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**John Moe:** Ken Fredette is a member of our Preshies group on Facebook and a listener of our show and joins us now. Hi, Ken.

**Ken Fredette:** Hi, John. Nice to be here.

**John Moe:** Nice to have you. How are things in Windsor?

**Ken Fredette:** They're going pretty well. We've reached the fall at last.

**John Moe:** Thankfully. Thankfully. Now we can put the shorts away for a little while.

I reached out on Facebook and asked for suggestions of episodes that people might want to hear again. And you brought up the episode with Gregg Martin—the so-called, by his term, The Bipolar General. What was it about this episode that stuck with you so much?

**Ken Fredette:** There are just several instances throughout the episode that surprise me, and surprise me in a way that I wasn't expecting to be surprised. And as I listen through it—and I've listened through it a few times—I still will go back and say, “That's so interesting that that worked out that way. Or it's so interesting that events just transpired the way they did.”

**John Moe:** And may I ask if you deal with bipolar disorder yourself?

**Ken Fredette:** I don't deal with bipolar disorder myself. I have obsessive compulsive disorder, and the episode came on at a time in my life when I was very overwhelmed with stuff. And I was doing a lot of personal research on autistic burnout and pursued a diagnosis, or at least counseling around that, myself. And this episode just really resonated at that exact moment, that idea that somebody can be running on all cylinders on an outward-facing basis, but internally just be like (*chuckling*) gears coming off the wheels and everything. So, that's kind of where I was. It just hit me at that perfect time.

**John Moe:** Isn't that interesting? I find that sometimes I'll do an interview for the show with somebody who has a condition that I've never personally experienced, but I will find something really resonant about it, even though it's not an exact fit. I mean, I guess the lines between these diagnoses and these terms and these acronyms that we use for things get a little mushy sometimes.

**Ken Fredette:** Yes. I've noticed that myself, in my own journey.

**John Moe:** For people who haven't joined the Precious group or haven't checked out what's going on there, how would you describe that community?

**Ken Fredette:** Incredibly supportive. I joined also probably right after this episode debuted last February and just was in that state of like, “I don't know how to talk about the things that I think I'm feeling in my own brain, but here are the steps that I'm taking.” And just got so

much positive feedback and uplifting and supportive information from people who have like, “Oh, I walked a similar path. Here are the things that I did, or here's a book that really helped me.”

Those things were just of incredible use to me. It's an amazing community to be part of. And now, as other people have joined, I have tried to help them in the same way that I had been helped a year or so ago.

**John Moe:** Well, let's take a listen to this episode, titled “Adventures in the Army with the Bipolar General”. And Ken, do you want to do the tagline instead of me this time?

**Ken Fredette:** It's *Depresh Mode*. I'm Ken Fredette. I'm glad you're here.

**Transition:** Spirited acoustic guitar.

**\*The remainder of the transcript is pulled from the original airing of the episode and may differ slightly from the current audio.**

**John Moe:** *Bipolar General: My Forever War with Mental Illness* is a new memoir by Gregg Martin, or Major General Gregg F. Martin, USA, retired. Gregg was a two-star general, highly decorated, served in a variety of capacities in the military, including combat leadership positions in Iraq and as president of the National Defense University in Washington, DC. He had tremendous success in his career, even as an undiagnosed bipolar disorder increasingly took over his life.

**Transition:** Spirited acoustic guitar.

**John Moe:** Gregg Martin, welcome to *Depresh Mode*.

**Gregg Martin:** Oh, thank you, John. It's a pleasure to be with you.

**John Moe:** I enjoyed the book very much. It's *Bipolar General: My Forever War with Mental Illness* by Major General Gregg F. Martin, USA, retired. But as you said before we started, I'm just going to call you Gregg.

Earlier in your military career, you described yourself as having hyperthymia. And that's a term that I think a lot of people might not have heard, might not be familiar with.

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Can you tell us what that means and how it affected your life?

**Gregg Martin:** Yes, it is a term that is becoming more widely known as psychiatrists and scientists look at bipolar disorder as a spectrum. So, what hyperthymia is—it's a mood condition that produces a near-continuous case of mild mania, which means that the brain produces and distributes excessive amounts of dopamine, endorphins, and other critical chemicals that essentially fuel energy, drive, enthusiasm, problem solving skills, creativity.

And so I had it, you know, right from the time I was born. But it really became noticeable in high school, where I was sort of the standout student athlete leader. Then I went to West Point, you know. I was one of the standout student athlete leaders there, then Army Ranger School, and then off on a career in the Army that spanned, you know, a few decades.

And everything I did pretty much turned to gold. I was super successful. And the hallmark—if you could pick one word to describe Gregg Martin during all of that whole period, it would be high energy. And so, that's what it did to me. The hyperthymia gave me a natural, biological boost and enhancement of my natural talents.

**John Moe:** Okay, and so what's the difference between hyperthymia and just being an energetic person? I mean, was the hyperthymia—did you have a disorder the entire time?

**Gregg Martin:** Hyperthymia is not actually considered a mental illness. It's more of a mood type. Now, whether you have hyperthymia or you're just naturally enthusiastic, energetic, and that whole thing—very, very hard to distinguish. You really don't know until the life has kind of run its course. The thing about hyperthymia is it's a natural advantage, except it typically climbs higher and higher up the spectrum, the bipolar spectrum, and then oftentimes leads to an onset of actual bipolar disorder—as it did in my case. But you could have somebody who had similar traits, and that would just be—

It could be hyperthymia. It might not be. It might lead to bipolar disorder. It might not. It's—this whole field is very—it's sort of vague and unpredictable. There's a lot of unknowns in it.

**John Moe:** Would you say that this kind of low-level mania that you experienced so often helped you in your military career?

**Gregg Martin:** Hugely. It was an enormous advantage to me, because it took the talents that I already had and elevated and boosted them. And it made me a super soldier. I mean, what the military wants more than anything is people who—you know, with energy, drive, problem solving skills, creativity, you know, endless perseverance to get the job done. And so, my hyperthymia boosted me and gave me those characteristics to a tremendously high degree. And it helped me enormously to be successful as an army leader.

**John Moe:** Mm. And then what happened to transform hyperthymia and all this success you're having into what we know as bipolar disorder?

**Gregg Martin:** So, for that whole period of years and decades from high school into my 40s the hyperthymia was getting higher and higher. It was getting closer to real bipolar disorder. But what you have to have in order to have an onset of bipolar disorder is you have to have the genetic predisposition, you know, the genes for it. And then you need a triggering event.

And the triggering event is typically something extremely traumatic. Stressful. Pressure packed. And for me—and this was based on independent investigations by the Veterans Administration and the Department of the Army, who wanted to know, “How did General Martin come down with bipolar disorder in his 40s and 50s? How did this happen?”

And so, both of them independently came to the conclusion that my triggering event was in 2003, age 47. I was leading thousands of troops in the Iraq war, and the combination of the pressure, the stress, the thrill, the euphoria, all of that—that flipped the switch. And when we attacked from Kuwait into Iraq, I remember feeling like Superman.

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Like I mean, feeling like I could fly. You know, my brain was working in a level that it had never been close to, where I could anticipate and solve complex problems on the battlefield before anybody else knew there was even a problem. I felt bulletproof, fearless, was all over the battlefield, checking on the soldiers and the mission. And I was making, you know, life and death decisions, you know, routinely under fire in combat. And so, that combination essentially triggered my genetic predisposition and was my actual onset of bipolar disorder.

**John Moe:** Did it trigger a mania then? The manic side of bipolar?

**Gregg Martin:** Yes. Yes. So I went into mania. Which is good, because if you go into depression, you don't function very well at all. Because you have no energy, you're disinterested, you're confused, you're isolated. But mania elevates you like some kind of a Superman until it goes too high, and then it can bring you down and destroy you. But so for that year in Iraq, in combat, I was manic probably 98% of the time. So, I was really just kind of like a, you know, a phenomenal soldier and leader on the battlefield.

**John Moe:** Did anybody notice? And did anybody say, “Hey, you're flying a little bit too high here”?

**Gregg Martin:** Well, people in retrospect did—in fact, I was talking to my Sergeant Major the other day. And you know, he was with me continuously on the battlefield, and he said, yes. You know, he had read my book, he said, “I did notice things, but it was imperceptible because—” Remember I talked about climbing up the bipolar spectrum? So, I was already, before my onset of bipolar disorder—I was already very close to being manic. So, a little bit more is virtually imperceptible. And that was the same thing, you know, later with my wife, my kids. You know, people noticed, wow, he's really high. He's really up there. His energy levels are unbelievable. He doesn't need much sleep. Boy, he has big ideas all the time and so forth. But it wasn't like a night and day difference. It wasn't a dramatic difference. That dramatic difference didn't come until 12 years later when I went into full-blown mania.

**John Moe:** How long were you in Iraq?

**Gregg Martin:** A year.

**John Moe:** A year. Okay. So, what happened after these triggering events, this circumstance you were in was over? What happened to you?

**Gregg Martin:** Well, in Iraq, I basically—by all accounts—performed brilliantly. I mean, it led to me getting promoted from colonel to one star general. I did have little dips into depression, which were troubling. But they weren't very long, they weren't all that deep, and they pretty much came and went within hours, maybe a day. And during those periods I would feel, again, you know, sort of isolated, low energy, withdrawn, confused. But then it would go away, and I'd go back into mania.

But when we went home, back home to Germany—we redeployed after a year—I crashed into a terrible depression. First time, it lasted 10 months. I was in very bad shape. You know, all the classic signs of depression. And those depressions came every, I'd say, several months I'd fall into a depression that might last a couple days, a couple weeks, sometimes a couple months. And it was terrible. I went to the doctor three times during those depressed states and said, “Hey, doctor. There's something wrong with me. I don't know what it is, but I'm normally full of energy and drive and enthusiasm, and I have none of that. I feel terrible.”

And each time the doctors talked to me and gave me, you know, a psychiatric evaluation and said, “Oh, you're fine. There's nothing wrong with you.” And I mean, they were just flat wrong. There was something very wrong with me. I had bipolar disorder, but they—you know, they couldn't see it. Because all they saw when they examined me was here's a senior military officer, very successful, advanced degrees from different schools, combat success. And so, they couldn't see past the mask of success that I had a very sick brain.

**John Moe:** So, when you talk about something traumatic happening on a battlefield and then having a psychological response to that, I think of PTSD. Was there PTSD involved in this kicking into the bipolar gear?

**Gregg Martin:** Yes, I was—essentially, my diagnosis, which came in November of 2014.

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So, 11/12 years after the Iraq war, I was diagnosed with bipolar disorder type one. Which is the main illness that I had and still have. Number two is psychosis, which is a combination of hallucinations and delusions. Number three, PTSD, and number four, anxiety disorder. I don't really talk much about the PTSD, because it was really—it was only evaluated as at a modest level. So, it wasn't like super serious where like you read about people who can't really function because their PTSD is so serious. Mine, I had it. I've had many flashbacks to where I was back in battle. But you know, I haven't had very many nightmares. I haven't had much of the hypervigilance. And so, I came out pretty—I escaped the PTSD demon in pretty good shape.

**John Moe:** So, then what was it that happened in Iraq that triggered it, if not PTSD? Was it just straight up trauma?

**Gregg Martin:** The combination of trauma, pressure, stress, euphoria, thrill. I was the happiest I had ever been in my life. I never felt so good, so high. So, I mean, I literally felt like I was on cloud nine. And my psychiatrist has said that the manic high I experienced in Iraq and then, you know, in subsequent years is much higher than the high that you would get from cocaine or ecstasy.

So, you know, all of those rolled together triggered my bipolar genes; it activated them to go into, you know, full-blown—or not full-blown but full-fledged bipolar disorder. As opposed to the predecessor of that, when I was on the bipolar spectrum, moving my way up.

**John Moe:** When you met with that doctor and talked about your depressive periods and they said, “No, you're actually fine,” did you believe that?

**Gregg Martin:** Well, you know, when you have a doctor who examines you and asks you all kinds of questions—yeah, I guess I did believe him on three different occasions. And you know, I just thought, okay, I need to work harder to get my mood back to where it normally is.

So, I had my own form of self-medication. I would listen—I would try to go to do really intense physical training. You know, running, wind sprints, push-ups, all that, which was very difficult when I was depressed though. It's really hard to do. Two, I would listen to really intense motivational music. I would recite really intense power verses from the Bible. And when that didn't work, at night I would drink heavily, and I would drink more and more. And of course, the drinking makes you more depressed, not less.

So, yeah, I believed the doctor that it was just me. It was my own mind, that I wasn't doing what I needed to do to be me up. And you know, he did explain, you know, that with the thrill and the ecstasy of combat and the adrenaline that when you come home from that and all those drugs are no longer being created in your brain, that it's natural to sink down. And so, yeah, I believed him. And the same thing happened later—you know, a decade or so later, where—and we'll get to this, but I was ordered to go get a psychiatric evaluation. I was fired, forced to retire, and ordered to get a psych eval. And three times, I was in a state of full-blown mania, and the doctors said, “You're fine. You're fit for duty. There's nothing wrong with you.”

And I believed them, because when you're manic, you don't think there's anything wrong with you. You think you're the smartest person in the world, that you have the answer to everything. But in a depressed state, you do realize something is wrong. And three times I went for help and three times got a misdiagnosis.

**Transition:** Spirited acoustic guitar.

**John Moe:** More with Gregg Martin after the break.

**Transition:** Thoughtful acoustic guitar.

**John Moe:** Back with retired Major General Gregg Martin, author of the book *Bipolar General*. Gregg knows a lot about mental health now, given the journey he's been on. But it wasn't exactly part of basic training when he was starting out.

**Gregg Martin:** I would say that the military back then did not do much training or education or awareness on mental health, virtually at all.

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But in the last 20 years, because of the 20 years of war, they're doing much more education, training, awareness, talking to people. There's a lot more mental health resources in terms of therapists and psychiatrists and so forth. So, I think they're doing a lot better. But no, I didn't have any awareness at all that I had bipolar disorder. I did have awareness that I thought something was wrong when I was depressed, but after each depression—I'd be depressed for a while, and then I'd bounce out of it right back into a state of mania. And then I felt fantastic, and I was on top of the world, performing at a, you know, extremely high level. So, no. I didn't have any awareness or thought that, hey, I might have a mental illness or bipolar disorder.

My only awareness of it was I had two sons who, as teenagers, were diagnosed with bipolar disorder. And so, I understood what bipolar disorder was because of my two sons, but I never connected it to me.

**John Moe:** So, you were seeing behaviors in your sons, but you weren't connecting it to your own behaviors. It didn't echo at all?

**Gregg Martin:** No, not at all. They had bipolar type two, which is much more depression and no real mania—just a little bit of what they call hypomania, which is a low level of mania, not to be confused with hyperthymia. So, no. I knew they were diagnosed. I knew that they were struggling with this, you know, really brutal disease. But I didn't see the connection with me. And this was at a time before there was such a strong understanding of the genetic characteristic of bipolar disorder.

**John Moe:** So, between—and I want to get to your time at the National Defense University, but what happens to your career, and what happens to this disorder that you have as you navigate a military career? Did it continue to fly below the radar? People thought that's just how Gregg is?

**Gregg Martin:** Yes. In fact, not only was it “that's just how Gregg is”; Gregg did better. Gregg kept improving. Gregg reached higher levels of performance and success. And so, it wasn't until much later in the game, really, I started—my manias started getting a little bit crazier and a little bit more out there.

But it was not dramatic swings from what I had been—the level I had been at previously, until spring/summer 2014 at National Defense University, where I went into full-blown mania. Which is a state of madness or insanity. And then people saw there's something wrong

with General Martin, because it was unmistakable to anybody that there was something really wrong and that I had some kind of mental disorder.

**John Moe:** And what was your role at the National Defense University?

**Gregg Martin:** So, I was the president of the university. The university is the biggest, highest-level school in the Department of Defense. It's made up of five colleges. You know, libraries, a big research center. So, it's a pretty big, prestigious operation. I reported to the chairman of the Joint Chiefs of Staff, who is the top military officer in the country. So, my job was to lead transformation. General Dempsey, who was the chairman, he thought that the school had sort of stagnated, that it hadn't caught up to the current world geopolitical and world security situation. That it was still kind of stuck in kind of a Cold War mentality, if you will.

And so, he picked me for the job to bring me in, to transform, to rejuvenate, to overhaul the curriculum, the way we did business, to find efficiencies, to shed some of the workforce, and those sorts of things. So, that's pretty much what I did. And I had overall supervision for probably I think four or five general officers, probably six or eight ambassadors, a couple of dozen civilian equivalents of generals. You know, there were a few thousand people in the organization. And we not only did academics and education, we did research for the Department of Defense, the intelligence agencies. We did international cooperation and exchanges with war colleges and defense universities around the globe. So, it was really quite busy.

**John Moe:** And you had periods of mania during this time. Did you have periods of depression too?

**Gregg Martin:** Yes.

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They were relatively short compared to the mania. I had a long depression at the Army War College, which was before NDU. I had a period of a couple months depression at the War College. But at NDU, I was typically very high with mania. You know, extreme grandiosity, religiosity. I became more and more reckless, started talking longer and longer, meetings ran over. I started forgetting things, stopped doing paperwork, went three months with no sleep at all. And so, you know, the combination of all those things really, really set me over the edge.

But I would dip into depressions. Oftentimes it would be—I might be depressed for a day, or a couple days, maybe up to a week. And again, I would go out of my normal pattern of behavior to where I had low energy instead of high energy. Instead of being an extrovert, I was an introvert. Instead of getting out and moving around and seeing all the people, I would sort of withdraw into my office. I would be confused. I'd be indecisive. I couldn't make my mind up. And that's what the depressions would be like.

**John Moe:** And with the mania, what was a typical behavior that that you had reached by this point with the mania?



**Gregg Martin:** So, by the time I was in full-blown mania—spring/summer 2014—I was in constantly in motion. I couldn't sit down for a minute. I was moving around the campus constantly talking to people, talking about this grandiose idea I had for world peace called the Global Security University, which I can explain. But I talked about it constantly. I was recruiting people for it constantly, for the faculty, the staff, to be students, to be workers. So, I talked endlessly. I would go into lecture halls and classrooms, and I would just go in unannounced and take over and start preaching or lecturing about my ideas for world peace. I talked often about religion, that I was appointed by God as an apostle to transform NDU and the Department of Defense. And I would, you know, really in an inappropriate way, bring religion into the discussion.

Which is really forbidden in a federal government environment and scenario. I mean, you can have whatever religious beliefs you want, but you have to keep them to yourself. And I was, you know, speaking openly about my religious beliefs. Meetings would go way over an hour, sometimes two hours, until people started leaving. I would talk and converse sometimes for hours. Apparently one time I had an interview for a gentleman to be the dean, and I talked for four hours straight, without stopping. And it was just mass confusion. I started doing more and more religious events. I was doing upwards of 30 significant events per week across four different churches. You know, religious events.

I would go out at night when my wife and son were asleep. I couldn't sleep, because I was so manic. I just couldn't fall asleep. I would go out and power walk around the campus and around Washington, DC. And then I would sometimes get on my bicycle, and I would ride as fast as I could at late at night through the streets of DC. And I hallucinated, which I didn't tell people about. But I had this experience of hallucinating that I lifted up on my bike and was flying around the monuments and over the city, which is a pretty serious hallucination.

I started having flashbacks to Iraq, where I would suddenly—vroom—back in battle, getting attacked, artillery going off, dead bodies, explosions, smoke, gunfire. I would have hallucinations that the people who were resisting the transformation of the university, that their faces would morph into snakes or rats. And you know, pretty creepy stuff. And I was really lucky that I didn't do anything, you know, dangerous or harmful. Like, I could have attacked them and thrown them out the window or, you know, smashed them with a chair. Which people in mania frequently do with these hallucinations, which are real to them. They're not something that they're just imagining. They believe it's real. Because in their own brain, it actually is real inside the brain.

I had a couple times where I almost had encounters with the police. You know, came close to getting arrested for, you know, sort of bizarre, belligerent behavior.

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So, I mean, those are just a few examples. I could go on, but it was pretty much out there. Forgetting things, forgetting events, forgetting meetings. We had a family trip to North Carolina, and I showed up to start the trip seven hours late, because I had been going around campus lecturing and speaking to people—completely spaced out the fact that I had this event to do with the family. But lots and lots of stuff.

**John Moe:** So, do you think if you weren't in the position you were—if you were a lower-level person at that university, that it would have been flagged a lot sooner? Were you protected by your high position?

**Gregg Martin:** I think, yeah, probably yes. I think that the reason nobody detected anything until the very end was that, number one, they weren't trained. So, people didn't know what they were seeing. So, they may say, “Oh, wow. He has so much energy. Oh, he talks a lot. Oh, look at how—you know, how he's always on the go.” But they weren't trained to equate that to the symptoms of bipolar disorder or a mental illness. So, the level of training and education was, you know, about zero for the most part—unless someone was a doctor or a chaplain. Number two, the fact that I was a high-ranking person. They gave me the benefit of the doubt, because they said, “Hey, you know, he's always been like this. He's successful. He's achieving big things. He keeps getting promoted. He keeps getting one prestigious job after another. So, he must be doing something right. You know, who am I to say that there's something wrong with this guy?”

The third thing is a lot of people really liked me. They enjoyed being around me. I was fun to work with. I was exciting. We did big things. It was—you know, we were achieving a lot. And so, people would rather have, you know, Mad Martin than some new guy that they didn't know who might be boring and, you know, not fun, not interesting, not exciting. And so, I think all of those were factors. But I would say, you know, to your specific question—I would say that yes, being high ranking and successful protected me from people seeing something wrong.

**Transition:** Spirited acoustic guitar.

**John Moe:** Just ahead, Gregg stops getting away with this manic behavior and gets some help.

**Transition:** Thoughtful acoustic guitar.

**John Moe:** Back with retired Major General Gregg Martin. When last we left him, he was president of the National Defense University, and his undiagnosed bipolar disorder had him in an out-of-control manic state.

And then what happened to lead to the point where you were finally—I guess caught is the word that comes to mind. Or when you finally took it so far that your rank no longer protected you?

**Gregg Martin:** So, essentially, I was in a state of madness. I was insane. I had gone completely crazy. And my behaviors reflected that. I mean, I was totally over the top. And I explained some of the behaviors a few minutes ago. Over the top, off the rails, out of control. I was like a rocket ship that had shot off into space. And then, you know, the guidance system fell apart, blew up, and then the rocket blew up, and then ultimately crashed into hundreds of pieces.

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But people, they started writing anonymous letters to my boss, who was the chairman, saying, “Hey, we don't know what's wrong with General Martin, but something is definitely wrong. Here are the behaviors we're observing.”

And so, General Dempsey got, you know, dozens of these letters from people at the university. And so, he did an assessment and an investigation. He was very even handed and treated me extremely fairly. And he came to the conclusion that there was something really wrong with me. He didn't know what it was, but that I no longer could continue to serve. Because I was, you know, really disruptive to the university. And it was no longer the right fit between me and the university. So, on a Friday afternoon in July 2014, I got a call. “Report to the chairman Monday morning at ten.” And I thought I was going to get promoted. That, you know—I mean, I was so manic and so up that I said, oh, he's going to promote me. And I had a great relationship with the chairman. I'd worked for him four different times. He had hired me for the job.

And so, I went in. And the minute I went in his office, the first person I saw was the lawyer. I said, okay, no promotion today. (*Chuckling.*) Because, you know, the only reason the lawyer's there is if it's something bad. And so, General Dempsey said, “Gregg.” He came across the office. He gave me a big hug. He said, “Gregg, I love you like a brother. You have done an unbelievable job at NDU. I give you a grade of A+. Nobody could have done what you did in terms of the transformation. But. Your time at NDU is over. You have until 5PM today to resign, or I will fire you. And I'm ordering you to get a psychiatric evaluation this week at Walter Reed. What are your questions?”

I said, “Hey, sir, no questions. Thank you. This is great news. God put me here to do big important things. Now he's going to send me somewhere else to do even more important things.” Paradoxically, you know, ten years later—‘cause it was a decade ago—I am actually doing the most important work of my life with this bipolar mission that I have now. So, that was it. So, I essentially was moved back from the joint staff to the army and was given a—you know, they moved my retirement date up. And then I spiraled over the next couple of months into terrible depression with psychosis. And then I was in the worst shape of my life. And in November, I clawed my way back into the same doctors who, in July, had three times evaluated me and said, “You're fit for duty. There's nothing wrong with you.”

And by the way, one of the big reasons the doctors were wrong, you know, a decade earlier with my depression, and then they were wrong three times with mania in 2014 was because they didn't do a good job of collecting what they call collateral information. Which means getting information from your wife, your family, your friends, your work colleagues, your neighbors. Because if they had, they could have pieced this thing together and identified bipolar disorder. But the doctors, I mean, they didn't do a good job. But when I went back in November and said, “I am really sick. I am so depressed. I can barely function as a human being. I have frightening, terrifying psychosis, no energy at all.” Et cetera. That time, they did get one piece of collateral information from my wife who said she thought I had been manic. And then the light bulb went off in the doctors.

They said, “Oh, you're depressed now. Oh, your wife thinks you were manic. Hm. That sounds like bipolar disorder.”

And they were able to put it together through the interview process and their evaluation and make their diagnosis, which has proven to be the correct diagnosis, you know, ten years later. I've had—half a dozen different doctors have all come independently to the conclusion that my diagnosis is bipolar disorder type one, plus psychosis, plus modest PTSD, plus the anxiety disorder. But the only one I really talk about is bipolar disorder, because that's the 500-pound gorilla.

**John Moe:** How did you take that news when you were given that diagnosis?

**Gregg Martin:** I gave the doctor a big hug. And I said, “Thank you. You have just done me such a huge favor. Now I know what's wrong with me. I didn't know—I knew there was something wrong, but I didn't know what it was. You've now put a label on it. You put a face on this disease, this brain disease that I have.” And so, now I can study it. I can learn about it. I can begin to take, you know, countermeasures and begin to fight back. And right there in the doctor's office, I said—

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“I am going to own this. I'm going to own it. It's my disease. I'm not going to succumb to this fear-based, ignorant stigma that poisons society and causes people not to get help.”

I mean, the stigma is so—it's such a pernicious, horrible thing that keeps people from getting help. I said, “I am not going to be subject to that at all.” I felt no embarrassment, no shame. My mission was to try to get better. And that was it. And that's what I've been doing for ten years.

**John Moe:** So, what did you do at that point to try to get better?

**Gregg Martin:** I listened to the doctor, and I followed his instructions. He gave me multiple different kinds of medication, none of which did anything. He really was treating me more for psychosis than he was for bipolar disorder in retrospect. So, he probably tried eight or ten different medications, none of which had any effect on helping to fix my brain problems, but all of which made me sleepy and tired and groggy. The other thing is we had a lot of conversations about the condition, what it meant, what my future life would be like, what it would take to pull out of it—to begin a journey of recovery. He gave me information to read and to study to get smart about the condition. And then I also would go online. I mean, there's tons of really good information written by doctors and scientists that you can go online and read and get expert information. So, those are the things that I began to do, you know, right away.

The problem, though, was my bipolar disorder and psychosis was extremely severe, extremely acute. And so, I actually went from bad to worse. And so, over the next two years, I went downhill at a rapid pace and got worse and worse and worse to where I was—all I wanted to do was to die. I didn't want to live. I had passive suicidal ideations. I was finally hospitalized in a VA hospital, which was a really good thing. It helped me in that it sort of arrested the decline. It sort of—I stopped going down. But it wasn't until, through the VA, I got the right medications that I started to begin my journey of recovery. And that was about August/September of 2016. And once I started taking lithium, which is a natural element

harvested out of the earth, and a couple other medications, literally my symptoms just vanished. They went away within days. And I began this, you know, steady climb out of the pit of bipolar hell, you know, back into a relatively happy, healthy, purposeful life.

**John Moe:** So, was that—how did you come upon the lithium? Were they just trying different things until something worked?

**Gregg Martin:** That's pretty much how it works with psychiatry and with, you know, mental illness and bipolar disorder. You try different things until you find something or a combination. It's usually a combination of things that work. And then they also—you have mixed into that is therapy, you know, all different kinds of therapy. So, with me, the first doctor gave me a bunch of medications. I tried them; they didn't work. And then I retired from the army and ended up in New Hampshire where we owned a house, went to a civilian doctor. He tried some other medications that were more focused on bipolar disorder than on psychosis.

And they had very little effect on me either. I mean, it was a good guess on his part, but it didn't have the intended effect on me. Then I went to the VA, and the VA continued those same medications until my wife called my doctor and said, "You've got to try something stronger and better, because he's not progressing. He's not getting better."

And so, then the doctor had a talk with me. He said, "Okay, we can try lithium. Lithium is successful in about a third of people with bipolar disorder type one." Which is what I have. And it can work very, very well, or it might not work at all. But it also has side effects. It can, over time, damage your kidneys and your liver. It can—it typically gives you tremors in your hands and your upper extremities. And it can cause a loss of balance and coordination. And so, we talked all about that. But at that point, I mean, I was two years in bipolar hell, two years since I had been diagnosed. And I said let's give it a try.

[00:45:00]

And within days, my symptoms went away, and I felt my—I went from depression back into my hyperthymic state from decades before, where I had lots of energy, enthusiasm, drive, interest, et cetera. So, it was really kind of a miracle drug for me.

**John Moe:** How do you manage things today in terms of being on the lookout for those manic phases? Like, do you worry if you get excited, you know, watching a ball game or something that it's going to—that you're going to get stuck in that high gear again?

**Gregg Martin:** (*Chuckles.*) That's a great question. You need a lot of self-awareness of yourself, your own brain, your own moods, and the fluctuations in order to prevent yourself from going back into mania or from falling into depression. With me, because of the type of bipolar disorder I have and, you know, my brain composition, the bigger danger is that I go back into mania. And I'm back into this hyperthymic personality, which again puts me fairly close to the threshold of going back into mania. So, I know what it feels like. I mean, I know myself well enough now, so unlike in the earlier years where I had no idea there was anything wrong with me or there was something to be aware of, now I know when I feel myself climbing upwards or blipping upwards or falling into a state of agitation—because low levels

of mania can either result in, you know, all these positive effects and happiness and enthusiasm or you can become agitated, angry, full of rage.

And so, I can feel that I know what they are, and I've done an extensive kind of—to use a military term—intelligence preparation of the battlefield, where I've gone through and said, “What are my triggers? What are the things that are going to cause me to get agitated, angry, go too high, go into mania?” And I identify what they are. I've talked to my wife about them. I've talked to my—you know, my best, closest friends about them and have said, “Hey, if you see or detect any of these signs, talk to me, talk to my wife, Maggie. Because I could be heading into a bad—into a dangerous place.” And so, what I have to do is identify what those triggers are, and then—like you would do on a battlefield, like if you know where the minefield is, you put a fence around it so that you and your troops don't go into the minefield. You seal it off.

And so, there's certain triggers that I have, certain subjects, certain people, certain activities that I can be pretty sure they're going to be triggers for me. And so, I avoid them and stay away from them and fence them off. So, that's a big thing. The other things are I have to take my medication religiously every day. I have to talk to a therapist religiously at least once a month is what I'm doing now. Live a healthy life, plenty of sleep. Sleep is super important. Healthy diet, plenty of exercise. You know, don't get too stressed out. And then there's a whole network of things that I do that are—first off, I developed a really strong purpose. My purpose is sharing my bipolar story to help stop the stigma, promote recovery, and save lives. So, having that purpose really protects and insulates me from these bad outcomes. The second thing is being around people—a network of happy, energetic, fun people that lift my spirits up. But you don't want to get lifted too high, because that could put me back into mania.

And then the third thing is living in a place that is conducive to one's health. And so, for me, Maggie and I picked Florida for the brightness, the warmth, the sunshine. And it has really helped us. And then fourth is you have to be mentally tough and have perseverance. Because there are going to be setbacks. There might be relapses, and you have to be able to persevere and fight through things. And then the final of these five P's is presence. And presence is the ability to get outside of your own mind and think objectively about your own thinking. Because a lot of times the things—and that's called metacognition. A lot of times the things we think in our own mind are incorrect, and they take us down the wrong path. And so, that's kind of—those are all the things that I do to keep myself on a strong, steady path of recovery.

**John Moe:** You mentioned the military culture changing in regard to mental illness. And you mentioned there's more resources, more awareness. Are people taking advantage of that? Like, is the culture changing, or is it just stuff that's available that might not be being taken advantage of?

**Gregg Martin:** It's kind of a mixed bag.

[00:50:00]

I would say that, programmatically, resource-wise official training and education and all that, it's gotten—there's been big improvements in the military. However, the culture is lagging.

So, the troops still don't really believe it. They think, “Oh, if I come forward with a mental health problem or a mental health issue, that's going to be the end of my career. I'm not going to get promoted. I'm going to be shunned. I'm going to be stigmatized. I won't get, you know—my life in the military is going to be over.” Even though that's not true anymore. They think it's true, because you've got this lagging culture that's going to take time to correct itself. But it's interesting. The military, if someone has a mental health problem, they really bend over backwards to work with them, to accommodate them, and to keep them in service. Because they've invested so much money and resources in them, they don't want to lose them.

So, it's too bad that—you know, that the people still don't believe how much has really changed for the better.

**John Moe:** Right, right. well, it's been an amazing career, an amazing life that you talked about. And I want to thank you for spreading the word and spreading awareness about mental health in general. It's very valuable. *The book is Bipolar General: My Forever War with Mental Illness.* We've been speaking with Gregg Martin. Gregg, thanks.

**Gregg Martin:** You're welcome. Thank you very much, John. It's really a pleasure to be on with you.

**Music:** “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

**John Moe:** Our show exists because of donations from our listeners, people supporting what we do, people supporting the show. If you have already donated to the show, thank you. You are making this possible. It would be impossible without you. If you haven't yet donated, it's easy to do. Just go to [MaximumFun.org/join](https://MaximumFun.org/join), find a level that works for you, and select *Depresh Mode* from the list of shows. And I thank you for doing that. Be sure to hit subscribe, give us 5 stars, write rave reviews. All of that helps get the show out into the world where it can help more people.

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Hi, credits listeners. I'm going to repeat that electric mail address, [DepreshMode@MaximumFun.org](mailto:DepreshMode@MaximumFun.org). We would love to know who you would like to hear on the show, what guests you would like us to try to get, what stories you want to hear us tell. We'd love to hear from you. [DepreshMode@MaximumFun.org](mailto:DepreshMode@MaximumFun.org). *Depresh Mode* is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”.

*Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

**Music:** “Building Wings” by Rhett Miller.

*I'm always falling off of cliffs, now*

*Building wings on the way down*

*I am figuring things out*

*Building wings, building wings, building wings*

*No one knows the reason*

*Maybe there's no reason*

*I just keep believing*

*No one knows the answer*

*Maybe there's no answer*

*I just keep on dancing*

**Radha:** Hi, I'm Radha. You're doing a good job, and we're gonna be okay.

*(Music fades out.)*

**Transition:** Cheerful ukulele chord.

**Speaker 1:** Maximum Fun.

**Speaker 2:** A worker-owned network.

**Speaker 3:** Of artist owned shows.

**Speaker 4:** Supported—

**Speaker 5:** —directly—

**Speaker 6:** —by you!