



# What Success Looks Like

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Here's a question I've been sitting with: what does success look like when you live with [Bipolar I and Schizoaffective Disorder](#)?

For most of my adult life, the answer was simple. Success meant knowing when to go to the hospital. That's not nothing. It took years to develop that skill — the ability to recognize, or more often to accept when [Sarah recognized](#), that the system was failing and I needed a higher level of intervention. Checking yourself into a psych ward is an act of self-preservation that looks, from the outside, like crisis. From the inside, it's the opposite. It's the moment you stop fighting the data and accept what the monitoring system has been telling you.

But I need to be honest about what "knowing when to go" actually looks like in practice. Sarah wants me to tell the full story here:

When Kenneth becomes manic to an extent that is not manageable for either him or me, it is extremely hard to get him to the hospital. He doesn't like going there. They take away his vape and all of the fun things he has here at home, so it's understandable why he wouldn't want to go in that state. Everything is generally extremely fun and exciting for him when he's like that.

Since he won't go of his own volition, usually, I have to wait for an event where he becomes a harm to himself or others. That involves going to the Magistrate and petitioning the court to admit him involuntarily. I have to write out a statement of the events and how he's a harm to himself or others at the local jail, and I have to swear an oath that it's true. At that point, the magistrate can deem it acceptable or non-acceptable, and I've had both happen to us. If they do accept it, the police arrive and escort him to the hospital, in handcuffs. He's never violent nor resistive — but it's still a harrowing event, nonetheless. So yeah, that's hard and it sucks.

— Sarah

She's right. The narrative I just told you — "accepting what the monitoring system has been telling you" — is the cleaned-up version. The real version is that when I'm manic, I don't want to go. Everything feels incredible. The world is vivid and fast and full of possibility, and someone is telling me I need to leave all of that behind for a locked ward with no vape and fluorescent lighting. The rational part of me that would agree with Sarah isn't driving anymore. So "knowing when to go" often means Sarah knowing, and me eventually — sometimes after hours of resistance — trusting her judgment over my own broken instrument.

I've been hospitalized more times than I'd like to count. I've written about this openly because silence around serious mental illness costs lives. But I want to talk about something different today. Not the hospitalizations. The one that didn't happen.

# The Winter That Wasn't

Every winter, like clockwork, something shifts. The days get shorter, the cycling accelerates, and somewhere between November and February, I end up in a hospital. Sometimes twice. It's been this way for years — a pattern so reliable you could almost set a calendar by it. Seasonal rhythms layered on top of bipolar cycling, compounding each other in ways that make winter my most dangerous time.

This winter, I didn't go.

I want to let that sentence sit for a moment, because if you don't live with a cyclical psychiatric condition, it might not land with the weight it deserves. Breaking a pattern that has repeated for years, a pattern your own neurology seems to demand, is not a small thing. It's not a matter of willpower or positive thinking. It's the result of finding the right combination of medication, support, self-awareness, and — honestly — luck. Because the brain is a complex system, and complex systems don't always respond to interventions the way you expect.

But this winter, the intervention worked. The cycle broke. And I'm still here, at home, writing this in April, which is something I couldn't say last year or the year before.

That is what success looks like.

# The New Stack

Let me talk about the medication, because I think specificity matters when you're writing about mental health. Vague gestures toward "finding the right treatment" don't help anyone who's in the middle of their own search.

I share medication details not as medical advice — everyone's neurochemistry is different — but because when I was struggling, reading someone else's specific experience helped me have better conversations with my own psychiatrist. Data points, not prescriptions.

My current regimen: Abilify, Lithium, Haldol, and Gabapentin. If you've been following my [mental health writing](#), you'll know Abilify has been my anchor for a while. Haldol is there for extra support when things get loud. Gabapentin helps with creative work and calm — it smooths the edges without dulling them.

The new ingredient is lithium. And here's where the story gets interesting.

I tried lithium about ten years ago. The side effects were brutal. I won't go into all of them, but it was bad enough that I stopped taking it and filed it away in the mental category of "things that don't work for me." Case closed. Move on. Try something else.

For a decade, that was the end of the lithium story.

But bodies change. Neurochemistry changes. The person I was at twenty-five is not the person I am now, not just psychologically but physiologically. The receptor landscape shifts. Tolerances evolve. What was intolerable at one point in your life might be perfectly manageable at another.

My psychiatrist suggested trying lithium again. I'll be honest — my first reaction was resistance. I had a strong, experience-based reason to say no. The side effects had been real and awful. Why would I voluntarily walk back into that?

But I've learned something over the past decade about the difference between a closed mind and a protective one. A protective mind says "that hurt before, be careful." A closed mind says "that hurt before, never again." The first leaves room for new data. The second doesn't.

I tried it again. The side effects that had been unbearable ten years ago? Mostly absent. My body handles it differently now. And the combination of lithium and Abilify together has been — I don't want to oversell this — genuinely stabilizing in a way I haven't felt before. They seem to complement each other, covering gaps that either one alone leaves open.

It's like finding that two libraries you'd been using separately actually have an integration layer you didn't know about. Each one was useful on its own. Together, they handle edge cases neither could address independently.

## Redefining the Metric

Here's the thing about living with a serious mental illness: the definition of success keeps shifting, and it should.

Early on, success was just surviving an episode. Then it was recognizing an episode was happening. Then it was catching the [prodromal signs](#) early enough to intervene. Then it was reducing the severity when episodes did come. Each stage was real progress, even though none of them looked like what the outside world calls "wellness."

Now, for the first time, success means something I didn't think was available to me: not having the episode at all. Not white-knuckling through winter hoping to avoid hospitalization. Actually having the neurochemistry held steady enough that the seasonal pattern didn't trigger its usual cascade.

I want to be careful here. I'm not declaring victory. One good winter doesn't mean the problem is solved. Bipolar disorder doesn't work that way — it's a lifelong condition that requires lifelong management. The cycle could return next year. The medication could stop working. My body could change again in ways that make this combination less effective.

There's a specific kind of optimism that serious mental illness teaches you: hope that holds space for relapse. Not pessimism. Preparedness. You celebrate the good stretch while keeping the emergency plan updated.

But right now, in this moment, I'm documenting something real: a pattern broke. A cycle that had been running for years did not execute this season. And the primary variable that changed was the medication stack.

## Open Minds and Changing Bodies

If I could go back and tell my younger self one thing about managing this condition, it might be this: stay open to revisiting what didn't work.

Our bodies are not static systems. They're processes. The version of you that couldn't tolerate a medication five years ago might handle it fine today. The therapy modality that felt useless in your twenties might click in your thirties. The coping strategy that seemed ridiculous when you were in crisis might become essential during maintenance.

This isn't about toxic positivity or "just keep trying." It's about recognizing that you're a moving target, and so is the condition. The interaction between your neurology and any given treatment is not a fixed property — it's a dynamic relationship that changes as both sides evolve.

I closed the door on lithium for a decade. I was protecting myself based on real experience. But the protection hardened into assumption, and the assumption almost cost me access to the thing that's made this winter livable.

## Hope, Specifically

I want to end with something I don't always feel confident enough to say: hope is on the horizon.

Not the abstract, motivational-poster kind of hope. The specific, evidence-based kind. The kind that comes from watching a data point change. I have years of data showing winter hospitalizations. Now I have one winter without. That's not a trend yet, but it's a signal. And signals matter.

If you're living with Bipolar I, Schizoaffective Disorder, or any condition that cycles — I want you to know that the combination you haven't found yet might still be out there. The medication you tried years ago and abandoned might deserve another conversation with your doctor. Your body at forty is not your body at thirty. Your neurochemistry is not a fixed target.

And success doesn't have to mean "cured." It doesn't have to mean "stable all the time." It can mean: this winter, I didn't go to the hospital. This season, the cycle didn't complete. This time, the pattern broke.

That's enough. That's more than enough. That's everything.