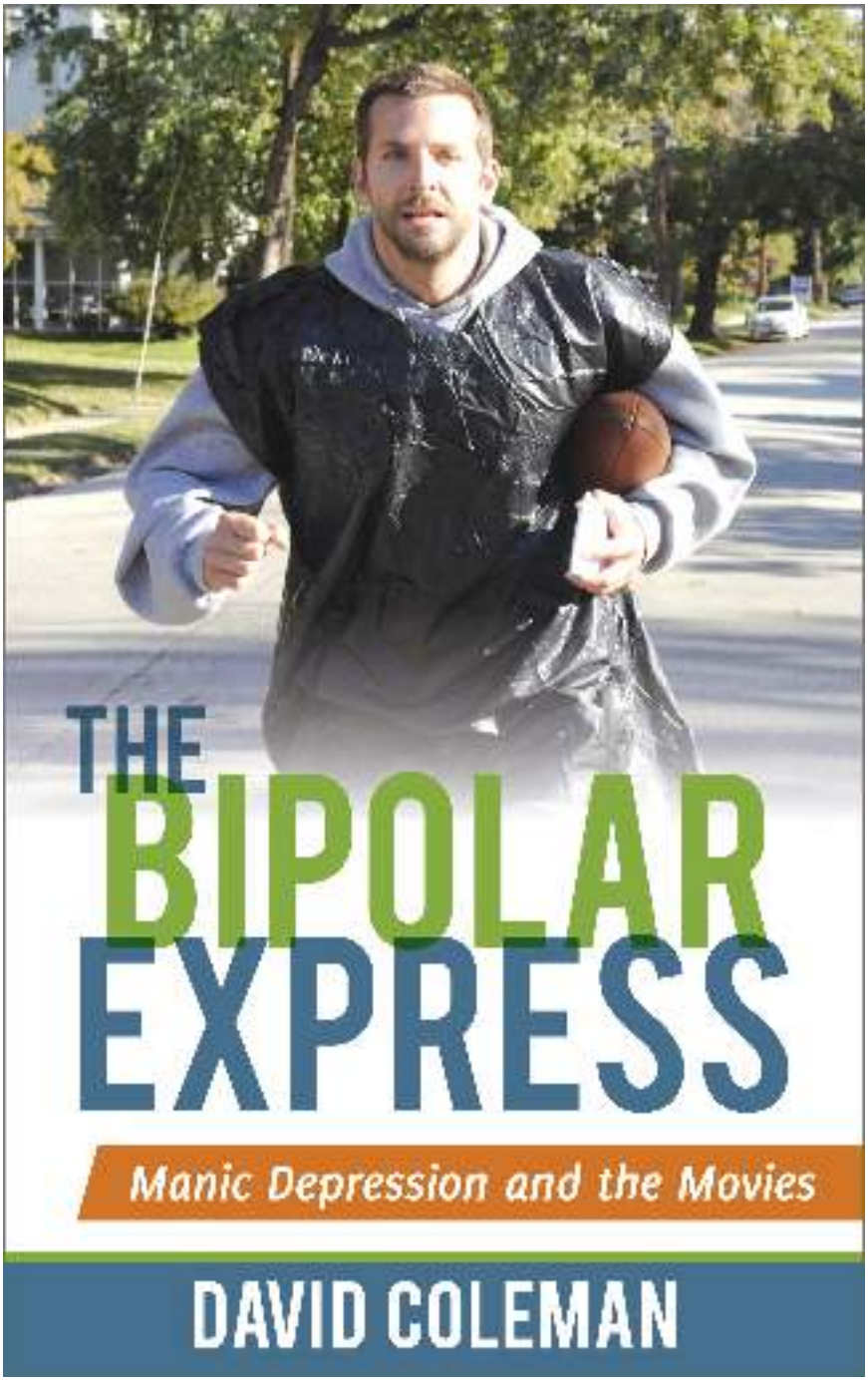
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Manic Depression and the Movies
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CONTENTS

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The author also wishes to acknowledge the many millions of bipolar and unipolar depressive sufferers who have endured countless heartaches and private hells and who are not profiled in any significant way in this effort. Not every bipolar has filmic therapy to combat their illness. Not every depressive can achieve creative victory over a chronic episode. But many have found their own forms of creative therapy, despite lacking the resources and opportunities of their well-funded brethren in Hollywood and other film-production centers, and in so

doing, have prevailed and endured. I also wish to thank their support groups and loved ones. Every bipolar who is in remission knows that without these angels there would be no wind beneath our wings or gentle words to bring us back to earth when necessary.

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INTRODUCTION

Some of the greatest film directors and actors in cinema history were and are bipolar or unipolar depressives. A brief litany of their names alone conjures renown and prestige in their respective art forms. By no means complete, a small sampling of filmmaking talent with severe mood disorders might include: James Dean, Nicholas Ray, Charlie Chaplin, Peter Sellers, Francis Ford Coppola, Vivien Leigh, Martin Scorsese, Klaus Kinski, Jim Carrey, Peter Bogdanovich, Ned Beatty, Carrie Fisher, Rainer Werner Fassbinder, Marilyn Monroe, Alfred Hitchcock, Robin Williams, Vincente Minnelli, Margot Kidder, Harrison Ford, Tim Burton, Robert Downey Jr., Busby Berkeley, Woody Allen, Catherine Zeta-Jones, Sam Peckinpah, Russell Brand, Gene Tierney, Richard Dreyfuss, Mel Gibson, Greta Garbo, Frederico Fellini, Lars Von Trier, Linda Hamilton, Orson Welles, Mariette Hartley, Spaulding Gray, Frances Farmer, Judy Garland, Bob Fosse, and Burgess Meredith. This list is only suggestive, not complete, and in no particular order of relevance save that the listed were or are all mood-disordered creators.

Such a list does not fully capture the impact these visionary performers and directors have had on movies and audiences in their respective eras. To gain a better perspective, let's stage an imaginary film festival of the greatest moments in cinema history. The only criteria for selection to our pretend screening series is that the works were *not* created by mood-disordered individuals in the capacity of writer, director, actor, or other key creative talent. As virtual programmer, our task is simple: if mood-disordered artists were involved, we simply do not

show their works. Despite the relative ease implied, it's actually quite a daunting task to sort through, but let's try for argument's sake. For what is revealed by absence is every bit as powerful for our argument as what is present by comparison. At least, that is, in great works of film produced by manic depressives.

In our festival of notable absences via an alternative history where these artists never existed, bipolar actress Vivien Leigh will never cry "fiddle-dee-dee!" nor tell of her dependency on the kindness of strangers. No one else can be recast in her role, either, as all works by depressive playwright Tennessee Williams are also excluded. There goes Brando's signature cry of "Stella!" with Williams's dismissal, one of the actor's finest screen moments. Orson Welles will in this pretend scenario choose to hide his depressions from the world. Rather than create some of the best films ever made in Hollywood, Welles stays in Wisconsin and rules the local market as a much-in-demand birthday party magician. Emotionally unstable, Marilyn Monroe will never be assaulted by a train's steam engine, nor have her skirt blown aloft by a subway's venting blast. Zero any memories of Peter Sellers as Dr. Strangelove, Inspector Clouseau, and Chauncey Gardner for inclusion in our "neurotypicals only" fest. James Dean rides the ups and downs of his cyclothymia, but not his beloved motorcycle into screen immortality. Greta Garbo will never express her desire to be left alone in her depressive fugue, and John Barrymore will never bellow as Ahab, stalking his own manic obsession to its tragic conclusion. Nor will any other screen version of *Moby Dick* suffice in its place, as Herman Melville was bipolar as the source author.

The incredibly revealing list of talents afflicted with mood disorder who nevertheless achieved unparalleled success in Hollywood and beyond grows by their conspicuous removal. Slumbering angel of death Michael Corleone as envisioned by manic-depressive Francis Coppola is not qualified for our series, and neither is manic self-aggrandizer Col. Kilgore swearing the beach is safe to surf. Woody Allen may be doing fine as a stand-up comic in our parallel dimension of psychiatric exclusion, but the missing films we cherish are no laughing matter. There will be no more of Annie Hall's "lah-dee-dahs!" to echo Vivien Leigh's "fiddle-dee-dee!" as bookends, alas, and no Hannah or any of her charming sisters. Lovers of more masculine films will equally be disappointed when they scan the line-up. Martin Scorsese's rich oeuvre of

downbeat taxi drivers and raging bulls is gone. When word spreads in the social media communities that no Little Tramp will be shown, owing to Chaplin's bipolarity, ticket sales plummet. Who can blame them? Our festival's task of finding great films and great performances that are not tinged with madness falters. Peter Bogdanovich tweets that he will be withdrawing all of his works in a symbolic stand of protest for his fellow mood sufferers. So hopes for a cast reunion at the festival for *The Last Picture Show* or *Paper Moon* are definitely now on hold. If one further widens the criteria to allow for the many careers launched by association with some of these key figures and their artistic triumphs, and then excludes these protege filmakers' works, as well? Our Festival of Exemptions quickly degenerates into a meaningless exercise in film programming. We are left to ponder if cinema is actually cinema as we have known it as we search for replacements. Given this book's position that filmmaking itself was created as an actual technical process by a likely manic depressive, one can argue that the premise of a non-bipolar movie festival is a contradiction in terms, as films, and film attendance, might not have otherwise been invented. Since the literal creation of filmmaking, mood-disordered directors and actors have not only played an integral part in film's popular transcendence, but in remarkably and disproportionately higher numbers than one might otherwise expect given bipolarity's low percentage of affliction in general population studies. But why is this the case? Hopefully this book will help shed light on this question.

By filtering cinema through the sieve of bipolarity, which the filmmakers were laboring under while making their films, one begins to gain perspective as to how cohesive many of their otherwise disparate movies are by comparison and grouping. It is not that only bipolars make great cinema, nor that mood disorder alone accounts for their respective talents. Nor is it true that works of artistic genius are always created by only mood-disordered artists. Rather, it is that the pressures of these disorders are so profound for the profiled artists, and, as we shall see, had and have such a life-altering impact, that to continue to ignore them as a major contributory influence is akin to deleting the German war machine from an accurate history of World War II. Nor is there any shame or disrespect being assigned herein for these courageous individuals and their unfortunate illnesses. In an older reality, the admission alone that one struggled with any form of mental illness was

so taboo as to be career ending. Today, and often in large part because of the advocacy of many of those profiled, the so-called label of mental illness has been vastly reduced, though by no means erased. So any belief that the author has anything other than enormous respect, and indeed gratitude, for them and their positive affirmations in the face of much negative societal indifference or hypocrisy is not only a complete misreading of my intent, but also misses a deeper point. Writing about so many of my personal and professional heroes has not only been a lifetime honor, but also has illuminated how much we all owe them for the untold hours of pleasure they've bestowed upon us. The legacy of human compassion and cathartic immortality they bequeathed is beyond any book or even series of volumes to fully appreciate. It is especially sobering to comprehend, as I have throughout the writing, that so much of what we have been given came at great personal agony for the producing bipolar artists involved.

Their collective plight as people who have had to endure the high cost associated with being open about their medical condition is not one of distanced empathy for me. I have fought my own battles with bipolar disorder for over thirty years. During some of this, I was a professional screenwriter fortunate to work in the Hollywood studio system. As such, I was privileged to meet and briefly know some of my filmmaking idols. I never grew tired of this thrill, but over the years, a singular note of creeping realization would frequently arise in my brain's quieter moments. Why were so many of the talented, often wonderfully warm directors and actors with whom I was working so incredibly moody? I add with honesty that I did not always ask this question with admiration, particularly after creative meetings with such persons in which their brilliance and keen manic insights sometimes left my own talent and self-worth duly questioned as a result. But my hurt feelings aside, in our collaborations I was never less than astonished at the reservoir such mood-disordered visionaries would draw upon from their seemingly inexhaustible supply of manic-fueled energies. Nor was I ever more mystified than when these same vibrant artists would show up unexpectedly in the slumps, achingly depressed, their talents temporarily shelved, at the very next meeting—if they didn't cancel it without warning. If it had only been an occasional pattern, and if I had not been bipolar and recognized many of these markers as reflective of my own, then this book would not exist. But it was the recurrent nature of these

repeated scenes in my career as a writer-for-hire to the studios that was the genesis of my questioning. The coincidences were beyond improbable, they were apocalyptic. The more I researched and wrote this book, the more I became convinced of the unrecognized enormity of bipolarity as expression in the cinematic arts. It is the author's sincerest hope that this recognition will be at long last forthcoming. To include their mental illness as a substantial influence on their artistic visions does nothing to belittle, only elevates, the true measure of their greatness. These brave human beings are not only my fellow sufferers, but also my daily and sometimes sleepless nightly inspiration. The movies they have lovingly crafted, using moviemaking as therapy for their disorder, have benefited me in every sense as an avid viewer. Their offspring films have become my adoptive children, and like all proud parents, I am passionate about them all.

1

A BRIEF OVERVIEW OF MANIC DEPRESSION AND HOW IT AFFECTS CREATIVITY

Though the term *mood disorder* is necessarily ambiguous, for our purposes in this book it specifically refers to bipolar, or manic-depressive, disorders and—to the extent that they share some similarities—unipolar depressive disorder. These two terms, short-formed to simply *bipolarity* and *depression*, encompass an enormous variety of clinical markers but share a significant series of symptoms among a large percentage of the diagnosed sufferers. Despite their respective differences, if for no other reason than both patient types spend much of their time in depressive states, they are virtually indistinguishable. In historical and geographical fact, the differences between bipolar and unipolar depression are less robust in the scientific literature. A simpler continuity exists between upper manic and lower depressive states in some European countries, where the disorder is considered as one, rather than diagnosable as two separate but closely aligned affective illnesses, as is the case in the United States.[1] Because they are distinct disorders, to the extent unipolar films are considered in this book it is because they more accurately reflect on the main emphasis, which is bipolar works of cinema.

This book also uses the term *mental illness* to include mood disordered patients, but it is important to note that the term *mental illness* also includes those suffering from schizophrenia and other significant neurological disorders besides bipolarity when generally used. So while

mood-disordered individuals are often included in the larger context of being mentally ill, they concurrently have an acutely distinctive diagnosis as being either manic depressives or unipolar depressives, which also sets them apart from the larger whole. Indeed, the very success or failure of treatments depends on a correct early diagnosis by a qualified practitioner. Without a correct diagnosis, ineffective strategies, or even harmful side effects, are encountered in the first course of prescriptive care. To stress the relative groundbreaking times in which current research is being conducted and codified, it is worth remembering that the terms *bipolar* and *unipolar* as medical descriptors did not enter the lexicon until the 1960s and took until the 1980s in the United States to become commonplace in mental health care facilities. The field is truly in its infancy, or at least early childhood, in terms of common clinical terms, as well as reliable genetic data, high-tech imaging, and related scientific advances, not to mention universally effective therapies and treatments. As this book also demonstrates, the biased societal views to which those with bipolar disorder have been subjected are well documented in the historical medium of motion pictures. This is because movies, from their earliest inception in the late 1800s into the modern era, capture a popular snapshot of societal fascination with, and too often discrimination against, the mentally ill.

A manic-depressive person may experience periods of intense depression, or melancholia, in which normal interests and concerns offer no sense of value or return for the investment on the depressed person's behalf. A rare exception for many bipolars and depressives, however, and as this book illustrates, is therapeutic artistic self-expression, which not only can remain intact as a faculty, but can uncannily also be enhanced by mood swings. The depressed person feels less energy, and many will sleep excessively to negate their stupor. This avoidance behavior is common amongst bipolars. A sense of self-perpetuating helplessness quickly sets in. The patient retreats further from reality, therefore guaranteeing by inaction that reality's responsibilities will inevitably come crashing down on the depressed person's shoulders.[2] This is why it is called madness, in the most frank sense. It makes no sense to the perplexed outside observer why any sane, healthy individual would retreat from life's pleasures, no matter the disappointments, for too long. Nor does it make sense to endure the understandable wrath of one's peers and employers for failing at one's professional responsibil-

ities despite repeated warnings and attempts at offering assistance. From the neurotypical's point of view, the depressed person is simply "acting crazy."

But the focus here is not on the mentally healthy but on those lacking the very ability during severe bouts of their affliction to keep even the most rudimentary precepts of common sense in balanced perspective. Indeed, it is a hallmark of bipolar disorder that self-defeating and self-destructive strategies and choices are underlying, contributing reasons why the illness is so difficult to effectively help. How to treat persons who are often not even aware they are their own worst advocates and, therefore, worst enemies, is the great problem in dealing with mood disorders. Whether it is simply taking care to groom themselves; to literally get out of the bed and move around in order to speed recovery; to eat a balanced, healthy diet; or any number of similar seemingly obvious and yet completely unmanageable everyday activities (from the depressed patient's point of view), the depressed person often must be coaxed and encouraged until the most pernicious side effects of the medical condition (such as mental fogginess, emotional disorientation, and in severe cases even catatonia, wherein the individual is frozen with a form of living rigor mortis for long stretches of time),[3] finally, often slowly, abate. Abatement is a relative term, with many suffering agonizing relapses.

As if such feelings of worthlessness were not bad enough, depressed people often feel an unending sense of intense guilt. They blame themselves for being unwilling to deal with their problem. They blame themselves for being unable to just "get my act together" in the face (and often in denial) of a clinical mental disorder. They blame themselves for feeling dependent upon others who assist them. They blame themselves for those who abandon them. They blame society for not understanding them. They blame themselves for blaming themselves. In a clinical depression, there is no limit to the amount of injurious self-blame the patient can inflict upon his or her already vulnerable psyche or upon those of others near him.[4] It is not without reason that suicide is a high-percentage conclusion to far too many sufferers of mood disorders involving recurrent depression.[5] While many neurotypical people will admit to suffering from occasional depression, thankfully far fewer will ever know the personal ravages of a sustained, months-, even years-long, depression. To face each new dawn, for weeks or months on end,

after another sleepless night of unrelenting self-recrimination and massive self-doubt, is one of the tortures reserved for the damned on Earth, if such reservations are actually granted to be existent. As Edgar Allan Poe, himself likely bipolar,[6] wrote in the poem "For Annie" (1849) of his frequent spells and unending recoveries from his melancholia, "The sickness . . . the nausea . . . the pitiless pain . . . have ceased, with the fever that maddened my brain." In the same poem, he describes his illness by its characteristic "moaning and groaning, the sighing and sobbing."[7]

Other hallmark symptoms of clinical depression include a profound loss of energy, reduced or no sex drive, an inability to concentrate, a lack of appetite, psychomotor agitation or retardation, and obsessive thoughts of suicide.[8] Extreme irritability and anger are characteristics of a depressive in the full throes of an episode.[9] The afflicted is often attempting with all his or her personal energies and willpower to accomplish even the simplest task at hand, only to fail repeatedly despite their best efforts. The understandable frustration and feelings of helplessness can turn into anger and rage in an unstable person under duress of a clinical episode. The cyclic nature of bipolar disorder, in which the sufferer is genetically destined to experience severe bouts of clinical depression and/or mania in subsequent times of life,[10] adds an existential edge of perpetual angst to the afflicted's feelings and thoughts. There exists a definite feeling of suffering from a form of Sisyphus syndrome when one is bipolar; the shared camaraderie of realizing no matter how many times a patient rolls the rock to the top of the summit of self-control, a downward plummet back into the depths of depression is just one eventual slip of the foot away.

As there are many shades of gray, so there exist variants in the manic-depressive spectrum. Some patients experience one or two severe, months-long depressions, and then largely recover, only rarely experiencing similar symptoms later in life. Many more, however, are clinically predicted to have ongoing depression in recurrently severe attacks.[11] The only real question becomes to what degree their personal, unknown, and currently unknowable cycle of depression will afflict them when—not if—it returns. In cases where the return of the depressive symptoms is more frequent and/or longer lasting, the prognosis is less favorable than for the depressive who suffers less recurrences and/or shorter durations of episodes.[12] In worst-case scenarios, depressed

patients commit suicide rather than continue seeking therapies or hope. It is worth noting by way of dubious distinction that, statistically speaking, bipolar suicides tend to wait until they're hypomanic (and therefore more likely to possess the energy to act on impulsive thoughts and plans without reservation) to attempt suicide, whereas unipolar depressives tend to act when they're most despondent.[13] Whatever the mood leading to suicide or its attempt, the devastation is the same for their grieving loved ones.

Mania, in stark contrast to depression, is a sense of euphoric certainty that often manifests itself in the patient exhibiting signs of self-grandiosity. This sense of superiority is based less in ego (although egomania is certainly one of the more prevalent forms of mania on evident display in the film business) and more in the rapid pace of thoughts most bipolars experience while "riding high" on mania. During such states manics will spend without discretion, work with little or no sleep, and articulate their ideas and passions with conviction and clarity that can be astonishing (at least to the overwhelmed listener). The rush of ideas, emotions, and insights is also overwhelming in the patient experiencing an episode. Tangential connections between arcane subject matter with seemingly little in the way of connective tissue can be instantly synthesized and articulated by a person under such a psychological state of disorder. Some researchers have referred to this ability of manics to rapidly shift from one thought to the next and reveal underlying meanings as a form of gestalt thinking, and that manics therefore may be "extraordinarily capable of accessing large numbers of gestalts."[14] Strangely, such expressive insights, derived from unstable states of psychological being, sometimes prove to have staying power over the non-afflicted, who do not experience mood swings, provided the visionary bipolar is not deranged beyond understanding in the artistic output. Schizophrenics having an episode often speak in a language that is coded with hidden meanings, which researchers can sometimes clinically establish as having an interior veracity and consistency of delusion,[15] however inaccessible to the average person. Bipolar artists equally can present intense expressions of feeling that strike the neurologically typical person as having profound meaning and keen artistic integrity, despite the neurotypical person's lack of his or her own filtering disorder. It is as if the disordered artist is somehow striking a personal chord of angst, joy, and/or despair, and the audience is responding from an indi-

vidually supplied, but crowd-unified, perspective of feeling. The rapturous states of self-wonderment that many manics experience, especially while channeling their hyper energies into their cinematic works, often result in exuberantly expressive films, as we shall read throughout the coming chapters. Under the controlled delusion of his disorder, the manic filmmaker is able to stoke his imagination to heights and depths beyond even his own, more typically "normal" state of consciousness. Likewise, the manic actor is able to give in to his already unstable emotions with breathtaking speed and believability, often leaving other cast members momentarily unable to pick up their dropped beat. These qualities add an electricity to such creative endeavors as filmmaking, which are often dependent upon spontaneity and playfulness, qualities manics have in abundance (at least until they come crashing down).

So it can be said, with much evident truth, that manic and hypomanic states produce profoundly lasting works of art, at least when practiced by skillful artists with latent talents. Though it confers many life-challenging negatives, it is difficult to argue that mania does not also bestow at least some offsetting positives for both creator and society alike. This is a very unusual symbiosis in the fields of medical ailments, as most disorders and diseases offer little in the way of compensation for the pain and misery they inflict. It raises uncomfortable questions about trade-offs in terms of what benefits society reaps from the artistic harvest of a creative class of manic visionaries producing therapeutic works of cinema, for example, versus the inevitable decline possible in the field in question if such manic states are dimmed by medications and/or eliminated in some future scenario. Like the visions of a prehistoric shaman, works of art created under states of visionary mania offer glimpses into intense states of being otherwise inaccessible to the neurotypical viewer. Hence, such bipolar films remain strange and yet, as well, strangely familiar. And they should be, created as they are by artists both balanced and then unbalanced in the fluctuation of their profound mood disorders. It may be that the alternating mood swings experienced by the bipolar creator, subject as they are to accompanying changes in neurological functions (such as increased ability to envision solutions for difficult problems while manic, and then a decreased ability to censor gloomy or pessimistic thoughts while depressive),[16] constitute the underlying commonality of expression that gives bipolar-directed films such depths of power. By studying and feeling the artistic

challenges from a variety of emotionally charged viewpoints, the bipolar director and actor are, in essence, expressing highly complicated, sometimes even conflicting tonalities. Through the balancing aspect of their disorder, the bipolar filmmaker integrates these complex emotional visions into coherent, cathartic works of art.

The artistic dreams and nightmares that we most cherish, and that are so often supplied by such visionary madmen, are peculiarly singular in nature in many cases. Because these bipolar expressionist works can have extreme states of emotion and vision, they move audiences in unexpected, unpredictable ways. They tend to be anything but typical, and often are lastingly memorable. We need only recall our latest disappointing visit to a local cinema or DVD rental kiosk and hear again our lament at the time of exit or return of the movie: "If only I could have cared something about the characters or the story!" The truly amusing aspect of this collective observation is that it obscures the actual psychological mechanics at play. The reason the viewer complains in retrospect is not that he or she could not care, but that a satisfying emotional crisis and resolution was lost for lack of caring. What is missed is not the caring, per se, but the release, the conclusion, the catharsis from the state of caring, in retrospect. In so many ways, cinema as therapy works as well as a metaphor for its creators as it does for its emotionally dependent viewers. It produces frustration and disappointment in the film-going patients who experience "bad therapy" when they go out for a needed night of emotional cleansing at the movies and find themselves unmoved by their latest hour and a half of overkill, loud explosions, and 3D imagery.

It is as if the manic, hypomanic, or depressed person is acting out on deeply ingrained impulses and thoughts without properly vetting them against a sober, judging sense of self-restraint. Like the effects of alcohol in reducing social inhibition, the manic-depressive's mood swings and erratic mental connections can cause him or her to make decisions and take actions he or she would not, in their so-called right mind, ever even consider, and therefore, they very often later regret them. And paradoxically, as this book will repeatedly demonstrate, this lack of restraint—when combined with an intense artistic nature and cinematic talent—is the very component that so often produces visionary cinema as its outcome.

THE NECESSITY OF ART CREATION AS EFFECTIVE BIPOLAR THERAPY

The diagnosis of bipolarity carries significant clinical risks in terms of the well-being of the patient. Within five years of receiving the diagnosis as being manic depressive, a significant percentage of patients will attempt suicide.[17] Despite valiant efforts, many are unable to overcome the difficult challenges of maintaining a strict medical and physical well-being regimen, saving face via constant social reintegration after the latest episode, and surviving the ravages of the disorder itself. For bipolar disorder manifests itself against all better judgment, willpower, and ability to negate when it is in full bloom. Bipolars are in this narrow sense proverbial victims of their own temporal wiring, unable to control their emotive centers during episodes any better than a person could remain calm while drowning. Drowning is a good analogy. The afflicted person's brain is submerged under an array of misfiring brain chemicals during an episode, and drowning horrifyingly captures the intensity of desperation and panic such mania and depression can induce in a patient. All reasons the brain might otherwise have supplied to avoid making such instant decisions as spending all of one's money on a shopping spree, or telling one's employer how ineffective their entire decision-making process is at a company meeting, vanishes under the insidious floodwaters of self-assured confidence and an unending bravado. But no matter the temporary brilliance or insanity (or, not infrequently, both) the disorder confers in the moment, the brain mightily swims but finally exhausts. All voices of reason sink beneath the choppy waves of a downward spiral, extinguishing the flame of creativity with it.

The negative aspects of a mood disorder often overshadow the creative aspects that the disorders sometimes convey or heighten in the afflicted artist. The personal biographies of manic-depressive filmmakers and actors can read like the diary of the Devil himself, full of angst, drama, and dissolution in all areas and aspects of life. And yet, conversely, their produced works often linger in their ability to emotionally connect to audiences. Beyond their actual lives' daily struggles as bipolar disordered, these artists' psychic pain is somehow captured, magnified, and retransmitted silently to the viewer in the magic that is truly the movies. This transcendent ability to go beyond their shared pain and inspire emotional reaction in others is a key component as to why