who shaved the back of her head and drew skeletons and death-metal symbols on her frosted blue jeans with a Sharpie. They were there for me all through my twenties, which I spent wasting away in one destructive relationship after another, polluting my body with alcohol, drugs, and compulsive sex. Even after all the personal insight and behavioral changes I've worked so hard to instill in myself after more than fifteen years of psychotherapy, those voices are still there for me, whether I like it or not. They're always there. They're just dormant, is all. I managed to beat them back into submission. But they could rise again.

This book is the story of how I finally learned not to listen to the mad-bad

voices that have crippled my family for at least seven generations. This book will show you that no matter how bad it seems, no matter how hopeless your illness or a loved one's illness is, recovery is not impossible. This book will show you how you can stop listening to the mad-bad voices too.

Buckle up, folks. You're in for the worst—and best—ride of your life.

1. Mary Soliman et al., "Bipolar II Disorder in Adults: A Review of Management Options," U.S. Pharmacist, November 2011, www.medscape.com/viewarticle/754573.
2. Perry D. Hoffman, PhD, "Borderline Personality Disorder: A Most Misunderstood Illness," National Alliance for Mental Illness, www.nami.org/Template.cfm?Section=20075&Template=/ContentManagement/ContentDisplay.cfm&ContentID
3. Erik A. Fertuck, PhD, "Borderline Personality Disorder Is Real: Part I, Diagnostic Validity," Psychology Today, Science at the Border, April 27, 2009, www.psychologytoday.com/blog/science-the-border/200904/borderline-personality-disorder-is-real-part-i-diagnostic-validity.
4. American College of Pediatricians, "The Teenage Brain: Under Construction," May 2011, www.acpeds.org/the-college-speaks/position-statements/parenting-issues/the-teenage-brain-under-construction.
5. Jane E. Brody, "An Emotional Hair-Trigger, Often Misread," New York Times, June 15, 2009, www.nytimes.com/2009/06/16/health/16brod.html?_r=0.
6. Borderline Personality Disorder Resource Center, "What Is Borderline Personality Disorder? Co-occurring Disorders," New York-Presbyterian Hospital, http://bpdresourcecenter.org/co-occuringDisorders.html.
7. Deborah Daniels Carver, MD, "Clinical Aspects of Borderline Personality Disorder," Medscape Psychiatry & Mental Health eJournal 2 (1997), www.medscape.com/viewarticle/430852.
8. Oliver Freudenreich, MD, "Differential Diagnosis of Psychotic Symptoms: Medical 'Mimics,'" Psychiatric Times, December 30, 2012, www.psychiatrictimes.com/forensic-psychiatry/differential-diagnosis-psychotic-symptoms-medical-%E2%80%9Cmimics%E2%80%9D-.
9. Janice Lloyd, "Many with Mental Illness Go Without Treatment, Survey Says," USA Today, January 19, 2012, http://usatoday30.usatoday.com/news/health/medical/health/medical/mentalheal 01-19/Many-with-mental-illness-go-without-treatment-survey-says/52653166/1.
10. Not his real name.
11. Todd Leopold, "The Creative Struggle of Brian Wilson," CNN.com, January 17, 2012, www.cnn.com/2012/01/13/living/brian-wilson-creativity/.
12. Lauren Paige Kennedy, "20 Questions for Carrie Fisher," WebMD, November 2010, www.webmd.com/mental-health/features/questions-for-carrie-fisher.
13. Nate Jenkins, "Dick Cavett Talks about His Depression," Huffington Post, June 20, 2008, www.huffingtonpost.com/2008/06/20/dick-cavett-talks-about-h_n_108332.html.
14. Not her real name.

Chapter 2

Vienna, Austria, October 1999

I am sitting in St. Stephen's Cathedral, the stunning Gothic medieval church in the center of Vienna and just a short walk from Dieter's apartment. It's six a.m. The church's grand stone ceiling soars above my head; the patterns made by the dewy Austrian morning light pouring through the stained-glass windows paint themselves onto my face and arms in fields of blue-green lace. The only sound is the soft footfalls of the Eastern European cleaning woman who mops the ancient, pockmarked stone floor. She guides her huge gray mop around the feet and legs of the few early-morning faithful who have come to kneel and pray.

The drab-faced woman, her face sunken inward from a lack of teeth, looks at me with surprise when she finds me just sitting in a pew, wearing my faded Levis and battered Doc Martens instead of the pressed, crisp, and formal European clothing all the other faithful wear. I hold no rosary, make no move to even pretend that I am here to pray or ask forgiveness.

Although I have the same long, lean build and fair blonde features as many Austrians, I'm dressed in my cheap American clothes, sporting my gaudy American hairstyle and making no effort whatsoever to blend in. The cleaning woman mutters something in Polish, probably a complaint about how even this ancient, holy place has been overrun by ugly American tourists. She doesn't seem to notice that the padded kneeler just in front of me is damp, and not from the dewy condensation that has formed on the ancient stone walls as a result of the early-morning Alpine drizzle and fog.

The kneeler is damp with my tears.

I meet Dieter Franzl[1] in the early spring of 1999, in Chicago. He's an Austrian graduate student from Vienna working on a doctorate in business administration. Dieter is tall, blonde, blue-eyed, and dreamily handsome, and he lives in a studio apartment a few el stops away from me. His accent is somewhere between Dr. Freud and Arnold Schwarzenegger, and it turns me on like nothing I've ever heard before or since.

In the early spring of 1999, I am two years out of graduate school and have gone back to work for my old boss at a large university library, where I once had a part-time graduate assistantship. I work for a pittance as a full-time department manager in the library's acquisitions department.

I am back on campus working a low-wage job with a ninety-minute bus-and-train commute each way from the North Side because my brain and I both have had too much trouble adjusting to the real world. My former high-stress job as a financial editor at a brokerage firm burned me out to the point of a near-nervous breakdown a year ago. I accepted the deep pay cut offered by my old grad-school boss and embraced the comfortable, familiar territory of my former graduate-school campus like an old friend. I had also gone through an extremely bad breakup with a medical student (the latest in a long string of bad breakups dating back to high school) just before I quit that brokerage job, and I took the job on

campus, just blocks from my ex-boyfriend's condo, almost as an act of personal revenge. I even stalked that medical student for a little while because doing so helped assuage the low-self-esteem demons that dominated my brain. But my ex-boyfriend was smarter than I was, and a doctor-in-training to boot, which made hi a less-than-ideal target for stalking. So in 1999, I gave up on stalking my ex and set out to find my next self-destructive relationship.

When I start searching for that relationship, I am poor, anxious, and more than a little battle-scarred. Still, other than the occasional rainy blue Saturday when I spend the whole day in bed, crying and hyperventilating, I am content with my lif in general.

Sort of. But I want—need—something more. And that something more has to be in the form of a man, preferably a loving one who will share my bed each night worship me by day, and become an essential extension of my body, my mind, my very existence. I am sure that if I can find that man in question, I will be totally happy and won't have to spend any more rainy blue Saturdays in bed crying and hyperventilating all day long. In other words, I need a man to fill the gaping black hole in my brain.

That gaping black hole is slashed into my brain while I am still in the womb, a zygote absorbing my mother's hormones while my genes replicate, two by two. Th gaping black hole gets bigger and bigger as I grow up, deeper and deeper as I watch my mother and my brother succumb to the illnesses that run inevitably through our veins like toxic waste. It gets deeper and deeper, wider and wider in college and then in graduate school, until I can't function normally without a man —any man, real or imagined—filling it up. I fear being alone the way some people fear God. For me, intimate companionship is like a drug. Latching onto another person who can fill up the parts of me that are missing therefore becomes my primary objective in life, and like any addict seeking a fix, I'll take less-than-perfe options given no other alternative. A man who ignores me, insults me, or uses me for sex is better than no man at all, just as a junkie knows that shooting up with a dirty hypodermic needle is better than going into heroin withdrawal in a dark alley at least in the short term. And no addict seeking a fix is ever thinking about the long term.

Whenever I can't find a man to fill the gaping, black hole in my brain for me, I find myself trapped at the bottom of an even deeper black hole, bound and gagged by hopelessness, fear, and despair, my own personal version of drug withdrawal or the DTs.

For some, finding love is a matter of life and death. And so it is for me.

By the spring of 1999, I've grown tired of the regular dating scene, but I still need a man to fill up the gaping black hole in my brain before I drown. So on a desperate whim, I place a personal ad in the local alternative weekly paper.

> TALL, SMART, EDUCATED BLONDE, FIT, CUTE AND 25, seeks intellectual and sophisticated male 22–30 for dating, conversation, and love. Must adore the arts, liberal politics, culture and the all-around Bohemian life. Knowledge of Kant and Hegel a plus. No Republicans, please.

I get only a few responses, none of which seem promising, until the day before the ad is set to expire. For the last time I log into the private e-mail account I got with the ad and find a titillating response.

> Hi this is Dieter franzl I am from Austria. I am working on doctorate degree at norwestrn, also work very good job for a top consulting firm, good money and travel income. I adore american wmen, you sound so lovly, pls do call me and we will talk/have nice fun. (Oh and BTW Hegel rocks.)

Even if the e-mail is plain-text and badly typed, I can almost hear Dieter's lilting Austrian accent in my mind's ear, like electric telepathy. He attaches his picture in a GIF file. I open it, take one look, and nearly faint.

It's good enough for me. I call Dieter that afternoon.

That first telephone conversation, Dieter and I talk for hours, well into the night. We talk as if we've known each other our entire lives. We talk in a way that has my body and mind buzzing with a sexual high that is better than heroin, bette than speed or crack. And it isn't just me that's buzzing and high with raw sexuality that speeds its way down and across telephone wires and nerve synapses. Dieter i buzzing with it too.

"I needt to zee you right avay," he says. His thick Austrian accent is so powerful, so penetrating. I picture myself lying underneath him while he speaks to me, his deep Germanic voice like the incessant pounding of rough sex. I can't get enough of it.

We agree to meet for breakfast the next morning. I am working second shift at the library that day, and I don't have to show up for work until two. That gives us the whole morning and early afternoon to talk, bond, maybe even make love.

When Dieter and I sit down for apple pancakes and Danish together, a powerfu connection forms immediately. Within seconds, we are clutching hands across the table and cooing and making eyes at one another in a manner so childish and absurd that everyone else in the restaurant turns to stare. Within minutes, we are professing love for one another. Until this moment, I've always believed "love at first sight" is the stuff of silly fairy tales. But there it is, love at first sight with blonde hair, blue eyes, and a sexy Austrian accent, sitting across from me over a plate of syrupy apple pancakes.

"Can you skipt verk today?" Dieter asks, sensuously stroking the back of my hand with his thumb and forefinger.

"No, I can't afford to," I sigh.

"Vhy nodt?"

"I'm kind of poor."

Dieter kisses my hand. "Vell, zen vee vill have to do somethingk aboudt dat."

He walks me to the el station, kisses me passionately, and makes a show of cupping my breast in the middle of the busy street. People walk by and tell us to get a room.

"Don't vorry, vee vill get a room very soon," he tells them, laughing.

He asks me for my phone number at work, and I give it. The whole long el ride

down to the South Side, I think about Dieter Franzl, his accent, his penetrating, deep-set blue eyes, his long, lean hands upon my body. I keep on thinking about him at work, distracting myself to the point that I drop an entire shipment of new books on my foot.

Dave, my co-manager on second shift, rushes over. “You okay?”

“Fine,” I say, dreamily rubbing my foot. I have my steel-toed Doc Martens on, thankfully—otherwise those heavy hardcovers on British literature and German philosophy would have smashed all the bones in my instep. But I couldn’t care less. My whole body is floating on a pink cloud thirty feet above the earth. Someone could douse me with gasoline and set me on fire, and I wouldn’t even care.

Dave looks at me funny, then shakes his head. “You on something, Anna?”

I don’t answer him. I bend over and open another box of books. Dave shakes his head again and walks off.

An hour or so later, the Acquisitions Department phone rings. Dave answers it, frowns, and motions me to come over.

“Hey, Berry, get over here. There’s some German-sounding guy on the phone for you. Won’t say from where.”

I set down my box-cutter and dust off my hands. “I’ll take it in the copy-cataloging room.”

“It’s not the new sales guy from Stern-Verlag, is it? The department head said not to take any more calls from him.”

“No, Dave, it’s a personal call. Excuse me.” I duck into the glass-enclosed room where we download Library of Congress data onto the mainframe and shut the door. Dave hangs by and watches. He’s always had a bit of a crush on me, though I find his weak chin and the tufts of thick, dark back hair that stick out of his T-shirt collar repulsive.

“Hello, this is Anna.” My voice is throaty with desire. It’s all I can do to keep from fainting.

“Anna, my darlingk, I needt to zee you.” Dieter doesn’t identify himself, but he doesn’t have to. “Vhen are you home from verk?”

“Not ’til after eleven.”

“Mudst you go to verk tomorrow?”

I bite my lip. It’s a Thursday. The next day is Friday, when I work first shift because there are no student workers to supervise in the evening. I have no vacation days coming for a while, but I am a model employee at the library who rarely calls in sick. I suppose I can play hooky for one day, with Dieter. It will be worth it.

“I guess I can call in sick.”

“Gut,” Dieter says. “For I have judst boughdt us two tickedtz to New York.”

Dieter meets me at the train station that night at eleven-thirty. When I step outside the station, Dieter sweeps me into his arms and kisses me so passionately my knees buckle underneath me. “I missdt you zo much,” he breathes into my left ear. His accent comes through even in whispers. It drives me over the edge.

We walk back to my apartment together. A light mist of early spring rain falls;

an ambulance speeds past, its lights casting red shadows like blood on the rain-slick pavement.

"I was supposdt to meet width my ditzzertation adtvizor today," he says as we walk along, hand in sweaty hand. "Budt I cudt not. You vere too muchdt on my mindt. All I cudt do vas to think up vayz for usdt to be alone together. I searchdt and I foundt us a way to be alone together andt yet in the midst of so much. I vandt to take you somewhere and show you the thingkz that express my love for you. Andt zo, vee are going to New York."

We stop at a corner. Dieter picks me up in his arms and spins me around and around. "Vee are goingk to New York tomorrow! Can you believe dat?"

"No!" I shout, giggling and dizzy. "I can't believe it at all. This is crazy."

"Ja, it is crazy," Dieter says. "Because I am crazy in love width you."

We go back to my apartment, make love well into the night, until we are both sweaty and spent. After so many rounds of pounding, biting, and orgasms, after our bodies collapse into each another, I cross over to another plane and sleep the sleep of the dead.

It's a strange foreshadowing. I don't know it yet, but when my affair with Diete ends months later, I very nearly take it one step further—almost choosing full, rea waking death instead of just sleeping it.

Dieter wakes me the next morning at seven.

"Anna, we mudst go. Our plane leaves at eleven-thirty. I mudst get thingks from my apartmendt and zen vee will go to airport."

"Okay," I agree. I walk to the bathroom in a daze, see my glassy-eyed reflectio in the smudged, dirty mirror. In my innocence I think that vague, glassy-eyed star is the look of a passionate young woman in love, not the look of an addict in the throes of her latest fix. But that's exactly what it is. I am an emotion junkie with a gaping black hole in my brain, and Dieter Franzl is my heroin.

I call in sick at eight-fifteen. Dave is the only one in the office that early, and he can tell that I'm playing hooky. "You're faking it, aren't you?" he says when I feign a sore throat and cough into the phone.

"No," I lie, and cough into the phone again.

"Whatever. I'll tell the boss you aren't coming in. Have fun." Dave hangs up.

We fly to New York. We stay at a posh midtown hotel just off Times Square. Dieter buys me an expensive cocktail dress and I wear it to a Broadway show then to a late-night dinner at one of the most expensive and exclusive restaurants in town, where we have a private booth behind a set of swinging Dutch doors in a private dining room, with a charming wine steward who wears a silver tasting spoon on a chain around his neck and offers us the best vintages. We drink wine from 1965 served by three different white-gloved waiters. I order risotto primavera and seventeen-layer chocolate tiramisu from a menu that has no prices.

We go back to the hotel and have the most mind-blowing sex of our lives. And the next day, Dieter rows me around Central Park Lake in a wooden dinghy with rusty oars. When we make it to the middle of the lake, he says he wants to marry me.

And I am naive (and sick) enough to believe him.

sample content of Unhinged: A Memoir of Enduring, Surviving, and Overcoming Family Mental Illness

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- read Rest You Merry (Peter Shandy, Book 1) book
- **read 2500 Solved Problems in Fluid Mechanics and Hydraulics (Schaum's Solved Problems Series)**
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