

[Dr. Morton Schatzman, Psychiatrist / Psychotherapist \(UK\) comments on](#)

"Brainsick: A Physician's Journey to the Brink"

Life is what happens to you when you're making other plans, John Lennon once said. Dr. Leon E. Rosenberg might have said it too.

Rosenberg is a highly distinguished American medical doctor and scientist. A member of the National Academy of Sciences since 1985, he was dean of Yale medical school from 1984 to 1991, then president of Bristol-Myers Squibb Pharmaceutical Research Institute, and finally a professor of molecular biology at Princeton University. He also suffers from bipolar disorder and made a major suicide attempt in 1998, around the time of his 65th birthday. He tells his story in a remarkable 2002 article in the journal *Cerebrum*.

Major professional moves seemed to precipitate depression. His 'great depression' of 1998 followed his mandatory retirement at age 65 from Bristol-Myers Squibb. That was only his most recent depression. He had become depressed in 1959, age 26, after moving from New York to a fellowship at the National Cancer Institute in Bethesda, Maryland. It happened again in 1965, when he moved from the National Institute of Health to Yale. And it happened a few times after that. Some depressive bouts lasted a month, others two or three months. It 'felt like everything - movement, thought, speech - took more energy'. He 'had to push harder to get started in the morning and to keep going during the day.' He was going through hell, and just kept on going.

During the long intervals when he was not depressed he could 'work 16 to 18 hours daily, write papers quickly, make original scientific connections, speak articulately, and interact with associates and family members pleasurably. Was this hypomanic (mildly manic) behaviour or merely positive energy?' Not having any means of determining this, he did not know.

He tried psychoanalysis for six months. A line of Jonathan Swift might be relevant: 'You do not reason a man out of something he was not reasoned into.' Rosenberg's older brother suffered major depression and then mania after the death of their father. The brother responded well to lithium, yet Rosenberg was unwilling to admit that he too might have manic depression. He may need lithium, he thought, 'but I don't'. He said in this article that he was a healer who rejected healing. A line of John F. Kennedy is surely relevant: 'The time to repair the roof is when the sun is shining' - but Rosenberg did not.

After his 1998 suicide attempt, he started to tell his story. He went public. He presented his own case history to 100 second-year medical students. But he was 'still not ready to "come out" completely'. The first version of this article said that his suicide attempt was a 'manifestation of temporary madness'. One of his sons told him he was 'copping out'. 'What about all the years you knew you had a mood disorder and didn't get treatment? If you had started taking lithium thirty-five years ago, you very likely would not have become so depressed as to become suicidal.'

Rosenberg's conclusions are stirring and quotable: 'The condition I have, manic-depression, is a remarkably common illness, probably affecting nearly five million Americans, yet most people with manic-depression go undiagnosed and untreated, and 20 percent of the latter group commit suicide. It makes no sense to allow stigma, whose underlying premise is that people with mental illness are weak, to cow affected people into being unwilling to be diagnosed. It is time that I and other physicians say so.

'Manic-depression is among the leading causes of morbidity and mortality in our country and the world, with huge economic and human costs, and it is time that I and my colleagues in the world of health policy say so.
...

'Manic-depression responds well to treatment with lithium and anticonvulsants, but SSRIs must be used with caution, and it is time that psychiatrists say so.

'Manic-depression is compatible with a fulfilling career in medicine and science (as well as other occupations), and it is time that I and my many affected colleagues say so.

'Finally, . . . when we become brainsick, the brain's ability to be a mind is diminished, and we become mindsick as well.

'Attempting suicide is a "brainquake", in that it signifies that this remarkably complicated organ, with its 10 billion neurons, has failed in a profound way. Although I feel intense remorse for my suicide attempt, I feel

no guilt because I know I was temporarily mad. But that doesn't absolve me from culpability for the anguish my dark morning and its long antecedents heaped on those closest to me. Nor does insanity absolve me from the awful responsibility of being a suicide survivor, a responsibility I must face for the rest of my life - my natural life. And it is time - past time - that I say so.'

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