Hi There. I’m Adele Scheiber, the host of the Your Health Unlocked podcast and the Director of Communications here at the National Women's Health Network.

Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental illness that causes unusual shifts in a person’s mood, energy, activity levels, and concentration. These shifts can make it difficult to carry out day-to-day tasks. According to the National Institute of Mental Health, an estimated 4.4% of U.S. adults experience bipolar disorder at some time in their lives.

Join us today for an eye-opening conversation with one of these adults, Lydia Nightingale, as she takes us on a journey through her life with bipolar disorder. In this candid episode, Lydia, an artist with many talents, opens up about the highs of manic creativity and the lows of intense depression. Learn how Lydia navigates treatment, confronts stigmas, and finds strength in self-acceptance.

0:00:01 - Adele Scheiber

All right, welcome Lydia to the Your Health Unlocked podcast.

0:00:05 - Lydia Nightingale

Thank you so much. Thank you for having me.

0:00:08 - Adele Scheiber

Side note, Lydia Nightingale has one of my favorite names I’ve ever heard in my whole life. She sounds like an author and in fact that’s one of your many talents, isn’t it?

0:00:16 - Lydia Nightingale

It is. It is newly, new author, but yeah.
That still counts. Yeah, still counts, all right. Well, Lydia, why don't you tell our listeners a little bit about yourself?

Sure. So, my name is Lydia Nightingale, I am 34 years old, and I am originally actually from Troy, New York, but right now I'm living in Webster, New York, which is a little bit outside of Rochester, New York, and I live with my partner, Michael, and my cat, Polly. And I am a writer, playwright, actor, trained public historian, and I have an MA in public history from the University of Albany and a bachelor's in theater arts performance from SUNY New Paltz and right now I'm employed at Nazareth University as an administrative assistant for the theater and dance department and the art and design department. So, I do a lot of stuff.

Well, yeah, so just a few things. And why don't? It's funny, because I love that you led with all of the stuff that you've accomplished and then who you are and where you're from and all that stuff, because I think that that's the most important part right of who you are. But then also, what was the specific reason that I invited you onto the podcast?

So the specific reason was that I have a bipolar disorder, type one, and I've been kind of, I won't say, well, there has been a lot of struggle, but I like to say that I've been just sort of living with it since 2010, when I was first diagnosed and did not believe the doctors until about five years later. But that was what was going on, and yeah, so I am here to talk about my experiences with living with this disorder.

Yeah, so what exactly is bipolar disorder? And then you mentioned there's a [Bipolar] one which indicates maybe there's more types of bipolar and like, maybe just talk a little bit about that and those symptoms that you experience.
Sure, so I am obviously not a doctor or any sort of medical professional, but bipolar disorder in general is sort of a chemical imbalance in the brain that causes very large swings in mood and different kind of extremes in mood and, as far as I understand, bipolar type two, because there is a type one and a type two. Bipolar type two tends to be very depressive episodes that are rather long, as opposed to hypomanic episodes which are, you know, and mania is basically this kind of very sort of energetic state that people can get into that makes them, can make them very irrational and make them very happy, sort of overly happy. So bipolar type two hypomania is sort of a somewhat less intense version of kind of what I like to call hyperdrive mania. So that's sort of what type 2 is, as far as I understand. I did have a friend who was bipolar type 2, and that seems to kind of describe what she experienced.

Bipolar type 1, which is what I have, is generally characterized by sort of big swings from very, very depressed or anxious to very, as I said, kind of hyper drive mania, very sort of manic episodes of being very sort of, you know, having over optimism, a lot of... For me anyway, it was characterized by excessive spending, that optimism, delusions of grandeur, you know, hypersexuality, kind of a hyper fixation on things, especially creative things for me, and also, you know, as far as the sort of physical kind of symptoms was not really wanting to ever eat because I didn't need to, and same with sleep. I had a lot of times where I didn't sleep very much. A lot of my creative work during my manic episodes was done at you know, two, three in the morning. Doesn't make it good.

Just because you're, you know, just because you're manic doesn't mean that everything you'll produce is going to be good. But yeah so, and the other thing about the depressive episodes that I experienced was, you know, sort of a paralyzing anxiety, a complete loss of interest in anything, suicidal ideation. I definitely felt a very heavy fog when I was in a depressive episode and I even experienced vision loss, which is weird and I don't know if everybody gets that, but I definitely, I couldn't really see for a while. It was very strange. But yeah, so that's kind of been my general physical experience with it.

Well, and I was. It's interesting you mentioned the vision loss because I had a friend. We always have. “I had a friend with bipolar one” and we'll talk about. We'll talk about how
under-talked about this is, and so we rely, we fall back on these very limited experiences that we have with. You know folks living with mental illness but, um, they actually experienced hallucinations sometimes during their mania. Is that like literal visual hallucinations? Is that something that you experienced?

0:05:40 - Lydia Nightingale

I don't think I experienced that specifically, but I have heard of people experiencing that it really it's amazing what that chemical imbalance can do to your brain. It's incredible.

0:05:50 - Adele Scheiber

I was going to say that's scary, it must be.

0:05:53 - Lydia Nightingale

Oh, it's terrifying.

0:05:54 - Adele Scheiber

You know, well and so you know I was able to do some math here 2010. So you were 20 when you were originally diagnosed and 25 when you believed it. Am I right about that? Did I do that right?

0:06:06 - Lydia Nightingale

About that? Yeah, I remember it was three days or something after my 21st birthday I started to suddenly experience this intense anxiety and I remember I went back to college for my senior year and I got about a month into it and I just couldn't sleep.

I stopped sleeping for about four days and was just, yeah, I was just in a really, really bad state and that was the first time I actually went into the hospital for my disorder. And again, like I said at the time, I did not believe that it was bipolar and they put me on medication for it and I just stopped taking it cold turkey because I didn't believe it and that's not a good idea. Don't do that. I mean I'm not saying yeah,
So, before that age did you experience any symptoms, or was it just like a really sudden onset at that age?

Really not. I mean, I guess I had some anxiety before that, a little bit in kind of my teenage years and when I was really young, but it didn't ever seem like a really serious problem. And then it, it really hit me when I turned 21. And as far as I understand, that is often the age, especially for women, that it hits people.

Interesting, okay, cause you know it's funny. You see in movies and TV, which are not the best source right Sometimes to get your uh, to get your information, that like there's always been something a little off with you, know, Millie, or whatever. You know like how there's always that, um, but it does sound. It sounds like this really like befell you like really quick, like almost you know, like a physical illness, um, which chemical imbalances are physical right, your brain is a physical thing.

So, okay, talk to me about, like you know. So that was your initial diagnosis. What were some of the reasons that you didn't believe the diagnosis at first?

Well, I guess it was just because I had such a stigma in a way against sort of intense mental illness. I had not like I had been raised to be against people with mental illness or anything, but I think I just had this sense of like oh, mental illness makes you weird and bad and I don't want to be like that, and so I wouldn't believe that that was something that could happen to me.

It's kind of one of those things like you say, oh, it could never happen to me, and then of course it does, and then you don't, sometimes you don't fully process that at the time. So,
at the time I just said I really don't think that's what's going on and it just felt so alien that I would not. And my family they were very supportive of me, but they kind of believed that that I was sort of like no, no, no, I'm okay, It'll be fine. And you know, I kind of sort of just, in a way, sort of pulled myself up on my bootstraps for like four years and I was just like no, no, no, everything's fine, Everything's fine. And I just kind of dealt with it for three years and until about 2014, where I had another anxiety breakdown.

0:09:06 - Adele Scheiber

So you had symptoms, so you had this initial diagnosis, initial hospitalization, and you just kind of white knuckled through symptoms for three years like kind of on your own, with no support.

0:09:17 - Lydia Nightingale

Pretty much. I didn't- I remember I saw a therapist for a little bit and it was - we were really really intent on finding, because I was raised Episcopalian, so we were really intent on finding kind of Christian therapists who tended to sort of err on the side of like, well, you know, your religion will help fix you, and that really was not true, and that was something I actually struggled with for about 10 years, because I felt like, well, if I'm not able to fix this with my faith and my religion, then something's wrong with me. Uh, so that was really frustrating.

0:09:54 - Adele Scheiber

And another intersection of religion and health everybody.

0:10:02 - Lydia Nightingale

So that was about four years of just kind of trying to like distract myself with theater and different things, and I had a lot of great experiences during that time. But there was always this kind of thing in the background, like sort of waiting to come back at me.

0:10:15 - Adele Scheiber
So Sure, well, and it's. It's funny. You know I've done a lot of DBT for my own anxiety and depression. Um and distraction is a coping mechanism that they teach you right. It's one of the beginner coping mechanisms, right, but it counts, right and so it'll get you through you know sometimes. But you know, as you mentioned, it's not a, it's a bandaid, as it were, right. So why don't you, if you're willing, tell us about you know, four years later and the hospitalization where it was really like the aha moment for you?

0:10:49 - Lydia Nightingale

Sure. So, this was sort of the precursor to the aha moment for me a little bit, Because in 2014, I remember sort of this kind of core memory of that time was that it was 2014. I had had another anxiety breakdown. I went back into the hospital a shout out to Four Winds in Saratoga. They're great, they really are [Adele - I love Four Winds. Yay, four Winds, four Winds, buddies.] Yeah, it's great for now.

0:11:17 - Adele Scheiber

Yeah.

0:11:19 - Lydia Nightingale

Yeah, that was an interesting time. So 2014, I went back into there and I kind of did my best, um, you know, in their program and I found a really great therapist there who worked with me while I was there and he ended up working with me when I got out and I remember going to a group therapy session because I did outpatient for a little bit and I had just gotten cast in a movie uh, you know, kind of an independent movie that my friend was doing and I was telling the group about it and they were like, wow, it looks like your life is going right back on track. And I was like, oh yeah, it's great. And because they had put me on, I think, just like they didn't really see that the bipolar was still there, or they hadn't really considered that.

So they put me on a very high dose of an antidepressant which is very, very dangerous if you have bipolar type one, because it can absolutely hype up your mania very quickly.
So I, for a year I was on this very high dose of Effexor which I'm still on right now I would love to not be on it forever, but we'll see what happens and I was on that very high dose for about a year and then I actually got my first apartment and I wrote a play which is called Adele in Berlin, which I'll talk about a little bit later. And I wrote this play and I got it accepted into a festival in New York City.

So, I was, yeah, I was very, very excited about it. I was involved in the auditions, I was involved in the rehearsals, I went-.

0:12:56 - Adele Scheiber

This is where, like the movie would end right, You're like and I got help and I'm on the thing and I got right. Okay, okay.

0:13:00 - Lydia Nightingale

No, this is where the movie begins, basically basically [Adele - Ooh, ooh, so it's bad.] So I went to the city a lot that summer and I remember the first performance went, you know, really well, and it was fine. And then the second performance happened, because there were two performances of my play and that night I was watching the show and I just had this complete break from reality moment where I just thought, oh my God, this show is going to save the world, and I'm going to save the world and everything is going to be amazing, and I literally thought that I had saved the world with my play. Like that, that's the thing that the chemicals can do to you is just have a complete delusion. Break with reality.

0:13:46 - Adele Scheiber

And what's so insidious about that too. Oh, my gosh, is like don't we all kind of think in our heart of hearts when we do art, that we're saving the world, right? So what that did it just like amplified this thing, right, so, so, so, what is what is okay? So, like, help the listeners who are, quote unquote, neurotypical right, what's the difference between really being proud of like yeah, heck, yeah, nailed it, save the world. To like I really believe the place saved the world? Like, can you kind of like talk a little bit about what that break from reality feels like before you kind of continue?
0:14:22 - Lydia Nightingale

Yeah, there's this sort of I'm trying to kind of remember back to that moment. It was very much there's sort of this when you look at something and say like I'm super proud of this and this did a really good thing and I think it affected the people in the audience or whatever type of art you're doing. It's very much for me, grounded in here, like it's very like a heart feeling [Adele – Sure] with the mania kicking in and taking that. It shoots it up like over your head. It is just like you are floating in like this other space. It's like you are in a totally different space from everybody else around you.

You're just like yeah, it's like you're just in this other dimension, where these people are just kind of floating through your dimension and you are the queen or king or whatever of this dimension. It's very strange.

0:15:15 - Adele Scheiber

That's really helpful. That's a really interesting distinction and I think that's really useful way to describe it. So thank you for digging into that for us.

0:15:24 - Lydia Nightingale

Yeah, absolutely.

0:15:26 - Adele Scheiber

So okay, you thought you saved the world.

0:15:28 - Lydia Nightingale

So I saved the world [Adele - Right.] So you know as you do [Adele - A plus.]

A plus good job, and so I saved the world. And I remember the next day was my birthday. Like talk about like a time to save the world on your birthday and so I remember I was hanging out with friends in the city and then I went home and I went. The thing is that the festival, had kind of a voting component where people could vote for like videos of the
shows online and we had been number one all day. And I went home and I checked the stats and we had dropped to number two and that is when it broke. I just lost my mind. I was just like, oh my God, everything is falling apart, everything is everybody and the thing is right before that moment happened, I believed, truly believed, that everybody in New York city knew who I was. And then, when that break happened, I realized everybody knows who I am and they all want to kill me. So I was terrified and I remember

0:16:30 - Adele Scheiber
That's a 180, man. Let me tell you.

0:16:34 - Lydia Nightingale
It was bad, and the thing is my my play had a. This is really strange and this is funny because, like, um, these were the two, the two kinds of uh components of this mania at this point is that I believed in my heart of hearts that me and Taylor Swift were best friends. I know that sounds really, really weird, but I was a really big fan of hers at the time and I still am, and I'd been listening to a lot of her music during this time and something in my brain latched onto her and was just like we are best friends. And I know now that I'm not best friends with you, Taylor Swift. I'm a fan.

0:17:10 - Adele Scheiber
I'll tag her, though, right Tag her. Yeah, it's great.

0:17:15 - Lydia Nightingale
No, she's great, Love her, but yeah. So, there was that component. And then the other component was that my play had a lot to do with - It was a World War II play that had to do with the Russian army and that kind of thing. So, when that break happened and I suddenly believed that everybody was out to get me, I also believed that Vladimir Putin was out to get me and was sending Russian operatives to kill me and my family. So that's how bad the mania can get. Yeah, it's really bad. So I somehow got home and I remember I leaned into my dad's window after he dropped me off at my apartment and I said don't let anybody know where you live, because they will come after you. And then, thankfully, I ended up in the hospital by that night and they started kind of trying to bring me down because I was
Well, how did that happen? Did you check yourself in? Did you have your parents? So how did you end up getting to that place of safety?

So, I knew that something was really wrong and actually that was the moment where I called my therapist and I was talking to him and I was like what is going on? I'm going back and forth between being terrified and excited and happy, and I've been doing this for two days and he just said, “Lydia, you're type one bipolar, like that's what it is. I can't believe. No one realized it” and I was like, “oh my God, that's it.” And for some reason that was super relief and it was like a relief in the moment. I was like, “oh my God, that's what's going on.” Oh, and there is a lot of relief in knowing what the problem is.

But, everything after that was terrible because, you know, I was just. I knew something was wrong. So I called my mom and I said we need to get me to the hospital somehow because I am really unsafe right now. So I had at least some self-awareness to be able to get myself there but I am good, yeah, yeah this was the end of the mania, though I insisted on going in an ambulance because I couldn't let my fans see me in this condition [Adele-not the wee woo wagon] (laughter) right, right, right, no I can't, so I had to go in an ambulance.

They literally had to send cops to my apartment to like, evaluate me, and they were just so confused, these two poor, poor people they were.

They were like what, um? But yeah, so I ended up in in four winds, still very manic, for about a week, and then, um, after the two weeks ish went by, the depression hit and it was a probably the worst, um depression I've ever been in, you know ever. So that was really bad and that's like you know a whole other thing, because that lasted for a couple of months, I went back to the hospital twice and, yeah, I ended up being that they were like, well, you know, medication isn't working, so we would like you to consider electroconvulsive therapy, which is what I ended up doing.
Okay, so we're going to dig into this, because you're literally describing like I'll just share with you as somebody with diagnosed depression who's gone through suicidal ideation. One of my worst fears, before I'd actually happened, was going into a hospital right, I was. I mean, you know, you think one flew over the cuckoo's nest, nurse ratchet. I mean you think there's just this terror associated with going into a hospital and there's a lot of terror associated with electroconvulsive therapy. So, what was it like for you actually being in Four Winds and deciding to do the therapy? Talk to us about what that's really like and not what the movies say it is.

Absolutely so what it was like was I was, like I said, very, very, very depressed to the point that I would just sit and stare at the wall for three hours. You know just. There's nothing going on, and there was - I remember there was an older man there who was doing ECT at the time and we had kind of become friends, because we both were just so depressed and I remember asking him you know, “is it working for you?” And he said, “you know, I think it kind of is like I think it's starting to work.” And the doctors came to me and my mom and said we really think that she might benefit from this because medication is not working. And she actually was more nervous than I was because she was terrified of me losing my memory.

That was kind of one of the big - because that is one of the symptoms is sort of losing some of your short-term or long-term memory.

So she was very scared of that. I was kind of at the point where I was like I do not care, you could do whatever you want, I don't care. So I ended up going in for a consultation, which is basically just them making sure you don't have any heart problems or whatever, because you can't do it if you have heart problems. So I did go in for the first session and it was a very interesting experience and I know that a lot of people don't see this side of Four Winds. But you go into this room and there's this big wall of this big gray wall of like dials and buttons and it's very intimidating.
And then you have, like the bed that you're supposed to lay on, with the machine next to it. And then my favorite part was they had this little bulletin board up on the wall with pictures of puppies and kittens on it. It would make you feel better.

0:22:32 - Adele Scheiber

Oh my gosh, it's like a dentist.

0:22:35 - Lydia Nightingale

It was so funny and then they had classical music playing. They were trying really, really hard to make it okay and I remember I was very [Adele - it's not scary and terrifying in terms of you know how the movies are like they're trying to torture you.]

0:22:48 - Adele Scheiber

They make it look like it's torture. You know what I mean?

0:22:50 - Lydia Nightingale

No, no, it's very. I mean, the machine itself is kind of like whoa Okay, but when you come in at least at the place that I was at, they were super, super nice, super soothing, very kind of calming people. I remember the doctor who did the actual application of the electrodes. You know she was like the nicest person ever and the anesthesiologist was so sweet.

0:23:14 - Adele Scheiber

So it doesn't hurt, they put you under.

0:23:16 - Lydia Nightingale

Nope, they put you completely under

0:23:20 - Adele Scheiber
So it's not like where you're screaming. You know those terrible images, oh my gosh. That's really helpful to know.

0:23:24 - Lydia Nightingale

It's yeah, it's, it's insane, like it really like is funny because, like I kind of look at like the sort of pop culture you know depictions of it, and it's not like that at all. They just kind of usually lay down, they get the electrodes kind of ready and the thing is they actually don't - they only put one on your head at first. They don't put both, unless you're like a really hard nut to crack, but they only put one on me, and then the anesthesiologist just kind of gives you the anesthesia and just says I remember he used to say, “pick out a pleasant dream. You're going to sleep,” and then you count backwards from 100. And the next minute you're in the wheelchair getting wheeled back to where you are sleeping, and then you get to sleep for an hour and they bring you apple juice. It's very chill. It is so chill it's not even-.

0:24:14 - Adele Scheiber

It sounds like normal surgery. It sounds like what somebody goes through with just about any medical. It's wow, okay, all right?

0:24:20 - Lydia Nightingale

Yep, I wouldn't go around being like ECT is amazing and everybody should do it, but it really is. It should be considered as an option if somebody is really struggling, because it is not scary, it's very, it's totally painless. I mean, the only thing that I can say is that your neck is a little sore afterwards because you do like seize up, but that's it.

0:24:42 - Adele Scheiber

Sure, well, it's one of those last line treatments, right, it's not something that you jump to right, like medication for it because it is invasive and all that. But there's also I mean, from what I understand we'll link some studies in the comments there is some evidence to back that it helps in really extreme cases of depression, right, so it sounds like it did for you. So talk about the aftermath of that and that hospitalization, like how, what did you notice? What differences did you notice of that and that hospitalization. Like how, what did you notice? What differences did you notice?
Sure, so I ended up doing about 16, one, six sessions of the ECT. Yeah, they did it over like a good like month or so. I went in at like twice a week, once or twice a week, and uh, after that I remember I got out of the hospital in January and within a couple of weeks I was - cause I had lost my previous job because I just was out so much with the depression they couldn't keep it for me. But I, within a couple of weeks I was applying for my next job. Within maybe three or four months I was applying to the university at Albany to do my master’s. Like I was just like whoop. I feel way better and I knew I was on better medication. I had still a really good therapist. So you know that definitely, the ECT definitely was a game changer and you know, but having the right medication afterwards and the right type of therapist was super, super helpful for me.

Not everybody needs that, but for me that was helpful.

Well, and you know you’ve had it sounds like you had a really good support system in your parents, right Like when you lost your job, were you able to fall back on something you know and like stay with them or something, or?

Yep, yep, I stayed with them, them, I lived with them for a couple years, uh, just to kind of get back on my feet and, uh, because the thing that also happened, um, which I think is sort of is sort of related, uh, is that in 2017, I actually embarked on my journey with alcoholism. So that was fun, um. So, you know, that had had also been kind of a bit of a kind of underlying thing for a while. I’d had a weird relationship with alcohol for a while, and then, I think, when bipolar stuff kind of died down, I said well, I made it through, that, I can do whatever I want, and so I was sort of like embarking on this new sort of problem, which lasted for about a year and a half before I ended up giving it up.

So Well, and I mean, isn't it common too for people with mental health challenges to like self-medicate or to seek escape in certain ways? Right, so that's a - you know, it's a comorbidity, as they say, right?
0:27:24 - Lydia Nightingale

Oh, absolutely. For me it definitely was.

0:27:26 - Adele Scheiber

And just like sidebar, like I just find you so inspiring. I think there are a lot of people in their thirties who have problematic relationships with alcohol and they never really recognize that. You know what I mean. And so you, you, it would have been, I feel like very easy for you to just keep drinking, you know, but you, just you really cut it off and you wrote a really inspiring short play about it, actually, which I had the privilege of seeing. So we'll link. Uh, we'll link to that festival in the comments. But, um, so okay, as you went through this process, this long process of like, diagnosis and eventual, what do we call it? Remission, recovery, what do we call it? When we're managing our bipolar well, what do you? What do you call it?

0:28:06 - Lydia Nightingale

You know what, it's funny because when I go on my profile on my Rochester Regional Health website because I have like a profile and there is a patient of theirs, they actually call it bipolar type 1 in remission.

0:28:22 - Adele Scheiber

Yeah. So from diagnosis, rock bottom, to remission, I mean, what was helpful on your journey to remission and what was maybe not so helpful?

0:28:31 - Lydia Nightingale

So what was helpful was, like I said before, kind of making sure I had sort of the right medication cocktail and also a really good therapist and also like not being afraid to, if the therapist isn't really working, you know move on to somebody else which kind of happened for me when I quit drinking I actually starting going to an alcohol counselor somebody who was specifically focused on alcohol counseling and she ended up being my therapist for four years. So, she was excellent and so that was really helpful. I would say something that
wasn't super helpful - Consulting my notes here - was just people kind of pushing, sort of pushing the whole religion thing, you know, because I kind of was still in sort of the sort of Christian community and you know, especially with just certain people I had sort of grown up with being like, oh, you know, religion will help you. If you go to Bible studies, it'll help you. If you go to this, it'll help you. If you pray, it'll help you, and I tried so hard to make those things work and they just didn't. So that definitely was not helpful for me to think that that kind of thing would fix everything. So that wasn't helpful at all. I think just being true to myself was very helpful. Uh, I came out as bisexual in 2017. So that was sort of a um - that was definitely helpful to me because I wasn't repressing things anymore.

Um and just kind of really learning to love myself as I was and not be afraid of just different parts of myself that had been there the whole time, and then also learning to sort of regulate my emotions. I feel like before I kind of ran into everything with bipolar and then afterwards for a couple of years I was just it was very hard for me to sort of regulate certain emotions, not even relating to my bipolar, just kind of, you know, getting really angry or getting really sad or whatever, or being, you know, way too optimistic about things and then getting upset when they didn't work out. So that was really helpful to me, was learning how to regulate certain emotions and also to set realistic expectations, which I think is really important if you are an artist, because you know, right now I'm sending query letters out for a novel I just wrote and I just got my first rejection yesterday. So you know-

0:31:09 - Adele Scheiber

You’re part of the sisterhood, the noble sisterhood, you know it's really great when you have wallpaper with all the rejection letters maybe wallpaper a bathroom with them, but yeah, right.

0:31:24 - Lydia Nightingale

But yeah, I would say that, you know, just like knowing that this is a chronic thing I'm going to have to deal with the rest of my life, and you know, I just have to sort of accept it, not, not like it defines me, but that it's just going to be part of my experience and learning that for me - because some people, you know, when they have mental health issues, they tend to keep them kind of under wraps and say like, oh, I don't really talk about it. For me, I just go ahead and talk about it on a national podcast. You know, that's kind of my way of coping with it and also knowing that if I can help other people, I want to do it.
Adele Scheiber

Yeah, and I mean I got to say I remember your story affected me. I heard it a few years ago actually, on Facebook I think, because you were talking about your play and everything and I remembered it. You know what I mean? I was like I remember it. I was like I got to talk to Lydia. She tells the story so powerfully and she just stands in her own power so well, and it very clearly doesn't define you.

You're doing 50 different things all the time. Do you know what I mean? Like it's just really inspiring and in terms of helping people, this leads me nicely to my next question, which is what advice do you have for people who suspect they're bipolar or who are diagnosed and living with bipolar disorder?

Lydia Nightingale

Yeah. So, I would say kind of right off the bat, you know, if you are thinking that that might be what's going on or you're kind of struggling with a lot of depression, mania swings, I would really recommend getting help. And that sounds really weird, like why wouldn't you get help? But a lot of people just say, no, I'm not going to, you know, I'm scared of it, I don't want to do it. But you know, reaching out and getting help whether it be through a support group or through a doctor or even just talking to your family about it, if you can, that is really helpful or finding somebody who has the same experience. So, you're like hey, what was your experience with it? And seeing if it matches your own, and maybe give medication a chance. I know I've run into a lot of people who are very, very anti-medication and say like “nope, all you have to do is just be yourself and go to the mountains.” I'm like no, medication does kind of help a lot of people and I think that if you can give it a shot, give it a shot. I would love to get to the point in my life when I don't need it anymore, but right now I don't see that happening for a long time and that's okay. So really being even keeled in your life is so much better than flying off the handle and being manic. It really is.

It's interesting because there's a lot of, I think, media depiction of people who are really manic or like super creative and or like even like with the alcohol, like people who are drunk or whatever are like super, super creative and create these amazing things. It's really not - being manic is not healthy, like it doesn't matter how creative you think it makes you. It's really not. Being manic is not healthy. Like it doesn't matter how creative you think it makes
you. It's really really bad for you and it really can affect your relationships with other people. It affects your relationships with yourself and you can end up doing some pretty wild things.

So actually, my aunt my aunt Barbara, who has passed back in 2009, I think she passed away - she actually had bipolar type one as well. So a lot of my early experience with it was just seeing some of the things that happened with her and she was an amazing, super talented, super creative woman, but for a long time she didn't get help and she did some really, really wild, just like harmful things to herself and to others. And so you know, same goes for, like, when you're writing in a manic state or even when you're drunk or whatever. It really doesn't make the writing better, it really doesn't. Like I go back and look at some of the stuff I wrote when I was drunk, I want to say sorry to my seminar journal writing professor because she had to deal with all of that, because I was like writing my paper when I was like somewhat drunk and it wasn't a very good paper I say now, but yeah, it doesn't really help and what actually the first draft I wrote of Adele in Berlin that ended up on the stage in New York was very much produced by Mania, and I'm not saying it was bad, but I will say that the production that happened in September of 2023 at the Rochester Fringe Festival was much more kind of focused and focused on the characters and just, in my opinion, just kind of overall much better. Um, so you know, I'm very happy I got a chance to do that again.

0:35:57 - Adele Scheiber

I think that's a really powerful message, because there is that glorification of, like the eccentric genius. Do you know what I'm saying? Um?

[Lydia – absolutely] one follow-up I have, which is, like, you know, the whole getting help thing. Um, I'm just going to share this, which is, you know, my mother was bipolar. I don't know if it was one or two, um, but uh, they, they wanted to test me because it's very, if it's, it runs in families, as it were. Right, I think, um, I'll find the statistics, but if your mother's bipolar, oh girl, you got a, you got a high chance right.

And I remember calling my dad and being like I don't know, they want to test me for this, what? And he was terrified, but not for the reasons that you might think he was like, um, well, that you can't ever get rid of that diagnosis and then you're going to get discriminated against and people aren't going to want to hire you and it's going to follow you around for
the rest of your life and like, uh - fans, it turns out they did test me. I'm not bipolar, just severely depressed. But, um, you know, I totally feel that, like I, I empathize with his fear and I kind of had that. So can you speak maybe a little bit to that fear of like that people might be feeling, of being discriminated against or like, not necessarily the fear of the white coats, but like the fear of like being that “crazy girl”

Do you have to tell your employer about your diagnosis? Is that something? Because that's the real fear I think that my dad was expressing.

0:38:40 - Lydia Nightingale

Oh, okay, no, you don't have to tell them

0:38:45 - Adele Scheiber

okay, because that's what his big fear was. Was that like it was going to follow you around and you had to disclose it? But this is one of those things that's protected by HIPAA right?

0:38:53 - Lydia Nightingale

Yes, I believe it's protected by HIPAA. It's kind of a you know PHI, you know health information kind of thing. I know that on a lot of job applications you have the kind of option to disclose it, but I honestly never do because the thing is I don't consider it a disability. You know what I mean. I don't consider it something that holds me back or that I need special accommodations for, like I can.

0:39:23 - Adele Scheiber

You know you have managed it to the point where it's not. It sounds like you know for you.

0:39:30 - Lydia Nightingale

Yeah, yeah, and I'm not saying that's for everybody.
If somebody wants to designate it as a disability. I totally get it, because everybody is at different stages with dealing with it. But for me I have, you know, sort of been working with it for about 14 years. I've been able to sort of see the warning signs if things are going wrong, and I've let people I love know that. You know, if you see these warning signs, do not hesitate to point them out to me, because I have developed enough self-awareness that I can kind of take a step back and say, whoa, I need to. Usually it's that I'm doing too much and I need to kind of take a step back and relax, and then the kind of hypomania sort of goes back down. So Great.

0:40:12 - Adele Scheiber

Thank you for answering that. Okay, the other question I have is what do you want to say to the people out there who may know or love someone with bipolar disorder, so the caregivers, the friends, the parents?

0:41:01 - Lydia Nightingale

Sure. So, I would say, kind of the three sort of big things is that you know, just be really patient with them, because they are in this other state of mind that is very, very hard for anyone else to sort of understand and honestly, it's hard for the person who's in it to understand because, they think that they're just being amazing and creative and wonderful and they're really sort of in trouble and just so being very patient with people and then just being very present with them.

You know, I've had people who have been struggling with not just bipolar but just sort of mental health in general, who, even if I just text them every once in a while and say, hey, how are you?

It gives them a bit of an outlet to sort of say what they're feeling and kind of run it by somebody else and maybe eventually - and I feel like if you're going into sort of a conversation and you're just noticing that something's going wrong, it's not always the best idea to immediately challenge them on it and be like, “hey, you're acting really manic, you should chill” out or whatever, or just kind of “you should get help.”
Sometimes I think it helps to sort of see where things are going, make sure that nothing really harmful is going to happen, but maybe eventually say, hey, you know, I've been noticing your mood is a little kind of you know, all over the place and stuff. You know you might want to think about looking into that and maybe getting help, even if they look at you at the time and go, yeah right, like that's not real. They probably will remember it later and that might help them - keep them from doing something that is that could be very harmful to themselves or others. So, you know, just being very patient, being present but not shoving the help in their face, I guess.

Adele Scheiber

Yeah, no, that's really helpful. It's almost like dealing with like a skittish, like like animal right, I don't - you know what I mean?

Like a horse I was gonna say horse I hope that's not offensive but like really, it's just kind of like approach on the right side, like be really gentle, right, and I think you know a lot of people do jump to “oh my God, you need help, are you okay,” you know? And so hearing that that soft touch is like okay and like maybe even better initially, I think it's going to help a lot of people out Lydia. This has been incredible. Is there anything else you want our listeners to know? And this is your chance to plug literally anything.

Lydia Nightingale

Yay, so I did write a book.

Adele Scheiber

Oh, my God, Really [Lydia - oh my God.] [laughter]

Lydia Nightingale

So I actually did write a book. It is, and I've been working on it since 2020. Actually, right in the beginning of the pandemic, I had been writing this thing for a while, but it really took the turn towards what it is now, in March of 2020, if you can believe it. But yeah, so it is a queer
romance adventure novel. It's titled Drawn and I will actually read you my little, my little log line.

0:43:47 - Adele Scheiber

Book jacket copy go for it.

0:43:49 - Lydia Nightingale

So, March 1955, Jack Lovett, a sketchbook artist and newly homeless teenager, is leaving his Long Island hometown for New York City with a dark plan. Before he can reach the train station, he's tripped up, literally, by Martin Swire, a dreamy James Dean type, who claims he's a soldier straight from a decade-old war. [Adele - I need to read this] After agreeing to join Martin's mission to find his war buddy Rob Watkins, Jack is swept up in a dangerous whirl of memories, nightmares, city streets and pencil strokes as past and present collide. [Adele - Oh, that's really good.]

0:44:24 - Adele Scheiber

So where do we buy this? Where do we go find it?

0:44:27 - Lydia Nightingale

So right now it actually is not published. I am optioning it right now to literary agents.

0:44:34 - Adele Scheiber

Oh, okay, this is that one. Gotcha yeah.

0:44:36 - Lydia Nightingale

So you know, if you know anyone or if you want to know more, I'm actually on Instagram at LJ Nightingale, which is spelled the name, is my last name. That is where all of my writing content is, so if you want to know more, you can check me out there.
Awesome. We will definitely link to your Instagram. Thank you so much for your time and the authenticity of your story today, Lydia.

You're welcome. Thank you for having me.