

the gods' bananas

Part Two: Smoking the Peels

[ADVANCE Pre-editor Copy]

rapid cycle

Rapid cycles, monthly cycles, spin cycles; what have you! This key psychiatric phrase was omitted from Part One of *the gods' bananas* due to an oversight. It is now several months since my release from Ashland Behavioral Health, and I have rapidly cycled back to having a desire to document my ongoing plight with bipolar disorder and the redefined phenomenon of transference. I hope to flesh out more of the experiences had in three psychiatric wards, cover selected topics deliberately skipped in the first chapter of *the gods' bananas* and provide background I believe is key to tracing the causation of my occasional psychosis.

I now sit before a newly purchased Windows XP machine in an apartment housing two other roommates. One is more of a couch squatter but he has a lot to offer the place in terms of tasks and donations. He is an aspiring artist who works with large sheets of canvas, house paint and found objects. I requested he create a painting for a blank wall in my bedroom. Without research he included a banana peel in the painting, adhered to the canvas with layers of paint. It is a beautiful piece of artwork and is made personal by the inclusion of the peel. Little thought was given to the title of this book. Arañas often orders bananas with milk at our most frequently visited café, so perhaps my mind wandered over interesting phrases while watching her slurp the slices from her spoon. More recently I meditated on the phrase “the gods' bananas” and remembered an inspirational poster I once saw. Lemons rained from the sky and a cartoon character wore a juicer as a hat. “If life gives you lemons, make lemonade,” read the caption. Also being yellow (though somewhat more oblong fruits), bananas falling from the gods' heavens could represent induced insanity the same way falling lemons represent induced misfortune.

A list was made in the final section of the first part of the book that quickly mentioned several topics I apparently felt were not important enough to be given devoted sections. Other subjects were left hanging in some sections as well. Expect to see most of these items covered in this Part Two of the book.

my friend Jack's impotence

Dramas only briefly mentioned in Part One include the times at the bars I frequented between stays at psychiatric wards. There is a small, dimly lit bar one door down from my apartment house. Upon my first discharge from Milwaukee Behavioral Health, I nearly made a beeline for this tavern. There I sat for hours on end, sipping domestic and getting to know the bartender who I ultimately pissed off severely. Having been released in a mild manic state, I wasn't reserved when it came to striking up conversations with the other bar flies. I played pool with, spoke to and probably irritated countless strangers. It was fully apparent to me that I was coasting on manic energy, especially just a few days prior when I debated for freedom with the reluctant character of a psychologist who released me. I was certainly behaved during the final few days of my first stay at Milwaukee Behavioral Health but also extremely loquacious and quick to reply.

Whether I needed to drink in order to free inhibitions toward the strangers at the neighborhood bar is doubtful. In fact, it's doubtful much of any change in me would be noticed by an outsider once I imbibed an intoxicating level of alcohol. No effects were even noticed by me. Around the same period of time I quickly slugged a great deal of liquor from bottles with which my neighbors were attempting to achieve inebriation. We walked to a carnival but nothing it offered could disorient me. Jack Daniels, Captain Morgan and Johnny Walker were helpless to beat me down.

There are probably two reasons for this. One, for all intents and purposes I was already drunk. Through the hyped-up gauze of mania, little change was noticed since many symptoms of drunkenness were already present. Secondly, mania increases one's metabolism. Alcohol breaks down quickly as it is but if broken down quickly enough, the intoxicated state may not last a noticeable interval.

Following my first incarceration I spent some time in Bayfield, Wisconsin, the town in which my mother lives. She insisted I relax there for a while, but she probably wanted visual proof that I was fully repaired as well as wanting me to recuperate. Relax I did. I attended one of two bars each night of my stay. One night, I became engaged in conversation with a woman somewhat older than me. I declared to her that I didn't need to try anymore, that all social tasks were automatic. We spoke for hours on the complexities of life, and I found myself thinking I'd marry this woman for her soft, reassuring voice. I believed I was well but had passed into another phase of adulthood. She said I was coasting. This night is another example of alcohol having little effect on me. I put down the six drinks she bought me in a short time, and this resulted in no new evidence inward or outward that I was drunk. Six had always been the magic number, and effects were always felt after four.

I have an interesting side note to the subject of alcohol in the context of psychiatric care. Two separate fruit punch bottles, diabetic and nondiabetic, were present in Milwaukee Behavioral Health for patients to drink while swallowing their medications. The diabetic version contained saccharin, while the nondiabetic contained actual sugar. The nondiabetic didn't stop at sucrose; the ingredient listed following fruit juice was *ethyl alcohol*. For those unaware, ethyl alcohol is the type of alcohol present in beer, wine and liquor. When informing my family of this, my sister told of a grade school art class she instructed in which the kids became seriously unruly after being served fruit punch. I

never could get an explanation for the additive, but I did manage to rip off the label in order to prove its existence after my release.

While ethyl alcohol in whatever potency didn't noticeably affect me during mania, the second most popular party drug ripped through my mind like a buzz saw. I haven't sought marijuana with cash in hand since my junior year of high school, but many opportunities to smoke have arisen of late. A memorable high involved my believing the turn of the century into the twenty-first century meant civilization had reached the age of reason. Twenty-one is the generally accepted age of reason in society. This instance of smoking while manic produced mild distortions in my vision as well, something that hadn't occurred since my early sessions with the drug.

Aside from caffeine, no other drugs besides the ones described above have been attempted while in a manic state. There is a small amount of psychedelic fungus in my past, but I've long since moved on from experimentation. I can't imagine cocaine and LSD are particularly helpful in containing mania. A combination of the two might nearly create a manic state comparable to one of my own past states, though I am unsure what experiences contained in mental illnesses are absent from drug trips.

daydreaming of divinity

For many years after high school I avoided marijuana altogether. Explaining my absence from the smoke ring at one party, I decided to be forthcoming and cite the effect of feelings of insecurity as a result of smoking the plant. That was groovy with everyone. One acquaintance gave his reasons for partaking. He said it gave him very interesting daydreams.

Having begun to smoke more often and enjoy it, I agree with this acquaintance's reasoning. Not every time I smoke does my mind delve into mysticism, but on one occasion I had extremely intriguing, almost psychotic, notions about my life. I admit to having a God complex. Even when furthest from being fit for the psychiatric ward the idea that I am the only consciousness in the universe creeps into my mind. I spent several hours toying with this feeling after smoking marijuana recently.

Some text is available on my God complex in Part One, but what follows provides a deeper explanation. While psychotic in Milwaukee Behavioral Health, I gained another perspective on my surroundings—not just the ward. I realized atoms were like prisms, sending back specific frequencies of light. It was easy to imagine the world colorless or silver-skinned. I was in a swirling dust storm, at the center of it *all*. Any dust cloud that looks like a human or an animal is an extension, a reflection of me, God. Science cannot explain the self, so I sometimes disbelieve in multiple selves. Multiple selves are assumed to exist by most people in order to explain unique consciousnesses in the human populous. The philosophy that there is but one self is the heart of my God complex.

I've proposed the idea that I am God to several people. My argument is that it can't ever be proven either way. Their arguments are generally along the lines of, "If you're God,

why can't you fly like Superman?" But if a singular God exists, I don't see it necessarily having omnipotence, omniscience or even consciousness.

I don't relax in thinking I am God everyday (it's not a relaxing thought besides), but my reasoning for the contention that I am the one and only conscious being can be quickly retrieved from memory. While stoned on the occasion during which I toyed for several hours with the intense feeling that I was God, I came up with a grandiose plotline to my life. While in a depressive state prior to escalating into mania, I would believe the people around me, the distorted reflections of me, were punishments for a life ill-lived. This seems like a terrible paranoid idea to suggest, but understand that all people became intense and sickening without reason when I was in a depressive phase. When I was stoned this time the people around me were manifestations of *all* choices I had made in my life as God, not just the defeating ones. They were illusions to remind me of my past. It's important to know my "behavior" wasn't out of control. I didn't have much of a grip on reality except once every few minutes during the trip, but I had the insanity by the reins.

The daydreams were blowing my mind. However, they were recognized as just that, daydreams. The most dramatic fantasy this night offered was that of analyzing my bipolar breaks. They were not just compared to the idea of a world war, but were assumed to actually *be* world wars of a universal psychological nature. As the lone consciousness, my experiences were the only experiences. Therefore, I saw times of unrest in my life as a kind of nuclear annihilation. I speak of "nuclear" in the organizational sense, as a family is described. As God, I saw the instances of my psychological strife as the universe's *nucleus* undergoing a time of war.

Once freed from the intensive care unit in Ashland Behavioral Health, I was allowed to attend group therapy meetings with the other patients and the alcoholics on the ward. I was scheduled for discharge after the weekend but made a dire mistake in the first group meeting. Each of us was to give our names and perceived treatment status. I was last to speak so I had enough time to think of a creative update. In it, I claimed to be God. This upset one of the other patients and she voiced a fear of me. She was a God-fearing woman, I guessed. The nurses hounded me about my comment and demanded I talk about it. Eventually they squeezed an explanation from me. I described much what I have said here and claimed I was more accurately trying to say, "*This is God,*" *this* being the experience of my consciousness.

Believing one is a messiah or a grand player in the universe is very common among mental patients. Everything I've said and thought in regards to my divinity has probably been said and thought before. It chases away my God complex when I think of this and when I see the talent, knowledge and creativity housed in other people. It would be awfully depressing if reality were just a movie for one person. But, men have nipples due to a "laziness" of nature. We don't have as dexterous toes as we do fingers because we don't need them to be as such. Why couldn't it be that nature is as lazy as to leave multiplicity of the conscious self absent?

world war 1, the physical fight

I was a sixteen year-old 4.0 student who was popular (I later gathered) and had a girlfriend. I was more content and comfortable than I had ever been. The seniors hung around my locker and wanted to hang out after school. Things were good, and I was consistently happy.

The evening of February 4, 1995 was the beginning of a change that ended the lattermost fact for at least six months if not my entire life. I had a fever and the chills, and I became violently sick. It lifted that night, but I was left with a disorienting head buzz. I decided to sleep it off. I awoke the next morning in dementia, believing I was playing cards while lying in bed. My mother removed my blankets to reveal bruises all over my body. She thought I had been beaten up. Realizing I was sick, she nearly had to carry me to the car. At the hospital I was given a spinal tap from which the diagnosis was made. The fluid was cloudy. I had spinal meningitis, a deadly infectious disease usually reserved for infants and elderly persons. I was given antibiotics before being airlifted via helicopter to St. Joseph's Hospital in Marshfield, Wisconsin. I was immediately taken to the intensive care unit. My closest friend heard the chopper and felt it was a dreadful day.

The memories after being wheeled from the helicopter are violent and confused. It seemed I was transferred to bed after bed. When I awoke (or rather half-awoke) I found myself streaming with IV lines and possessing a feeding tube and a breathing tube, which was connected to a ventilator. The bacteria had hit my lungs hardest and I needed a machine to breathe for me. As effective as the ventilator was at keeping my oxygen level acceptable and as modern and technological as the machine may look, being hooked up to it gives a feeling that it is all a very brittle system. The valium-like sedation that was flowing into my arm was meant to suppress any future memories of this experience. A friend who underwent acute leukemia reported not remembering any of his time on the ventilator. I can recall the two weeks of lung suctioning and rhythmic involuntary breaths rather vividly, however.

Morphine was given with a button interface in order to relax my diaphragm so that the machine wasn't working against my autonomic nervous system. Most of the time I slept or was in a narcotic world of dreams. I could feel the ventilator working through most of the dreams. One dream involved being underwater, and I didn't panic because I was aware of the respiratory life support. Most of the dreams were rather discomfoting. I was given a drug that paralyzed my entire body for the purpose of allowing a heavy antibiotic to work. I was completely aware of the paralysis but in a visually and conceptually surreal world.

Once fully awake, chest tubes, the breathing tube and some of the intravenous needles were removed. I needed to strengthen; I wasn't able to walk. Once I did get on my feet, one of my legs hyperextended each time I'd take a step. I attended physical therapy while in the hospital and for several weeks upon release.

The sickness had ravaged my physical appearance. I came out more fortunate than some who contract meningitis, however. It is possible to lose limbs or even parts of one's face.

The bruises became craters in my skin, but only a small divot or two marred my face. Still, my mother told me I might be mistaken for someone with AIDS. The scars have since filled in and faded, visible only upon close inspection and because of the lack of body hair where they destroyed my skin. As far as my physical health went I made a complete recovery. But, meningitis attacks the meninges, which are the coverings of the brain and spinal cord. It is possible for me to imagine that this is why I noticed a dramatic change in my mental wellbeing.

On February 14, St. Valentine's Day, I was nearing death. When I was well enough to be aware of my surroundings, I was given a large manila envelope containing twenty or so handmade Valentines from my Spanish class.

Somewhere in my mother's archives is an envelope of photographs taken of me in February 1995. It makes me uncomfortable to know they exist.

world war 1, brain battle

Following the move from the intensive care unit to a standard hospital bed, many things changed for the worse in my mind. I stayed awake for two days. My first experiences with paranoia were to come. I began to have delusions and plan suicide.

I wasn't manic. This was post-traumatic depression. I sought help for it while in the hospital. The psychiatrist and psychologist agreed with each other that I probably didn't have the same mental illness that my grandmother did. It would be another two years before this diagnosis was proven incorrect. Another psychiatrist in Marshfield prescribed a drug to me, saying I was "a little depressed." I was falling apart inside.

For months after leaving the hospital I was plagued with constant apprehension and anxiety. I was nagged by feelings of insecurity in all social situations. I'd try to suppress and abolish the feelings but they were invincible and persistent. The effect meningitis had on my mind was like that of suffocation, and the plastic bag is still half over my head.

Each time I become seriously manic I recall the experience of being sick. I voice my belief that I feel so good because I am finally coming out of the clutches of what meningitis did to my mind. Keeping an even keel is tough even when I am not having problems that require institutionalization. I have not felt true stability and freedom from some amount of unquietness since February 3, 1995. The experience interrupted the continuity and ease of my life. To use the world war metaphor, I feel I am in a personal nuclear winter.

My grandmother was also bipolar, as was already mentioned. She experienced delusional thought processes and paranoia as well as elation and, more often, deep depression. I, however, have a severe psychotic component to my illness. During the incarceration preceding the ones discussed here, a psychiatrist at Ashland Behavioral Health told me he would have thought I was schizophrenic by my "behavior" if he hadn't known my history of bipolar disorder. I suspect the psychotic component to my illness was encouraged by

the trauma I experienced in Marshfield Hospital that fateful winter of 1995. I wouldn't find it shocking if I somehow uncovered that all of my clinical psychological strife was directly triggered by the experience.

A distortion in perception I experienced while recovering in Marshfield Hospital supports the theory that my brain—although not physically damaged—was drastically affected by meningitis. Much of the time immediately following the machine removal, I experienced the undeniable feeling of finding myself somewhere. During a visit from my family I was unable to differentiate between moments that had recently passed and the current moment. I'd say something and it would seem as though the response from one of my family members came hours later. Or, something would happen and I'd connect it on the timeline of the evening to something that had happened many minutes prior. It was like losing one's sense of balance in respect to time.

Although more probably a result of sleep deprivation, I became severely sleep deprived while in recovery in the hospital. After three days I lay perfectly still in catatonia, fearful that one move would send me coiling apart. I was able to concentrate on the vague images in my peripheral vision and focus them into clear hallucinations of things such as mummies, snakes and other things that don't belong in hospital rooms.

for the love of tacos

The plan for this Part Two of the book includes more examples of transference, a resolution to the character Andalusía and the filling of a few gaps in the story line. An underdeveloped portion of Part One is the time leading up to my emergency detention and stay at Milwaukee Behavioral Health. Mania doesn't strike me like a bolt of lightning. I have avoided hospitalizations by seeking help when I've seen disaster on the horizon. However, if I cross the threshold into the time the symptoms are enjoyable, I will ride the wave into incarceration. The following story is an edit of an entry in my personal online journal. It gives an example of what daring feats might be attempted by someone experiencing the initial effects of mania.

When I was attending school, I returned late to the dorms one night to find several police officers participating in small talk with a student. The student had just given a report. The three cops were laughing it up and allowing the student to endear himself to them. I asked the security guard at the front desk what he had "spilled" to them, suspecting a misunderstanding or small scuffle. As it turned out, three white males had exited a van and demanded the student and his friends give up their recently purchased tacos. The student who had given the report had refused and had been pushed to the ground.

Two other students had been present for the taco mugging. I knew one of them quite well so I paid an immediate visit to see how he had handled it. He was pacing, talking about how he was going to "hunt" the perpetrators the next day. Please understand a few things about this friend. Although he has knife-blade scars in patterns up and down his

arms, he is no more tough, big and ugly than any slim Joe Cigarette you might meet. His demeanor is relaxed and slightly shy. He had brought to school several knives from home, having grown up in suburbia and without clear expectation of what the city had in store. It was with these knives he planned to “hunt” the taco thieves. He explained that even if he didn’t find them it was the thrill of being armed on the streets of Milwaukee he was after.

I wouldn’t stand for this. I saw visions of more cops and my friend in a hospital. I tried talking him out of it, but he stood firm. I frequented the outdoor seating area in front of the dorms every night. We often met there, and I knew I’d catch him on his way out the next day. I did and did so on his exit for the hunt. I proposed a walk to which he accepted. We soon agreed we both needed to use the bathroom. The closest restaurant was an upscale Mexican joint. We entered the restaurant and I said to the host, “Necesitamos usar el baño. Donde está, por favor?” The host replied gleefully, “Allá, allá!” and pointed to the rear of the restaurant. On the way back to the entrance I asked my friend if he wanted some tacos. He shrugged off the joke, and we exited with many smiles and an “Adiós!” from the staff.

We had no destination in mind. Finding ourselves near the top of an unfinished bridge with many of the accessories found in a construction zone, we had two options. We could turn back the way we came, or cross the bridge via eighteen-inch by ten-foot beams spanning over a churning current about two stories below. I turned to him and said, “I’ll do it if you go first.” Without hesitation, he ran to the other side. I followed, making each step precise. One slip and I’d be in water of unknown temperature and needing to swim. The other side was not so much the other side but a platform halfway between where we stood and the other side. Now we had to run across a similar beam as before in one direction or the other. You might say we were committed to our dare. I ran across first this time, and looking back I saw my friend leap over the concrete barriers in victory. We had made it.

“Really gets your heart racing, huh?” he said. I disagreed; it was only a mental rush for me. There was and still is a tick in my cheek from thinking of what might have become of one of us had we slipped. In any case, I was glad to get his heart racing as a placebo for knifing anyone that night. That was the most part of our anti-hunting activities that night. We walked downtown to where many schizophrenics tend to gather so as to perhaps show the hunter some more excitement, but there were none hanging about that night. Sitting on a narrow dock we had a conversation in which he admitted he felt as though he was the Devil talking to God, where I had previously explained my theory that I was the lone consciousness. The sewer pipes lining the river let out a roar every thirty seconds or so, and I let it be my applause as we had a dialog about the darker issues in life.

I feel I might have saved my friend a lot of trouble, legal and health-wise. I’d walk the beams again if I had to prove it was more worthwhile than endangering oneself with sharp objects on the street. I’d even do it again if I slipped.

P.S. On second review I believe I might have judged the risk of falling to great if I hadn't been slowly losing my mind.

killing joke

As I've said, sanity isn't present one moment only to be replaced by long lasting mania the next. In the days before the pepper spraying and admittance to Milwaukee Behavioral Health, I experienced many of the symptoms of a very sick person, but these were not outwardly evident until they culminated. I experienced unpleasant, off-center mental processes at which time in the past I would seek help through additional medication. The warning signs of this manic break occurred the weekend before finals week, so I tried to tough it out. Soon, I felt better—a little too much better. Having plans for each final that did not involve completing them; I sat outside the dormitory in the glorious spring air and engaged in conversation with passerby.

The main subject of conversation had to do with a theory I had developed about the World Trade Center's terrorist attack. Considering all possibilities other than the evident conclusion that a group of hijackers overtook the planes and aimed them at the buildings, I developed a new conclusion; there were no hijackers. The first plane was to perform the stunt of rotating the plane so that it passed between the two buildings on its side. The second plane was called in to take out the second building when the first plane failed. This was to make it *look* as though it was a terrorist attack, when it was really an elaborate cover up.

I condensed my theory into joke form, believing it was the funniest joke ever created and that it had killing power. The joke is as follows, "What does one Afghani say to the other?" And the response is, "Did anyone learn how to adjust the yaw on this thing?" The yaw of an aircraft is the adjustment of the angle of the wings. I imagine a skilled pilot might have been able to navigate the plane between the two buildings. Most people to whom I related the joke became offended. In my state of mind, the ceasing of the conversation and his or her exit from the scene were as good as if I had in fact killed them with the joke. I believed I had made zombies out of the recipients of the morbid humor.

I later retired the joke. It always required an explanation of what I meant, or a lot of hand diagramming. It's better said that perhaps one of the flight-schooled terrorists who were in the cockpit upon impact thought of chickening out and attempting to fly between the towers or pull up at the last moment to only buzz the Pentagon. While creeping ever closer to all out mania, however, I believed the hypothesis that it was all a failed stunt was correct.

"behavioral" bondage

During my stay at a psychiatric hospital long before the stays of this summer, I witnessed a serious misunderstanding between the staff of the hospital and a patient. The man had recently been admitted and entered the living space calmly. He told me he had admitted himself because he didn't want to hurt himself. A staff member and I resumed having our conversation while he wandered around the tables and chairs. The tinted windows in the place came down to the floor on one side. Suddenly, the sound of thumping Plexiglas came from the far corner. "The glass is so shiny I didn't see it there," the guy said, but panic has irreversibly filled the ward. He had only made the honest mistake of walking into a window, but action was taken to subdue him and place him in five-point restraint.

A younger staff member at Milwaukee Behavioral Health would tell me he didn't believe I attended the prestigious school I claimed to attend since I was dragged by five workers to the seclusion room and strapped to a bed once every couple of weeks. The reasons for all five of the restraints are somewhat fogged over in my memory. Tracy, mentioned in "african american studies," and I were up to some trouble with chair throwing on two occasions that landed me face down on and strapped to the infamous mattress. But, I'm unable to recall two of the times. Although I am unsure of which instance it occurred, while I was being restrained one of the staff members slammed my head repeatedly on a steel bar at the head of the mattress.

Each time I was restrained "IM replacements" were given. These were replacements for oral medication and came in the form of syringes. The needles, usually three of them, were inserted into my lower back. I began to think there was a pattern in being restrained and my refusal to take medication. I eventually took it as higher law that I'd be strapped down and injected with drugs if I didn't take my pills. On one occasion a male nurse wouldn't give me a straight answer on what a new drug I was to take exactly did. I refused the drug to which he told me I wouldn't be smoking on the next break. I gave him the loudest point blank "Fuck you!" I've ever given anyone. Knowing what would naturally come next, I calmly walked to the seclusion room, laid face down, put my hands and feet in the straps and waited for staff members to buckle me in completely.

habla conmigo

During my first stay at Milwaukee Behavioral Health I shared a room with a fellow I'll call Pablo. He was a large, enthusiastic and smiley Spanish-speaking man. He was a slow talker and nothing disproved that he was just as slow of a thinker. My Spanish skills were aged and nearly nonexistent, so all we spoke about in Spanish was counting past the number three. Yes, he was slow. I'd start with, "*Uno, dos, tres... y qué próximo, Pablo?*" "I dunno, what?" he'd ask, not kidding. "*Cuatro!*" I'd inform him. He'd then smile, laugh and change the subject.

Esperanza, another Spanish speaking patient, hailed from the Dominican Republic, had lived in the United States for only two years and hadn't picked up much English. She was a diabetic and was constantly being reprimanded for stealing graham crackers, which she wasn't supposed to have. I enjoyed talking to her with my limited Spanish the most of any other patient or staff member. When I was taken to the ward the second time I found

my Spanish skills had dramatically resurfaced. Esperanza hadn't yet been discharged, so we told one another our ages and I asked how long she had been in the United States. She pointed at and said the Spanish word for various objects in the room. I was surprised how many there were for which I simply needed a small reminder. She liked me. Once, when I was on the telephone, she came up and gave me a cup of pudding only for generosity's sake. Apparently pudding is the language of affection among women in mental wards. Recall that I was given pudding by the spitfire who's money I lost but replaced twice tenfold.

Although I didn't speak much Spanish with Julio save a few phrases here and there, we were pretty good buddies. Julio is the man who found Ed wearing his sport pants in the cafeteria and ended up in five-point restraint when confronting Ed to the brink of physical violence. Julio was pretty amused by being in restraints. "Nap time!" he said of it, laughing through the door.

Julio was an artist for his main clients, his daughter and two sons. His mother brought him a box of Crayola markers in order for him to continue his work within the confines of the hospital, and he shared them with me. I would draw cartoon portraits of patients and staff. When I'd finish their likenesses I'd show it to them. When one would ask if the picture were in fact her, I'd say, "Hold on." I'd then make a few minor alterations and give it back saying, "Now it's you."

with musical guests

Left out of Part One were two stories of transference involving two previously unmentioned characters. I did this because I was rather embarrassed by them. One of the first readers of Part One said, "You know, people experiencing psychosis typically have delusions about UFOs, the government, the FBI and the CIA, but it's cool that your delusional focus was on indie rock bands." With this reinforcement, I've decided to include the stories.

My most beloved band is the Pixies, who spawned the Breeders, the Martinis and some incredible solo projects. Kim Deal is the Pixies' bassist. When a patient came in bearing a resemblance to Kim (especially with her scratchy airhead voice), I was inseparable from her. We played cards and I voiced the assumption to her that her stage name is Kim *Deal* because she was such a knowledgeable card player. I told her I really would like to have a lock of Kim Deal's hair. She complied and ripped out a few strands for me to keep. She reinforced my belief that she was in fact a rock star throughout her time on the ward, and she can even be quoted exactly as saying, "Yes, I once had the stage name Kim Deal." I now doubt Kim Deal uses a stage name. Venus was present at the time and was upset that I was giving so much attention to this other woman. She tried convincing me she was not "Kimmy D." and this was especially justified by the fact that I had thought Venus was Kim Deal prior to my believing she was Andalusía and prior to believing this new woman was Kim Deal.

Julio, the Crayola marker artist probably bore the most resemblance to any Pixie. He was too young to be Joey Santiago, the lead guitarist, but definitely was reminiscent of this member. Transference with Julio as Joey Santiago was short lived. He would correct me when I called him Joey, and he flat out told me, “You got the wrong guy. I don’t play guitar.” That aside, he had a tattoo that looked like the Philippines, Mr. Santiago’s home country. But, the tattoo was actually an archipelago located somewhere in the Caribbean.

A man in his fifties came through Milwaukee Behavioral Health during my second stay. He resembled Frank Black, the leader of the Pixies and a slight resemblance is all that is needed for transference to take place, as has been shown. I wholeheartedly believed that it was he. I was pretty excited to actually hang out with him. I even conducted an in depth interview with him. He later said he tried to convince me he was not who I thought he was, but he responded to many of my questions as though he was at least in a band. He gave me his number, and since leaving the hospital I have spent several afternoons with him. Only during the first few did I continue to believe he was indeed Frank. The second time, during which I believed he *was* Mr. Black, involved a bottle of vodka and a friend as manic as I was. This friend was Arañas.

The added information I provided myself in order to continue believing these were the actual band members was that *all* famous musicians were mentally ill and received their gift of creativity from the illness.

gravity and polarity

A study I read suggested that bipolar disorder runs rampant in some families because an affected person will tend to pair up with another affected person. Four of the girls I have dated (a good percent) or have come close to dating are bipolar.

Arañas had had one instance of bipolarity in years past, but she believed it was brought on by an acid trip and maybe unrelated to physiology. Then, off any medication, she went to work in Yosemite National Park for the summer documented in this book. I was discharged from Milwaukee Behavioral Health in time to see her off, but she would be returning sooner than expected. It’s not my place to describe all of the strange acts she committed Yosemite, but it ended up that she was “kicked out,” as she said herself. She was given a Haloperidol (antipsychotic) shot and flown back to Wisconsin where she spent about a week in the “rich kids’ mental ward.” There was a buffet and an absence of roommates in Arañas’ ward. She denies there was a swimming pool or satin sheets, but a mutual friend observed that the nurses were much friendlier in this ward than in Milwaukee Behavioral Health.

I was hardly well myself when Arañas came galloping half-manic through the door of my apartment. Venus was over, but she stayed in my room through Arañas’ visit. Feeling like I had been caught, I asked Arañas, “Are we in Hell?” She replied, “No, this is Heaven! I think we made it, George!” I believed her up until several days into my stay at Ashland Behavioral Health. We walked through Milwaukee high as kites. I assumed the people

we saw were the others with us in Heaven. “Do you think people will be born into this?” I asked her. She said she thought so. Everyone in the world had ascended into Heaven and was wandering in bliss. Arañas and I came across a parakeet perched on the railing of a downtown bridge and it was the sign that there had been a change in the universe. The rain had ceased; the flood of sorrow was over and we could all enjoy eternity.

Another girl I know claimed she was “as bipolar as a potato in a McDonald’s fryer.” It’s a silly simile, but I understood. She persisted for quite some time that *we* should write a book about our lives as manic-depressives. Recently, she described an experience she had while working. She was unusually talkative and events were occurring in threes and fives. I told her to seek help soon. An obsession with numbers was hard to lose following one of my early manic breaks.

The first bipolar girl with whom I became acquainted went to high school with me. We had a thing, nothing serious, but she felt close enough to me to tell me of her drug regimen. I never witnessed her while she was in a manic state, but once I had been diagnosed I contacted her as soon as I could. She told me to beware of lithium’s tendency to dull emotions and turn the taker cold hearted.

Finally, there’s the girl I dated for nearly a year. She is not currently taking any prescription medication for bipolar disorder, but she has had bipolar breaks in the past. This girl introduced the terms “manicky” and “schizing out” to describe the feeling that symptoms are present. She was into vitamin supplements to naturally control mania and depression for a while. However, I believe she is going strong without any medication currently. She advises me to get sleep every night at all costs. Having been on zero hours of sleep each and every time I have been hospitalized, this may be the advice I should seriously heed in the future.

There is a strong correlation between women being in my life and ending up in the hospital with mania. It is comforting to know that the girl mentioned in the preceding paragraph recognizes the intensity of the first few weeks of our relationship. We sat in my basement for days and uncovered our common philosophical ponderings. I believed I had found what some call a “soul mate.” My love for her grew and soon consumed me. I began to consider her and I to be the main characters in the play of existence. Clearly I was beginning to have grandiose notions and slip into unsound territory. Arañas proved to have a similar effect on me. During my last manic break I came to the conclusion that, by higher law, love was the explanation for my having to spend time in mental wards.

spontaneous generation

While believing I was God, or at least the sole consciousness, I came up with a theory about animal reproduction. I didn’t believe it took place as a result of gestation and then female labor. “People come about in other ways. I don’t believe in physical birth,” I would say. Having fluttered out of space, newly observed people in my life had histories that would be fabricated the moment I met them, but I was responsible for their existence.

Sex began a process in the universe that created strangers, sometimes fully grown. My older sister and brother's lack of biological children was more proof for me that I was at the head of existence. The closer one's genetic code was to mine the less they were breeders and the more they were angelic like myself. Luckily, this theory didn't launch me into irresponsible promiscuity, which could have landed me in trouble.

blasting off from Venus

In narrating my romance with Venus in Part One, I trailed off once I arrived at her house. This may have left the reader wondering what became of us, or if she was even home.

A neighbor who was waiting for her to return allowed me inside. I was manic enough to feel I could go through with the situation but was extremely nervous. Venus arrived home shortly thereafter. The neighbor, Venus and I sat in her studio apartment while I watched the two of them smoke a rock. At this point I held no beliefs that she was Andalusia, and the crack would've confirmed the falsehood to me regardless. The neighbor left, and Venus and I were alone for the first time. I was apprehensive; I knew what she wanted from me. We had a conversation while rolling around on her king size mattress in each other's arms. I made sure I wasn't in the arms of a prostitute. (Remember, I could make myself believe anything.) It could have been that I was playing hard to get, but I didn't have any definite intentions at the immediate time. And I was scared.

There's something hot and cold about romance. It's best to show experience, strength and daring when pursuing love alone and not love-and-friendship. This leaves no room for babble about what's on one's nerves. For the first time, I felt as an actor. Venus and I climbed on stage and played our parts in a way reminiscent of a script. But now, I will once again close the curtain.

Venus came to visit me after she served some jail time for crack possession. She asked if I had a girlfriend to which I replied I didn't know. "Sort of," I said. Arañas and I had begun to see more of each other again. As interesting a person as Venus was, I really couldn't get over the crack. It didn't offend me and its illegality didn't make me panic, but she was always doing it and it became annoying. She was kind of frisky all of the time too, which didn't bother me in the least, but I wasn't sure how she'd go over with my friends.

I'm glad to have known the woman. But, I suspect I won't be seeing her again, which is probably fortunate since she represents a time of my life during which I was very confused. Still, I would have liked to show her a few sketchbooks of mine. The relationship didn't seem to have run any sort of course; my knowledge of her past, her quirks, and her tastes was limited. She left me a lot to savor, however. No woman had ever before demonstrated an attraction to me in such an unrelentingly way.

world wars 2 through 5

I have had a total of five manic breaks. To follow through with my marijuana-induced fantasy, my bout with meningitis will be designated as World War One while the five instances of mania will be designated as Two through Six. I have been hospitalized for mania many more times than this due to readmission after being prematurely released.

Prior to my last two breaks I made the comment to a professional that I didn't think there was anything left for me to be delusional about. My disorder would have to be awfully creative in order to surprise me with something I hadn't encountered before. I was under the impression that I could dispel delusions with which I was familiar and avoid insanity. I made these claims before ever transferring with anyone as I have documented in this book. Also, the idea that I am God, or at least that I am the only conscious being, was forming during my second break. With each break it became more and more refined.

A onetime obsession during a post-manic phase was that with numbers, the alphabet and an elaborate code I had invented to replace them both. The code worked with my own form of numerology and symbols to represent the numbers and letters. I spent hours in my basement bedroom creating calligraphic combinations of symbols to represent the names of friends and famous people. I even used it to tell my own story of creation in terms of math. With this code and a numerological "key," which listed the letters of the alphabet as they were assigned to numbers and symbols as they were assigned to both, I could unlock the secrets of the universe. I kept a copy of the key in my wallet for months after inventing it.

Believing I was in Hell was a recurring thought throughout all World Wars. As well as this I believed the courtyard outside my window at Wausau Hospital (my first inpatient care facility) was the Garden of Eden. Biblical themes have run strong in my crazier thinking. An educated friend says that this is a result of living in a Christian culture and not necessarily evidence of a strong repressed faith. It is ingrained to think in terms of Christianity. However, I haven't ever consistently believed I was specifically Jesus or a second coming thereof.

Delusions (I despise the word when I am falsely accused of having one) came and went as fast as my mind raced. I can't recall all or even most of them. A delusion would start one place then cascade into several more delusions. I was able to convince myself of anything my imagination had to offer. I trusted even my most vague suspicions to the extent that they were as good as real, no matter how fantastic my claim. Exaltation of imagination is at the core of my problems.

mad coordination

At Milwaukee Behavioral Health there was always a plentiful supply of small plastic cups stacked beside a pitcher of water. I began fidgeting with a cup one day and found I could put on a performance with it as my prop. I named the act "freestyle juggling." First it was made to look as though the cup had accidentally slipped from my grasp. Soon, however, I was batting the cup back up into the air as it fell. I could keep the cup in the

air for just under a minute on a good day. I tried the trick with a cigarette and then again with a lighter. But, the plastic cups proved to be the most aptly designed since they had some wind resistance and fell lazily after each hit. I'm unsure if this particularly impressed anyone, but I thought it was amazing. I haven't had the opportunity to see if I can still juggle in this way, but I doubt I'm still any good at it. The mania is most likely responsible for diminishing second-guesses each time I swung at the cup.

Another trick, which I didn't learn while manic, was that of a disappearing coin. I'm sure people were entertained by this one. It works for keys too—I even successfully made a cigarette disappear once. When out of the hospital but still pretty sick, I used the trick on a security guard and a residence advisor at my school. "That's pretty good," they both said, mildly impressed in a corny sort of way.

To further discuss my enhanced dexterity, I borrowed my roommate's skateboard in order to run an errand or two shortly following my first discharge. I wove between pedestrians fluidly and even attempted curb-drops on which I wasn't entirely sure I wouldn't possibly injure myself. Again, second-guessing was absent and my endurance was up. It was as though I was on an amphetamine, which got me in the mood for some split-second decision-making. I treated the skateboarding session like a video game and thought nothing of the possible consequences of falling, crashing into someone or having my board fly into the street.

Realizing venting my frustrations toward the staff at Milwaukee Behavioral Health would often land me in five-point restraint, I took up a hobby that wouldn't lengthen my stay. I wasn't ever told exactly when I would be released, and for a time I believed I was going to have to stay until my legal commitment was over. Feeling checkmated into an indefinite sentence and needing to release my anger, I began to pocket fruit such as apples, oranges, peaches and plums from the cafeteria before heading outside for the post-lunch smoking time. I'd usually proceed with the violence shortly after receiving my smokes and while the staff member on smoke duty was still handing out the cigarettes. While standing in the center of the courtyard, I'd heave the fruit as hard as I could at the wall between two windows. A mighty "Huh!" would escape me and the fruit would shatter against the bricks. The guts of the fruit often stuck to the bricks, and in the case of the peach, the pit would be adhered to the wall by the splattered insides. Apples and under ripe peaches were the most gratifying fruit to smash, making a thick "*chunk*" sound as they were atomized. I'd never been anything of an athlete as far as sports involving throwing and catching balls are concerned. Without the presence of second-guessing, however, I hit my mark exactly between the two windows and hit it hard. It was an invigorating bit of therapy as well.

lawyer, liar

For both probable cause and commitment I was summoned to the in-hospital courtroom for hearings while in Milwaukee Behavioral Health. Having court was a common event

for all patients, and they'd often be seen sorting over papers with a well-dressed man or woman.

A public defender came in to see me the day before I was to attend my commitment hearing. He presented me with several police reports, which I began to read over. Apparently the cops got the impression I wanted access to my school's dormitory building in order to "climb to the roof, jump off and kill [myself]." Remembering the story I gave them, I found it hard to believe they construed my intents as such. I claimed I wanted to climb to the roof and check out the transmitter tower because I was an electronics student. They told me to go to the library.

I asked the lawyer what he thought of the cops lying on my report. He replied that police dishonesty was fine as long as it keeps people off the street. "What?" I said after some reaction time, "I suppose you're a liar too then. Forget about working on my case." I harassed him throughout his packing up and heading toward the exit. He showed no emotion, mechanically put his things in his briefcase and walked straight for the door. From then on, any lawyers that came to see me were promptly given the finger and told to leave. The first question I would ask someone coming to see me concerning a court case was whether he or she was a lawyer. It usually turned out that they were a court-appointed psychologist or psychiatrist however. Since these were the people who might attest to my sanity, I regarded them amiably and without obscene gestures.

lunar colony

Shortly after my breathing tube was removed while in Marshfield Hospital with meningitis I began to speak about my ravaged mental state. I wanted to meet people who had gone through what I had. I needed someone to understand, someone who could tell me if there was an end to the psychological world war. The wish was never fulfilled in the sense that I met another with post-traumatic stress symptoms due to a serious bacterial infection. However, when I became manic some years later I met and interacted with scores of other bipolar individuals at the peak of being symptomatic.

Milwaukee Behavioral Health, as mentioned previously, is one of the four largest psychiatric hospitals in the country. With about thirty patients in each ward, throw a tablet of Depakote in any direction and probability has it that you have struck a patient in the throes of mania. It was difficult for me to recognize insanity in most patients at first. Perhaps this is because I, too, was manic and on their level. Additionally, I didn't know these people prior to their admittance to the hospital, so I had no basis of comparison. With the exception of Marie, the husky woman described in "african american studies" who called me David and attempted to have me touch her in ways I was opposed to, most of the patients seemed well balanced to me.

There was one other exception besides Marie in Milwaukee Behavioral Health. Late in my final stay I received a new roommate. He transferred himself from another room citing that the man with whom he shared it snored deafeningly, and rightly so. The room

was adjacent to mine and I could hear the baritone growling through the wall every night *and* while he was taking his many naps throughout the afternoon.

My new roommate was tall, had black hair where it hadn't receded remarkably, and had dark eyes and a mustache. He was very talkative about the subjects of the two of us getting along as roommates, the fact that he adored black women (he was not black), the importance of staying away from the nurses' desk, a biker bar he was attempting to "shut down" via telephone, his various nicknames, students from my school inventing new ways to make LSD, and many more subjects. His tone was confrontational, irritated and brazen, but I took no seriousness in it just as I hadn't when dealing with Tracy. I believed he, also, was a thespian.

I was running low on cigarettes and he had none. We made the agreement that we watch out for one another and give "shorts," the last few drags of a cigarette, to the other when in need. He'd pace around the courtyard proclaiming his adoration of black women. He'd say, "I have a date with a hot black chick. Whaddya think of that?" I had given him many cigarettes when he was without, but now he had gotten one of the nurses to purchase several packs for him. My supplies had run dry. Now, I'd follow just a few steps behind in order to be present when his cigarette burned down to a stub. Instead of matching my recent generosity, he proposed a trade. One entrée at each meal was to be given to him in exchange for one cigarette at each break. He was playing me. I complied and went hungry in exchange for the guarantee of tobacco each break. He was lying in bed reading a newspaper the day I was to be discharged. I snarled as I walked out the door, "Thanks for looking out for me."

Undergoing treatment at Milwaukee Behavioral Health involved more than therapy sessions, vitality checks, medication administration and meetings with specialists. I'm unsure how belonging to a small society of sick minds promotes wellness in psychiatric patients, but there certainly was a lot of interaction between patients within and outside of structured groups. For instance, there was dancing. Somehow, mania gave me some physical grace. I danced with all the girls who would dance with me. Perhaps the description of this activity belongs with the juggling, fruit throwing and skateboarding, but it is an example of how close the population of patients became.

The ward was a living town, complete with occasional "town hall" meetings. I compared the arrangement to pure Socialism. The patients were the proletariat while the staff was the government. Resources such as food, medication, toothbrushes, etc. were distributed to the patients by the staff. Sharing in the cafeteria was prevalent, as it was in the courtyard during cigarette breaks. The patients were usually in harmony because they were members of a community. All functions were represented: accompanied dining in the cafeteria, the occasional movie show in which one may choose to take a seat beside a friend, dancing (of course), group vegetation before the television, and one other activity whose prevalence is unknown to me. This would be sexual activity.

There was definitely the tendency for patients to couple up. Venus and I were considered an item even before leaving the confines of Milwaukee Behavioral Health, but we hadn't engaged in anything consummating. I caught a rumor that oral sex was permitted, but I

can't imagine it is allowed to continue if walked in on by a staff member. I witnessed some tonguing and hand holding but never received any reports of sex by either patients or staff. As much as mania can heighten promiscuity and sex drive, it's easy to imagine that it is a common occurrence, however.

Another patient deserves a telling of her story. I'll call her Claire. I engaged in no transference with the woman, but did think she resembled Courtney Love, singer of the band Hole. At the same time she and I were residents of Milwaukee Behavioral Health another, a much older female patient was experiencing dementia. These two patients' relationship illustrates more evidence of communal living within psychiatric wards. Claire looked after, defended and advocated for the woman. The two were consistently side-by-side. Aside from being a kind hearted Samaritan to this troubled elderly woman, Claire attempted to council me on matters involving Arañas and Andalucía. I do not recall the conversation leading up to the point when she said, "Well, you're hot," but I feel I took away all my ego could carry from that phrase alone. I told her I thought the same of her, which I did. This illustrates again how individuals will hold each other afloat and maintain morale during these often frustrating times.

vocal cord catharses

Shortly before making the trip to Bayfield, Wisconsin from Milwaukee following my second release from Milwaukee Behavioral Health and prior to my admittance to Ashland Behavioral Health, my roommate and I stopped by a small party. I was under control for the most part, but the party was made even more enjoyable by the absence of social fear, which was a result of residual mania. It took place in a punk house's backyard. There was a flickering campfire and an acoustic guitar. Knowing a song or two by the pop punk band the Ramones, I took the guitar when it was passed to me and wailed both on the strings and on my voice box. Apparently I managed to impress since I received a round of applause from the crowd and a "church key," which is a small steel bottle cap remover, from a nice Canadian girl. It surprised me that the kids liked my rendition of the two rock-n-roll classics. But then, my pipes were hardly out of practice.

I politely reserved my singing for smoking times so as not to cause a disturbance indoors. But, I often let loose an unruly performance that shook the leaves on the small tree at the center of the courtyard. The song I always came back to was "Alec Eiffel" by the Pixies. I'd pace the perimeter of the paved portion of the courtyard and belt out this anthem until hoarse. At first it seemed no one in the hospital had an opinion on my singing. It's most probable that they simply dismissed me as a screaming madman. A new patient arrived one day, however, who did everything he could to encourage me to continue singing.

It was the song "I'm Not a Sissy" by the Fleshtones, a catchy piece of garage rock that he'd frequently request I sing. He quickly learned the lyrics and would sing backup vocals, chiming in with an echo after each stanza. I was relieving stress, releasing my frustration for being locked away with no immediate hope of release. He was endlessly entertained.

My backup singer suggested we start a band and agreed to learn the bass. He was extremely enthusiastic about working with me, asking me if I wanted to make a movie as well. I gave him all of my contact information but haven't heard from him since. I unwisely gave my home address to many patients saying only, "Sometime in October," which was the date I planned to have a band together and play a show at my apartment. Between my first two incarcerations I threw together a three-song demo, recorded on my laptop in my mother's garage. I had some fun creating the distribution, sealing the track listings to the jewel cases with candle wax and modifying a wooden America Online promotion to say "Get Fucked" in place of "Get Connected."

A patient from the adjacent ward stood at the center of the courtyard one day and sang softly. I approached him and he continued to sing eerily. "He's auditioning," I heard someone say behind me.

a swarm of 50s part v, the epilog

After a British Columbian uncle proofread Part One of *the gods' bananas* he advised me to be careful when dealing with law enforcement. Apparently police officers are much more likely to shoot and shoot to kill psychotic persons where he lives. "Even if he was just coming after them with a butter knife," he said. I assured him I wasn't aggressive with the police officers, just resistant. Still, it makes me shiver to think that I could be subdued with a bullet. There isn't any telling what my resistance might provoke in a cop who's quick to deem a situation unsolvable otherwise.

Walking down a street in Milwaukee's business district I observed two police officers filling out a report on an accident that had recently occurred. The middle-aged man walking several paces in front of me stopped to talk to the officers. "I just have to thank you for babysitting the rest of the world. Just had to say that," he said. I immediately resented the remark, having recently ridden in the back of many police vehicles. This passerby's utopian vision doesn't include a place for the mentally ill, it seemed. The reaction of shame soon passed, realizing that by law of averages this man has probably been "baby-sat" in regards to a parking ticket in his lifetime. Besides this, police serve many other purposes than the childcare of which he spoke. Accidents happen.

It's a reaction made innate in anyone who has ever carried a bag of marijuana in the glove compartment. It is a feeling shared by drivers who are habitual under the influence. It is shared by anyone who has ever had a warrant for his or her arrest. It's residual from smoking or drinking underage in a conservative community. *It* is the sensation that one's stomach flips over when a squad car comes out of nowhere. Never has this occurred in me more frequently than following my incarcerations this summer. My reaction goes deeper, however. Each time I see a police vehicle I vividly remember being loaded into one. When a paddy wagon cruises past I see myself attempting to get comfortable on its stainless steel benches while having the handicaps of handcuffs and shackles. Then, when it's a standard squad car I find myself wondering if the seats are hard plastic or

cushioned. No law-fearing individual should have such knowledge of the criminal apprehension system.

To conclude “a swarm of 50s” I’ll tell of my final transport in a police vehicle. It took place in Ashland, Wisconsin. I was under the impression that I was an undercover cop and that the world had ascended into Heaven. I began to come around, though. When the cop didn’t believe that I was an undercover police officer I claimed, “That’s my only delusion. That I’m an undercover cop.” I think I then asked him how he was enjoying Heaven. He allowed me to smoke a cigarette during the ride, which was a bit of a challenge with the handcuffs on, but I was cuffed with my hands in front of me this time. I’ll give the police a point for that one. I asked him if he minded if I sang. He replied that he didn’t mind so I belted out my repertoire of rock lyrics all the way to the hospital gates. Another point goes to the Ashland Police Department for the cop who acknowledged that I was singing.

adieu to Andalou

When I become physically attracted to a girl, the attraction can extend years or never die at all. I accumulate crushes. For a while I really wanted to get the Starbucks girl’s phone number. I once had a plan to invite an awfully friendly supermarket teller to a party. I’d often flip through pictures of a friend living in my hometown. I’d reminisce about a now married obsession from high school and lie to myself about the chances I wasted. All the while I’d close my eyes to see Andalucía’s face.

A friend of mine giggled and said, “Man, I can only imagine what your day is like,” when I described my geographically scattered obsessions. I’d take a walk for some coffee and a carton of cigarettes and see Andalucía sitting at the Student Life desk on my way out. Then, another red-haired crush object would be on break outside the same plaza in which I was about to purchase coffee from yet another girl. This was the girl with whom I could see myself in wedding pictures. I’d step up to the service counter to transact with the Gweneth Paltro look-alike who sold cigarettes at the nearby supermarket, and then catch another glimpse of Andalucía on my way back into the dorms. By this time I was pooped.

While sane I found myself wishing I could turn the mania on like a switch. For as many crushes as I will tend to have at any given time, I am completely timid when it comes to pursuing them. I choose my words so as not to flirt. I’d rather they be ignorant of my real intentions because I’m really quite shy. If I only could switch on the mania in order to bypass the hesitation and stuttering I usually experience while trying to talk with them. I received my chance with Andalucía and blew it. It’s now apparent that although mania is an effective agent for diminishing inhibition, it can cause one to say and do entirely inappropriate things in the name of the crush. (Yes, I suppose “inappropriate” is the appropriate term despite my distaste for the word.)

I have apologized to Andalucía via e-mail for the phone messages I left her and truthfully denied knowing just how strange they eventually became. However, I do know how

strange the first few were. I shake my head in disbelief when I remember them. It's hard to blame her for not acknowledging my e-mailed dissertation on the situation, but she's left the issue hanging in my mind. Since I was very young I would feel terrible until I could voice an apology for my wrongdoings. One example involves a girl whose fingers I accidentally slammed in a locker door. It occurred on a Friday, and I could barely bring myself to eat until I saw her again on Monday and could apologize while knowing her fingers hadn't fallen off. Without a reply from Andalusía I remain guilty. No resolution has come, and I still feel terrible.

The most intense transference in which I participated involved this very girl. For the weeks I was in Venus's company I falsely believed I was in Andalusía's instead. As interesting as it was to interact with her on this level, it comes down to embarrassment for being so gullible and deluded. Andalusía represents a time when my perception of reality was hopelessly confused, just as Venus does. To move beyond her and forget her would be to win the final battle of my recovery. But, without an acceptance of my apology I fear she will fade slowly from my mind, lingering and reminding me of my illness along the way to dismembering the memories. What makes her memory less extinguishable is my God complex. In believing all people are extension of myself, I am always reminded of the girl. This is to say that Andalusía is embedded in the earth's populace, and I am continually haunted by vague reminiscence of her in strangers' faces.

My day no longer involves joyfully making my rounds to the many pretty faces of Milwaukee. I now come out mostly at night and take alternate routes, always keeping an eye out for Andalusía. It's not as though I know what I'd do if I bumped into her. The watchfulness is for avoidance. I fantasize about moving to another city in order to leave all witnesses of my rampage behind. Notions haunt me that someone—perhaps Andalusía's boyfriend, if she has one—wants to get revenge. Just as I couldn't suppress and abolish the feelings of insecurity following my experience with meningitis, I can't seem to shake the suspicion that someone on the street is going to put me on the spot about something I did this summer. I imagine how nice it would be to have a radar map superimposed on the back of my spectacles' lenses so that I could surely avert a chance meeting. The feeling may subside eventually, but it is currently persistent. I want to say goodbye to Andalusía. She used to reside in my heart and in my mind (cracked as it was), but she now dances all over my nerves.

paths diverge in a fellow's 'hood

My current status description is unemployed non-student psychiatrically committed unpublished freelance writer. Hope just beams from that string of adjectives. I ask myself what exists in the alternate realities that spawn in infinite numbers with each cosmic event. Most importantly, I wonder about the one branching parallel from late May 2004. I speak of the universe filed under "According to plan."

I caught wind of what one of my professors said of me to the school counselor. "George wasn't just a good student. He was a great student." Not exactly the most original

ironically contradictory compliment, but I appreciated it. This, I believe, was the professor with whom I had planned to look over some literally translated Greek dramas in place of taking the final exam in electromagnetism. I suppose my early emergency detention saved my name and the name of academics from some damage.

Enjoying an activity is no requisite to having a knack for it. I pushed for the best grades I was capable of, but I struggled with material and fretted over deadlines. Despite always finding better grades than expected on each report card, I'd be sure below average letters were on their way. Living off campus might have encouraged these grades to appear, but I looked forward to splitting my time in more spacious quarters.

School was probably ensuring a career for me, but also causing me to accrue a great deal of debt. During my final term there, I read in a Sociology textbook, "colleges serve as marriage markets." As if the prevalence of divorce doesn't debase the institution enough, someone had to compare lifelong lovers to commodities.

It's doubtful Andalusía and I would have ever hit it off, even under better circumstances. Astronomically more remote is the possibility of marriage. Farther down those tracks on which my train got derailed there's me still vibrating in nervousness at her sight, freezing when she sneaks up, and carefully planning the first move that never happens.

praying for a diplomatic solution

It's been said, "You don't know what you've got 'til it's gone." Inversely, "You don't know what you could have entirely done without until it is forced on you." To only *know* the plot of this book in place of having lived it would be much more preferable. I could relax in having avoided it all and feel pretty lucky. I've never had a fear of running into anyone. But now, I'm so petrified of encountering students from my school (especially Andalusía) that I am kept from passing through certain parts of the city. I never could've imagined having such a phobia.

I've searched for reasons I am afflicted so overwhelmingly. A friend said, "I think it builds up." My mother says, "Bad luck," of the meningitis and, "Bad genes," of the bipolarity. "Shit luck and shit genes," I say. I've cried, longing for a life that didn't include a psychologically ravaging bacteria infection and one that doesn't include a disorder that lurks and threatens to destroy another few months of my life. Being in the throes of mania is nothing less than losing conscious control of one's actions. Even when I am at my worst, doing something that will land me in five-point restraint, a will that is sane shines through and asks, "What do you think you're doing?" When I am creating fantasies of untruths there is, again, a doubting side to me.

There are also times I wouldn't trade any of the experiences. I judge myself contrary to my mother's explanations. I feel lucky. Few people fall into an extended semiconscious dream state like I did while sick with meningitis. Few people experience euphoria with dynamics of mania present. Heroin wears off after a few hours, I gather. Mania provides a sense of well-being and elation for days on end. Bipolar delivers gifts of psychological

sensation, yes. But, does it have anything with long-term positive effects in its Santa sack? That's debatable. Many brilliant minds, creative and scientific, were and are afflicted with mental illness. This shows undeniably that mental illness is not a handicap to genius. Whether mental illness predisposes one to accelerated creativity and intelligence is, as far as I know, unproven. I became close with two astoundingly gifted artists in Milwaukee Behavioral Health, Julio and Venus. In saying psychiatric hospitals are "lunar colonies," it may be accurate to say they are also artists' colonies. I drew complex patterns as well as the portraits with Julio's markers in Milwaukee Behavioral Health. I made one small collage as well. It was a challenging task of pressing hard on a ballpoint pen in order to cut out the elements since scissors weren't allowed to the patients. During my second break, in a hospital in Wausau, Wisconsin, I taped together a three-foot by six-foot collage. The drive to create works of art certainly increases as a result of the manic breaks I have. This suggests to me that mental illness does in fact predispose persons to at least artistic tendencies.

Living in the aftermath of a break has never been easy, but never before have I wanted so much to avoid certain persons and geographical areas. If I meet a nice girl she may want to take me to an establishment where I once made a fool of myself. "We shouldn't go there, I'm probably not welcome," I'd say. And then she'd ask why. I'd reply, "It's a long story. I typed it up; do you want to read it?" I've had to be forthcoming with my diagnosis since many of the friends my roommate made after moving into our apartment had heard from him that he had roommate in a mental hospital. When I returned they wanted the whole story. I have few reservations with divulging my status, but in the case of the nice girl mentioned above I might hold back until the right moment. It wouldn't surprise me, however, if she reciprocated with a description of her own plight with manic-depression. Or at least that seems to be how things tend to go.

Speaking globally, if there is a third World War, chances are it would finalize all World Wars as well as all life on Earth. I speak of the nuclear solution if world leaders say "Aw, fuck it," to diplomacy. While developing the equation of World War to my many manic breaks I failed to see just how many similarities they actually do share. No one can prepare for a global nuclear world war by any means besides praying and writing their congressman, just as it is not always known whether someone who is bipolar will have a future break. This is true even if he or she has been steady on a specific regimen of drugs for years. There are effects unable to be helped once nuclear hell has broken loose. In the way a manic break leaves me reeling for months after discharge, the fallout from a global nuclear war has a half-life of centuries.

There is no immediate antidote to mania. One psychiatrist compared the chemical situation in the brain of someone who is manic to a flooded combustion engine. The neurotransmitters burn off in their own time.

This disorder can be personified, too. It's not a prodigal son for whom a feast and celebration should be thrown when he returns. It's more of the asshole in the family who comes around to have its way with my life and the lives of those close to me. It can be enjoyable like a class clown but more resembles the kid everyone hates, who moves back to your neighborhood and brings havoc to a longtime orderly playground.

it can't end like that again

This documentation will hopefully reach mental health professionals, those who suffer because of mental health issues and those simply interested in maddened minds. Several drafts of Part One have already circulated among family members and friends. If asked if this was written more for myself than anybody—to suggest it was therapy—I'd say no. It was written because the material was there. Admittedly, I've had to take weeklong breaks from composing and editing just to flush my mind of some of the more horrid recollections that constant immersion in this story brings.

Dedications in books are glaringly cliché, but if any small group of people deserves it, it would be my immediate family. Double cliché, I know. If I were to be so predictable, I'd say this book was for my sister with whom I played pool every day following one of my early incarcerations. I'd also say this book is for my brother, who spoke concernedly about my “thirst for women” with my roommate during an interval he certainly had a right to do so. This book, hypothetically, is for my mother who undertook a daring mildew eradication mission shortly after the lease began on my apartment, but I was away in the hospital. Finally, I would like to mention my father, who keeps his comfortable distance when I am ill. Although his position on the peripheral probably comes from being very unsure, it's sometimes better to hear nothing than to be spoken to with sense that cannot reach me. All of these people deserve a mention, for during my manic peak I thought I should disown them. My words were forgiven, and it is accepted that I only manically overreacted to needing the space they weren't giving me.

To introduce one final pseudonym, I met Calvin early in my first stay at Milwaukee Behavioral Health. Calvin was a less scuzzy version of the kind of early-twenty-something males I tend to become buddied with at psychiatric wards. Keen on keeping a sharp lack-of hair while incarcerated, Calvin possessed an electric clipper. Manic and hungry for sensation, I requested he shave all but a Mohawk from my scalp. I strangely chickened out on keeping the strip of hair and summoned Calvin back into the bathroom to remove it. With my shirt removed so as not to make it scratchy, I looked at myself in the mirror as Calvin was working. I lifted a hand and groped my ample man-breast. “Any time I want ‘em... Sorry.” I said. Calvin smiled, “It's fine. Those are the moments that make this good.”