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In the Padded Closet: Thoughts on a Secret Life**

Naomi A. Himmelhoch*

The author maintains that all people, places, and events in this book are real and he has depicted them accurately to the best of his ability. Before drawing conclusions, however, the reader is cautioned to bear in mind the fact that the author has spent considerable time mentally unbalanced.

- Mark Vonnegut, *The Eden Express*¹

INTRODUCTION

I have been in the closet for almost ten years now, and I want to come out. But I am worried. How will it affect my future job prospects? Will my acquaintances' perceptions of me change? Worse yet, what will people who do not even know me think? Will they avoid me, not even giving me a chance, making judgments based on stereotypes and not who I actually am? The repercussions might not only be social, but financial as well. My "fitness" for certain types of work may be questioned. My employment options may be limited, my health and insurance benefits affected.

Yet why must I lie about who I am? Why do I have to deny an essential part of myself, when other people can be open about who they are without fear of repercussions? Why should I be punished for something over which I have no control? Why do even my most basic civil rights ultimately rest in the hands of others? By concealing a part of myself, I feel intellectually dishonest. There is a cognitive dissonance in my day-to-day existence that I find difficult to work around. Because by denying who I am to others, I deny myself, my inherent worth as an individual, and as a

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* A.B. East Asian Studies, 1985, Harvard University; J.D. 1993, University of California, Hastings College of the Law. I would like to thank my friend of many years, Denise M. Kim, for helping me to articulate and refine my thoughts. Thanks also to my parents, Jon and Judy Himmelhoch for their sustenance, both literal and figurative. Finally, thanks to Mackey Friedman for his support, enthusiasm, criticism, editorial assistance and friendship. This essay would not be possible without him.

1. MARK VONNEGUT, *THE EDEN EXPRESS* (1975).

member of the human race.

I am afraid to tell anyone outside a small circle of close friends and family. It is often difficult for them to deal with. My father, a psychiatrist, did not "notice" anything unusual for several years. My mother acts hostile, as if I am this way merely as an elaborate attempt to *get* her. She acts as if I would *choose* to be this way, even though my life would be so much easier if I were not. As for my friends, I know that it is hard for them too, something that they only understand in the abstract, and with which they have little experience. They struggle to be sympathetic, but rapidly tire of my seeming intransigence. Only a few, those who share the same secret, know exactly what I am going through. Some of them conceal it much more easily than I. Others are utterly unable to do so, and face society's condemnation head on. It is watching their struggles that makes me most hesitant to come out.

For a while, it looked as if the laws were going to change and that things were going to get better for people like me. But those laws are often too vague, or have been unfavorably interpreted. Worse still, no one wants to risk coming forward as the test case that might change everything, only to irredeemably lose everything that she has gained.

But more and more, I feel a need to address this issue. After all, I am talking about my civil rights. They are in jeopardy, and few people realize it. Because I know that there is a limited audience for Law Journals, and because I am fairly certain that I will never ask anyone in this audience for a job, I will crack open my closet door for you.

I am straight. But I am mentally ill.

FALLING FROM GRACE

Ironically, I entered my closet just as I began to step up my involvement in the gay civil rights movement. I was always interested in civil rights and I became more of an activist while I was in college. I worked on the petition drive for reparations to Japanese Americans interned during World War II. I served on the steering committee of an Asian American students' organization and as a member of several African American student organizations. I worked in Boston's Chinatown with recent immigrants. I participated in demonstrations urging Harvard to divest its holdings in South Africa. Yet, although I had many gay and lesbian friends, at that point in my life their concerns just did not grab me. Maybe the issues seemed too remote, as my friends did not seem concerned if professors or students knew that they were gay. I could not foresee the strictures of the world outside the Academy.

After graduation I became a high school history teacher. I taught at boarding schools, first at a girls' school in upstate New York, and then at a

co-educational school outside of Los Angeles. The girls' school was a bulwark of feminism, the school where Carol Gilligan did her studies on female adolescent developmental psychology. Gay and lesbian teachers were open with students about their sexual orientation and several lesbian couples lived together on campus.

Although the girls seemed to accept their teachers' sexual orientation without much more than an occasional giggle, students who were lesbians struggled with the decision of whether or not to come out, and the straight girls did not make it easy for them. After I showed the documentary *The Times of Harvey Milk* during a human rights workshop, several girls approached me to talk and ask questions, even though they knew I was straight. This was the first time I had witnessed teenagers struggling to come to terms with their sexuality within a larger community. It was an education.

When I moved to Southern California, I became the confidante of several gay teachers at different schools, often the only straight teacher who knew that they were gay. Because we taught at private schools, the law provided no protection from employment discrimination or wrongful termination if anyone found out. Many of the straight teachers with whom I worked genuinely believed in the myth of the male homosexual predator, and many of my gay friends worked at boys' schools. One teacher at my school, who fortunately had just received the equivalent of tenure, outed himself in a school assembly after students returning from a college visit to his *alma mater* told him that they knew that he had founded that university's gay and lesbian students' organization. When he and I discussed what he should do, we agreed that a preemptive strike was his best chance of protecting himself from any allegations of misconduct by students or faculty.

Late in the spring of 1988, I was diagnosed with clinical depression. This was quickly modified to atypical bipolar illness (commonly known as manic depressive illness) when the first anti-depressants I tried pushed me into mania. Luckily, this happened during summer vacation, as my extravagant spending, unrestrained energy, indiscriminate sexual appetite and heavy drug use would have been difficult to conceal from students and faculty if I had been trying to teach at the same time.

This was not the first time that I had been depressed, nor even the first time that I had sought treatment. It *was* the first time that my depression was not brushed off as being nothing more than an elaborate temper tantrum. Naively, I informed the Dean of Faculty of my diagnosis. I knew it would take several weeks for any treatment to work and that I might need occasional coverage of my classes. I myself had provided coverage for teachers who were sick in the past, and expected the favor to be returned.

The Dean of Faculty made all the right noises, saying I was not to worry, and that I could rely on the support of the school. I believed her. I was very happy working at the school, and boarding schools are very close-knit communities. As it turned out, I was able to manage without coverage. I did not think any more about it. I had luckily already signed my contract for the next year.

However, by November of the next school year I was beginning to see the downside of my disclosure. I was informed that due to a projected decrease in enrollment, I would be laid off after graduation in June. This was despite the facts that I had seniority, and that my department head, who knew nothing of my diagnosis, had written in my year-end evaluation that I was the best young teacher with whom he had ever worked. When enrollment actually *increased*, another teacher was hired from outside. In addition, I was suddenly pulled as the chaperone of a planned school trip with several students to China, even though I was the Asian history teacher and had majored in East Asian history and literature. My replacement? The Dean of Faculty.

In case I was not yet positive that I had made a mistake in telling the administration that I had a mental illness, the rest of the school year made things manifestly clear. I was hospitalized during winter break for a kidney infection so severe that there was some question as to whether I would survive. When I was released from the hospital the day before the spring semester started, several of my doctors requested in writing that I be given at least two weeks disability leave to recover (they wanted six, but I would not permit them to ask for that much). The school administration refused. I had no idea that I had any legal right to disability leave, and would not have challenged them if I had. After all, I needed a recommendation for my next job.

Soon, I was constantly being called into the School Head's office, and treated like a recalcitrant student. The allegations were always attacks on my reliability: she had been told that I had neglected some duty or other, and never admitted that time after time her informant was mistaken; she found some lesson or teaching method of mine that had previously been considered innovative and exciting, too controversial, or too "out there"; she did not want to give me a day off for surgery required in the aftermath of my kidney infection, although she backed down when I told her that I no longer cared whether or not she "gave" it to me, I was informing her that I would not be in school that day. I was reprimanded for the following: intervening on behalf of a freshman girl when a male teacher used her as an example of "unchaste" in a vocabulary lesson; taking some students from South Central Los Angeles, on my own time and with their parents' permission, to meet one of Malcolm X's daughters; and spending a great

deal of time counseling an advisee whose parents were in the midst of a nasty divorce. I got the message. I was now considered “unstable,” and they had manufactured the documentation to prove it.

By the time the school year ended, I was as physically ill as when I had left the hospital. I was crushed that a school that I had loved and been devoted to had thrown me away. And, of course, I was depressed. The energy consumed by my struggles with the school and my health had made it too difficult for me to look for another teaching job. I moved to San Diego to look for any type of work that would tide me over until the next school year, but after bursting into tears during several job interviews I realized that I was too depressed to function. I threw in the towel and moved back in with my parents in Pittsburgh to give myself an opportunity to recover.

You may wonder at my naiveté in telling an administrator at the place where I lived and worked that I had been diagnosed with a mental illness, but a psychiatrist had raised me. My father is a psychopharmacologist and treats patients who have psychiatric illnesses caused by chemical imbalances, organic brain disorders or brain injury. He raised me to believe that these types of illnesses were no different qualitatively than diabetes, or high blood pressure, or any other chronic illness that requires continuous medication and treatment. For obvious reasons, my father had a lot invested in believing this. He had certainly convinced *me*. However, my employers were not similarly persuaded and it had never occurred to me that they might not be. So, at that point, I padlocked my closet door shut for good, or so I believed.

I AM HERE, I AM INSANE, GET USED TO IT

I did not think of it as being “in the closet” then. Really, I did not think much about it at all. It was a reflexive, self-protective response to save myself from further harm. I was used to lying to get myself out of the pinches caused by my depression; lying was a skill I developed in college before my depression was “official.” I remember my father urging many of his patients to lie about their psychiatric history, first of all because it was confidential medical information, but also because, as I heard him say again and again, the people asking did not understand what mental illness was. They would not be able to handle the information properly nor would they have any idea of its relevance or lack thereof to a given situation. In his opinion, a patient should not give them ammunition to use against her.

Now it was my turn to use his advice, as I should have done from the start. I lie on job applications. When I find work, I lie about my doctors’ appointments, preferably not admitting that I am going to a doctor at all, but certainly never saying that I am seeing a psychiatrist. My dad gets me

samples of any psychoactive medications that I need. Thus, since 1989, I have no record of any purchases of medications for a psychiatric illness. I also lied on my application to Hastings. In explaining the special circumstances that would account for low grades in college, I wrote only about my migraine syndrome, a true but incomplete justification for my 2.12 GPA.

My lying made me feel especially shameful when I filed my Pennsylvania Bar application in 1993, after the Americans with Disabilities Act came into effect. On the application was the question that I was dreading: "Are you now or have you ever been under the care of a psychiatrist?" and "Please explain the circumstances." I consulted a civil rights attorney and he agreed with me that the question was *probably* illegal. We debated whether or not I should leave the question unanswered, or lie. He felt that I should leave it unanswered. I felt that leaving it blank would merely draw attention to myself. I lied. Do I feel guilty about this? Sure I do, even though I have been on inactive status since 1995. I am extremely mindful of the risk to which I am exposing myself by even mentioning it here. But would I do things differently today? Not a snowball's chance in Hell. Because, ironically, it was while I was attending Hastings that I began to understand the parallels between being in the closet because one is gay, and being in the closet because one is mentally ill.

Hastings, and San Francisco in general, was the only place that I had ever lived where mental illness was approached as a disability. Hastings definitely did its best to accommodate me during a bad episode of depression during my first year and mild depression during my third year. Of course, health coverage for mental illness was (and is) practically non-existent and class notes covering missed lectures were no substitute for being in class. But it was the first time that anyone other than my father had ever indicated that they viewed depression as an illness and not as a moral failing or sheer laziness.

The administrator who ran the disabled students' services program told me that her father had suffered from manic depressive illness, an admission that made me feel like less of a freak and more willing to seek help when I needed it. I also met other students with mental illnesses and, more validating for me, physically disabled students, all of whom insisted that I had no reason to be ashamed. One of my friends, who is, among many other things, a quadriplegic, corrected me when I discounted depression as a disability; it seemed so minor when I compared my difficulties to hers. She insisted that I accept depression as a genuine disability. In her eyes, if my disability disadvantaged me, I deserved to be accommodated. My deserving anything was a revolutionary idea, especially when it was for the

very thing that had been dismissed as the behavior of a spoiled brat in the past.

At the same time that these new ideas were percolating in my mind, I became involved in a Hastings Association of Gays and Lesbians' study of law firms' hiring practices, comparing the success of openly gay and lesbian students' resumes to straight "control" resumes. I was paired with a woman whose background was remarkably similar to mine. But while she was out of the closet in every aspect of her life, I was beginning to realize that I was firmly ensconced in a closet of my own. But what could I do about it? List on my resume: "Bipolar illness: 1988 to Present"? I became especially intellectually interested in the legal issues of diminished capacity and legal insanity, but this did not really address the issues with which I was trying to cope. Nor did my study of Critical Race Theory, which seemed as if somehow it should hold the key to my dilemma, deal with these issues.

When I was on the *Hastings Women's Law Journal*, I tried to write a note on the Americans with Disabilities Act, and how it might affect hiring, job security and workplace conditions for the mentally ill. There was so little information available that hours and days of research turned up only one article, which dealt almost exclusively with mental retardation. I no longer practice law, but I have yet to see mental retardation and mental illness distinguished in the literature. They are such different issues. Mental retardation is permanent, stable and does not affect day-to-day performance. Mental illness is not a prognosticator of ability and is inherently unpredictable in manifestation, frequency, and duration.

But more important than my failed attempt at a note was my growing realization of the parallel between my experience and that of my gay friends. Just as they could be open about their sexual orientation when we were in college, I could freely discuss my mental illness in law school. The issue was an academic and legal one, interesting to research and discuss. But soon reality intruded, requiring explanations for low grades, for absences, for low class ranking, or for leaving my GPA and class rank off my resume altogether, when it was clearly of great importance to employers. In a way, my ability to be open about my illness while at Hastings made life after I graduated much more difficult. Now I knew what it felt like to be aboveboard. And more infuriating, as I encountered the "average" attorney, I learned that I had better skills when depressed than many of those I met who were operating at their peak efficiency. On countless occasions I have actually had to explain what constituted a conspiracy to *defense* attorneys, many of whom were about to advise their clients to plead. Yet *I* was the one who had to lie about what, after all, is a medical illness, or people would question *my* abilities.

Now I knew why my gay and lesbian friends were so infuriated that their sexual orientation might affect their job prospects. Now I knew why I had always understood their stories of being closeted and why it had always been so obvious to me that their civil rights were being violated. I also understood why my gay and lesbian friends had recognized in me someone in whom it was safe to confide potentially dangerous secrets. We all shared the same risk of exposure for simply being what we are.

HISTORY OF A SLACKER

My first full-blown depressive episode happened during my freshman year at Harvard when I caught a serious case of mononucleosis. I am not sure when mono turned into depression, because for me, the shift was not a perceptible one. It was only when I made what is perhaps the world's most pathetic suicide attempt that I realized that something was wrong.

I tried to cut my wrists with a Bic double-bladed disposable razor. I had no idea that I needed a straight-edged razor, or even that I should cut my veins vertically, not horizontally. I just hoped that it would not hurt very much. I ended up with some pretty good scrapes, but nothing that required more than Band-Aids in the way of medical attention. I realized that this was not a symptom of mono, and went to the University Health Services for help. After crying in front of a hostile psychiatrist for half an hour, he told me that I missed my boyfriend and to snap out of it.

I was embarrassed. After all, I did miss my boyfriend. True, snapping out of it would definitely be difficult. But I was not stupid, and I understood the code that he spoke: I was a spoiled brat who did not appreciate all that I had been given; a pampered little rich girl who was giving up at the first sign of adversity. He was wasting his very precious time on me when he could be spending it on people with *real* problems.

As a result, I became adept at lying. Contrary to everything that I have written so far, I do try to be an honest person, especially, it seems, if it is to my own detriment. But I was struggling to keep my head above water with my courses and the normal vicissitudes of college life, and I was used to being extremely successful. Now I had trouble even making it to class, let alone juggling papers and hourly exams. I quickly learned which excuses worked with the professors and teaching assistants, and rotated them one by one through each course. I never did any optional work. I found out in which classes attendance actually mattered and went only to them. I learned never to identify myself on the phone until I knew to whom I was speaking, in case it was a teaching assistant. I once purposely overdosed on Vivarin to get out of a final exam because I knew of someone who had been excused when he had accidentally done so. Somehow, I made it through the year. This served as proof, I believed, that the shrink was right

after all.

But things kept getting worse. My sophomore year was an unmitigated disaster, both academically and socially. My senior tutor bullied me, over my vehement protests, into a suite with roommates whom I both disliked and feared. He liked them and told them that I did not want to room with them, which of course made things worse. I abandoned all pretense of academic interest, going to classes so rarely that my department actually changed its attendance policy because of me. I called my parents on several occasions, usually from pay phones, as I was too afraid to stay in my room, crying and begging to come home. Sometimes my mother hung up on me. Other times, my father gave me a pep talk, usually ending with some variation of the Health Services' psychiatrist's motto, "Snap out of it."

Once a resident working at the University Health Services on rotation saw me in the emergency room for a third-degree burn and then the next day for an orthopedic appointment. He was friendly to me and that made me cry both times that I saw him. It seemed like forever since someone had assumed that I was worthy of being spoken to in a friendly way. Concerned, he suggested that I see a psychiatrist, but I said I had already seen one and that I was fine. Maybe, as a resident, he did not feel he had the right to contradict a superior. Or maybe he just realized I was not going to listen to him anyway.

I transferred to a new house the next semester and I fit in much better there. I also had a very supportive new roommate who persuaded me to take a reduced course load, as by then my grades had fallen so much that I was on academic probation. With a lightened course load, I managed to survive my sophomore year.

Then a miracle happened. I *did* snap out of it. My junior year I made Dean's list both semesters even though I overloaded with courses to make up for those I had dropped the year before. I was involved in numerous extra-curricular activities and became even more politically active. Although I had never had a shortage of friends, I now began to develop a reputation as being something of a social butterfly. The shrink had been right after all. I had been throwing an elaborate temper tantrum, acting childish, not realizing all the advantages with which I had been raised, blah, blah, blah. Of course, in reality, I was just experiencing the natural course of bipolar illness. I had been depressed; now I was swinging the other way, maybe even becoming mildly manic. I did not know or care why; all I knew was that I felt great.

Of course, it had to end. And it was worse the second time around. My migraines, which had been a steady nuisance since I was thirteen years old, now became an almost daily occurrence. On the days that I did not

have a headache, I was drained and groggy. Migraines are extremely exhausting, and in the early '80s, narcotics were the only way to treat the pain. If I went a few days without a migraine, I was fearful and panicky that one was going to strike at any moment. I was miserable and at my wits' end.

My parents were more sympathetic about the migraines than they had been of my previous problems. Almost everyone is more sympathetic to physical ailments than those that are "all in your head." At winter break, my internist, a colleague of my father's, medicated me prophylactically for migraines. He also said that I seemed depressed. I said that it was probably because of all the headaches. That seemed reasonable to him.

This was the only genuine opportunity I had ever had to be evaluated by a doctor whose verdict my father would have accepted (and being in college, I was still entirely dependent upon my parents). I passed it up. The reasons for this were a combination of denial and confusion. For one thing, my experiences at Harvard had been negative, and that placed me in a distinct minority. Most people just love Harvard. I began to feel that it was Harvard with which I was having difficulty and not my mood. My junior year reinforced rather than undermined this feeling. I could succeed at Harvard if I wanted to. I just really did not care anymore whether or not I did. All I wanted was to get the Hell out of there as fast as I could with a minimum of effort, and put the whole experience behind me.

I wanted to believe this, and to some extent I did. After all, both my freshman and senior years could be explained away, as in both instances I had been genuinely physically ill. Constant illness will make anyone feel down, as almost everyone with a chronic ailment can tell you. If my sophomore year was different, well, I preferred not to dwell upon what that might mean. My life had been a nightmare that year and every time I had sought help or support I had been rejected and reprimanded. But when I had mononucleosis or migraines, people had at least been sympathetic. I was afraid to examine the situation more closely; it was just too dangerous.

And I had even greater reason to be afraid than usual. Two people close to me had just had psychotic breaks. One was a friend who had severe and badly managed manic depressive illness, and this was not her first psychotic episode. I watched her deteriorate into a delusional state with despair and helplessness, yet also with a growing and guilty sense of relief. This was certainly different than anything I had ever experienced. I was not like her.

The other person was a man whom I had picked up at a dance. He became obsessed with me, calling over and over again, stalking me, ignoring the pleas of my roommates and me to go away, to leave me alone. Immediately after a bizarre phone conversation, which had ended with my

hanging up on him, he had a psychotic break. He was committed to a local hospital and diagnosed as a paranoid schizophrenic. Again, I could not recognize myself in this person. *Now* I had seen *crazy*, and whatever my problems had been my sophomore year, this was another game entirely.

My depression did not get any better, nor did it get any worse. My migraines were almost eliminated, but a common side effect of the medication that I was taking was depression. Once again there was an excuse, it was not my “fault,” as I now thought of it. The decision was made to leave things as they were until I got back home after graduation.

What I did not know was that my parents were more and more angry about my “attitude.” All this really meant was that they were discovering first hand that depressed people are not very pleasant to be around. And now that they had the example of my junior year to juxtapose, my mood seemed even more irritating and aggravating than usual. Graduation proved to be an ominous preview of what life back in Pittsburgh was going to be like. My parents were irate, disapproved of everything, and were in a hurry to get me home.

Within twenty-four hours of our return to Pittsburgh, my parents had accused me of illegally buying prescription narcotics, claiming to have seen me at a drug store. When I showed them the box label from the store on the other side of town in which I had actually been, my mother laid the blame for their mistake at my feet: I was acting as if I were on narcotics. Of course, being depressed, I *was* acting like I was on narcotics. And now I knew that in my parents’ eyes I was a failure looking for an excuse.

One of my college roommates had a job in New York with a large trading house. She wanted me to move in with her, and when I indicated how trapped I was feeling, she made a deal with me. I had seven hundred dollars credit and she would let me stay in her apartment without paying rent for two months. “Tell your parents that you don’t need them. Tell them you are leaving. Tell them you want them out of your life, good-bye.” Well, I was not quite brave enough to put it that starkly, as I suspected that ultimately, I *did* need them. But I did tell them that I was going. I think they were relieved. They gave me five hundred dollars (a check, which promptly bounced) and I left.

I hated New York. I hated the job that I found working as a secretary at the American Museum of Natural History. I was barely solvent, living on a salary that to this day I cannot believe supported me in the most expensive city in the United States. But I was okay. I maintained my equilibrium, I did not go into debt and I looked for and successfully landed a good teaching job. I worked in Pittsburgh the summer before my teaching job started and realized that my improbable success did not impress my mother. Teaching was a typical woman’s job, not worthy of a

Harvard graduate, and more evidence of my many failings. I spent as little time at home as I possibly could, which for some reason surprised her. I left as soon as housing became available for incoming faculty.

For the next few years, I was extremely happy at the girls' school and at the school in Southern California. I loved my job, I loved the students, and I loved living where I did. Sure, it was hard work. The first years of being a teacher are especially time consuming, as new class plans are tried and accepted or tossed out, and the mysteries of test and paper grading are unraveled. The students, adolescents who are living away from home, are demanding and emotional. And living on campus has its fishbowl aspects. But I was good at teaching, and good at relating to the kids. I became especially proficient at working with kids who were in some kind of trouble. I felt skilled and needed. I had friends at and away from work. I had a love life. Everything was going well.

And I got depressed anyway.

However, this time I was willing to face reality. There was not one thing going wrong in my life, and my health was good. It had to be depression; it had always been depression; my suspicions were confirmed. I called a friend of my father's who referred me to one of his friends. And boom! It was official. I was mentally ill. And within a year, I was in the closet.

PRETENDING TO BE NORMAL

Since my experience in Southern California, my life at times has seemed like a surreal tightrope act. There are so many medical, personal, social and economic dynamics to being mentally ill. First of all, there is the primary problem of trying to find a treatment that works and keeps on working. Treatments can be so deceptive. Just when you think that you have everything under control, you once again crash into the bottomless pit, or maybe you are pushed too far the other way and become manic (I myself tend towards depression, having had only the one full-blown manic episode). Sometimes *any* improvement is such a relief that you pronounce yourself cured, only to realize that a little less depressed is still depressed.

Depression can creep up on you unawares. Maybe it starts with needing a little more sleep, or sleeping a bit less. You cry a little more easily, or you gain or lose a couple of pounds. Suddenly you realize that you have not left the house for days, or showered for a week. Or that dressing and going to the post office to mail a letter has become an all-day project, one that must be broken down into parts, with rests between each step to conserve energy. The thought of suicide has lost its shock value for me; it is always at the periphery of my consciousness, not as a pressing reality, but as a feasible contingency. Recognizing the very early signs of a depressive episode was difficult to learn, but it was a turning point in the

management of my illness.

It has nothing to do with what is happening in your life. Things can be going beautifully, and I will be on the verge of hysteria for days at a time. Other times, like right now, I can be experiencing no success of any sort (I am having terrible difficulty finding full-time work), but emotionally be firing on all cylinders.

Many times people have said things to me like, "Medication is just a way of avoiding finding out what is really depressing you," or "You wouldn't need medication if you didn't internalize your emotions." These and other like statements are all variations of the "snap out of it" sermon. I am never sure whether to laugh or cry when I talk to these people. With a few well-recognized exceptions, clinical depression, bipolar illness, schizophrenia and the like are caused by imbalances in the body's chemistry, or brain syndromes. These illnesses are hereditary. Can you imagine someone telling a diabetic that she would not need insulin if she would just honestly confront her relationship with her pancreas?

This raises another dimension of mental illness, one that people do not like to talk about. The general perception of the mentally ill is that they come from the lower reaches of society; that they are poor African Americans, white trash, high school dropouts and the homeless. Or they are criminals and con artists who take advantage of the system when there is not *really* anything wrong with them. The hidden message here is that the only people who suffer mental illness *deserve* it. They certainly are not upstanding, productive members of society. The one stereotypical exception is the artist, who is expected to be "mad," especially if she dies at an early age. Preferably the artist is also an alcoholic.

Class issues are definitely at work here. My friends who have received medical attention, in particular those who have been hospitalized, received it at a point in their illness that was inversely proportional to their relative social and economic status, *almost without a single exception*. This is probably the only type of illness where a well-to-do white man has to be more seriously ill in order to receive treatment than a poor African American woman.

This has certainly mirrored my own experience. While at Harvard, none of my classic depressive symptoms were enough to catch the attention of anyone but a single surgical resident. After all, I was a nice Jewish girl, from an upper middle class family, whose parents were both professionals. I had gone to a private high school and I was a six-fold legacy of Harvard and Radcliffe. People of my "station" do not become depressed *because they have no reason to be depressed*.

The vast majority of people, including my own mother, share these beliefs. Even though she is the wife of a psychiatrist, even though she has finally brought herself to admit that I am mentally ill, she still thinks that my illness is not all that serious. How could it be, with all of my

advantages? She reacts to each depressive episode that I have with fury, to every allusion to my illness with hostility. The fact that I am now doing well is only further proof to her that I was never that sick to begin with. She conveniently forgets that it took six years for an accurate diagnosis, seven more years to find the right medication and another year to find the correct dosage. She behaves as if my illness is an indictment of her, not because I might have inherited it from her, but in that I am somehow back-handedly accusing her of having raised me poorly, as if bad breeding caused my depression.

Another issue at the intersection of class and mental illness is that of forced hospitalization, that is, involuntary commitment. It is no coincidence that in many states, "Mental Hygiene" cases are handled in the criminal courts, and that indigent patients who have been committed are represented by the Public Defender. After three years at Hastings admiring and aspiring to be like the attorneys with the San Francisco Public Defender's Office, I was shocked to discover that many Public Defenders are truly unskilled and uncaring. I find it particularly disturbing that a clientele that should not even be involved in the criminal justice system is being represented by those who are often its least competent attorneys, who have absolutely no interest in protecting these particular clients' rights. It is also worth noting that a criminal suspect has a right to an arraignment in front of a judge within a shorter period of time than that required for judicial review of an involuntary commitment.

Of course, it is much simpler for a person like me to stay out of the hospital in the first place. At one point, during the most severe episode of depression I have ever experienced, I was actually contemplating a murder/suicide. I had everything planned, down to which knife in which drawer in the kitchen I would use, the best time and place (for some reason, I felt that a washable surface was very important), the victim, the technique, what I would say when I did it and how I could most efficiently kill myself. Struggling against that compulsion was the most horrifying experience of my life; an indescribable bad dream that destroyed many of my most cherished beliefs about myself. My psychiatrist was in a quandary. On the one hand, he knew that I was utterly serious, and as he would be out-of-town for the weekend, he would not be reachable. On the other hand, I had no health insurance and the hospital's psychiatric ward had the worst reputation in the region. I met the classic definition of someone who was eligible for involuntary commitment. I was "a danger to myself and/or others." But my father is a well-known psychiatrist in the area and my shrink hesitated to commit me to such a bad psychiatric unit (so much for *Tarasoff*).² His compromise was to tell me to call the hospital "if you know the shit is going to hit the fan." Despite the fact that the very

2. *Tarasoff v. Regents of University of California*, 17 Cal. App. 2d 425, 431 (1976).

nature of the situation made me the worst possible judge of my own behavior, the decision was left up to me. Ah, the benefits of membership.

The sad thing is, he was just doing what I do every day of my life, he was lying to himself because it made things so much easier. Unless, of course, I *did* take that knife and kill someone and then myself. I *wanted* him to commit me, why else would I tell him about my detailed plans to kill someone, and then kill myself? But he would not do it, and at the time I was not emotionally capable of dealing with the situation myself; quite frankly, it was not my job to do so. I could not and did not want to leave the closet under my own steam, but I knew I was in trouble. I was honest with the only person who I felt could handle the truth and I expected him to do the right thing. Yet even he was afraid to expose me. And there is the ultimate catch. I *have* to lie, prevaricate and manipulate to protect myself, and in the end we are all at risk because of it. If only I could be honest with you, and you would be realistic and realize that I am intelligent enough to know when I need to get the hell out of Dodge City, we would all be safer and better off.

Because really, that is what the closet is all about. I cannot be honest with you because I have no guarantee that you will treat me fairly if you know the truth. I do not know if you know anything about mental illness or not. I do not know whether you think that I have a treatable illness, with occasional relapses, or that I am a lazy bum. If you learn that I have a long and continuing psychiatric history, will you also remember that I am a Harvard and a Hastings graduate? Would you let me watch your kids? What if I told you that I would prefer not to watch your kids for a while, until I felt better; would you ever let me see them again? Do you trust me as an attorney? What if you did not know that I had a mental illness, only that as an attorney, I won more than I lost? Or should I just accept the fact that I cannot have a “real” career, like my friend with a Ph.D in Molecular Biology and a long history of minimally treatable depression has been told? What if I am really good at my job, one of the best you have ever worked with, but I cannot get to work before 10:00 A.M.? Or if every three years I need to take six weeks off? Or twelve weeks?

I do not know the answers to all of these questions. Maybe they would not be the ones I want to hear. Maybe they should not be. But without throwing around statistics that I do not know, and that probably are not accurate anyway, I can safely assert that when we talk about the mentally ill, we are talking about a significant percentage of the population and the work force. Yet there is no organized movement, as there is in the gay and other minority communities. And most legal intervention on behalf of the mentally ill occurs only at the point of crisis. There is none of the sense of community that the other civil rights movements have developed; after all, who wants to hang out with a bunch of insane people? Not me, despite what my friends may try to tell you. In many ways, the mentally ill are the

most legally and socially isolated class in the United States. Then again, in many ways we are integrated so well that we are not even noticeable. But if we make one false move, we are thrown away. You do not have to look further than the Tenderloin to know the truth of that statement. Can you imagine yourself as one of the more disoriented residents of the United Nations Plaza? I can.

I just thought you should know.