

“Bipolar General: My Forever War with Mental Illness”

Transcript: U.S. Army Directorate of Prevention, Resilience and Readiness Outreach Webinar

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Presenter:

Major General Retired Gregg Martin, United States Army

Lytaria Walker: [00:04](#) Welcome to the Directorate of Prevention, Resilience and Readiness Outreach webinar for September. At this time, all participants are in listen-only mode. However, you may ask questions at any time by placing them in the Q&A box. There will be several opportunities for questions throughout the webinar, and we should have some time at the very end as well. Today's webinar has been approved for one hour of live continuing education units. Participants must obtain CEU certification through their local commanders by downloading the webinar presentation slides as attendance verification. The slides will be posted in the chat box at the end of the webinar and emailed to registered participants as well. Please note that the views of DPRR Outreach Webinar presenters are their very own and are not endorsed by the Department of the Army or the Department of Defense.

Lytaria Walker: [00:59](#) This month, our guest is Major General Retired Gregg Martin, United States Army. He is a 36-year combat veteran who is a bipolar survivor, thriver and warrior. An airborne ranger and engineer-qualified soldier and strategist, he commanded a combat engineer company, battalion, and brigade, and was commanding general of Fort Leonard Wood, commanded at the Army War College, and was President of the National Defense University. A West Point graduate, he holds a PhD and two master's degrees from MIT as well as master's degrees from both the Army and Naval War Colleges. He has lived on the bipolar spectrum his entire life, which mostly helped him until he experienced a manic episode that nearly destroyed him. His life's mission is sharing his bipolar story to help stop stigma, promote recovery, and save lives. His wife, Maggie, is an Army brat, Army wife, an Army mom to three sons: two Army special forces veterans and one an artist. Martin is the author of *The Bipolar General, My Forever War With Mental Illness*. Major General (Retired Martin, sir, thank you so much for joining us this afternoon. Please take it away.

Major General R...:	02:27	Thank you. It's my pleasure. And hello to everybody in the audience. Let me give you some thoughts right up front. You are not alone. If either you or a family member or a friend or a work colleague are dealing with some kind of mental health condition. You're not alone. It either afflicts or affects everybody. The key, though, is to not deny it or shrink away from it, but to own it and go get help. Go see a medical professional or encourage your friend, colleague, or family member to see a medical professional. And then finally, we all have a role in helping to stop stigma that surrounds mental health. And I'm going to talk about how we can do that. Stopping stigma together is a key message and key action that we as leaders can take.
Major General R...:	03:48	So now I'm going to tell you my story, my lived experience with severe mental illness, which took the form of bipolar disorder. "Wacko, dangerous, scary, psycho." In the midst of severe bipolar disorder, people close to me called me crazy and exhorted me to just be positive and grateful for all your blessings and your depression will go away. "Snap out of it. You have so much to be thankful for." My wonderful mother was of the Depression and World War II generation that simply didn't believe in mental illness and thought it reflected weakness and a lack of willpower. "Just suck it up and pull yourself up by your bootstraps and out of the depression, you don't have anything to be depressed about." I had my first diagnosis of mental illness when I was 58 years old, when I was a general officer in the most powerful Army in the world.
Major General R...:	04:47	I knew my brain was sick, and with the diagnosis, I had a target with a face on it that I could do battle with. I hugged and thanked my doctor and decided right then and there that I would own my diagnosis of bipolar disorder and not succumb to stigma, embarrassment, or shame. I reasoned that if I didn't own it, then it would own me. I'm still battling my bipolar disorder every day. I'm in a forever war. And my oath as an American soldier has strengthened and guided me. I will always place the mission first. I will never accept defeat. I will never quit. To give you perspective and understanding of where I'm coming from with regard to stigma in the illness, I'll provide a short synopsis of my bipolar journey and lived experience. I'm going to start with the storm. I received a call on a Friday afternoon in July of 2014.
Major General R...:	05:48	I was a Two-Star General with 35 years of service and the president of National Defense University in Washington, DC, which is the nation's most prestigious military school. I was told to report to my boss, General Martin Dempsey, who was the

Chairman of the Joint Chiefs of Staff, the nation's highest ranking military officer. I was to report on Monday morning at 10:00 AM in the Pentagon. In my sick brain, I wondered, "Will this be a promotion and an extension in command, or will I be fired?" I had worked for General Dempsey four times before. He was a mentor and we had a great relationship. I reported to him that day and saluted, he strode across his office and gave me a warm hug. "Gregg, I love you like a brother. You've done an amazing job. A grade of A-plus. No one could have achieved what you've done in transforming the university and in just two years, but your time at NDU is over."

Major General R...: [06:48](#)

"You have until 5:00 PM today to resign or you're fired. And I'm ordering you to get a psychiatric evaluation this week at Walter Reed. What are your questions?" "No questions, sir. Thank you," I declared, hugging him. God put me in this job. He removed me and now he's got bigger things for me to do. Ironically, I was right as my work as a mental health advocate and bipolar warrior. Those past years had been the most important work I've ever done. And General Dempsey agreed. So because of my mania, I was not disappointed or phased at all when I got fired. That same month, I underwent three psychiatric evaluations each while in a state of full-blown mania. And three times I was misdiagnosed as fit for duty, meaning in perfect health. As brutally decisive as my boss's act might seem, I believe it was necessary and the right thing to do.

Major General R...: [07:56](#)

He may well have saved my life. I don't believe he was influenced by stigma. He was focused on taking care of me, a soldier he cared about and his university. Leading up to his decision, he had received dozens of anonymous reports from my faculty, administration, and students that detailed my bizarre behavior, which then led him to conduct a comprehensive assessment and investigation. I believe my boss's analysis and decision were thorough, wise, and fair. I needed medical help and I couldn't get well if I stayed on as university president. I now know that growing up I had a hyperthymic personality. I was in a near constant state of mild mania. Unknowingly, I lived on the bipolar spectrum, which helped me for years with extra energy, drive, enthusiasm, creativity, and problem-solving skills. I excelled at nearly everything I did from high school through Senior Army Officer as a student athlete and leader in key commands in military schools from West Point and Ranger School to the Army War College, from Company Commander to Brigade Commander in combat, the Commander of Fort Leonard Wood, and in civilian graduate school at MIT, where my mission from the Army was to obtain one master's degree in engineering.

Major General R...: [09:25](#)

And I came out with two master's degrees and a PhD. That was unknowingly, but clearly in retrospect, my bipolar brain at work boosting and elevating my natural talents. That chart starts on the left when I was a teenager and goes all the way across to the present day. But you can see over time the gradual increase in the up levels of my mania and the down levels of my depressions until I went completely into full-blown mania in the upper right and then went into bipolar hell or crippling depression on the lower right. And then once I got on the right medications, I started my recovery journey, which you can see on the far right where things even out. But the hyperthymia enhanced my talents. But I was slowly, year by year, into my forties, inching my way up the bipolar spectrum toward actual diagnosable bipolar disorder. Throughout my career, as I was being promoted from second Lieutenant on up to two-star General, with evermore important and prestigious assignments, my bipolar was flying under the radar unknown, unrecognized and undiagnosed to me and everyone around me.

Major General R...: [11:07](#)

Eventually, I cycled into higher highs and lower lows with psychosis. My success masked my bipolar disorder. And by the way, psychosis is defined as having hallucinations and delusions. At age 47, in 2003 in the Iraq war, I was a key battlefield commander in charge of 10,000 plus soldiers in fierce combat, rapidly anticipating and creating solutions to complex, unexpected problems while under fire, often making near-simultaneous life and death decisions. This experience altered the wiring and chemistry of my brain. In 2003, I shot into my first real diagnosable mania when we attacked from Kuwait into Iraq. I felt like Superman, bulletproof, and performed brilliantly by all accounts. I was happy, euphoric, and joyful. But upon redeployment to Germany, the thrill of combat behind me, I fell into a 10-month long depression. That was my first full up/down bipolar cycle. Bipolar mostly helped me until it didn't.

Major General R...: [12:24](#)

By spring and summer of 2014, I had skyrocketed into full-blown mania, madness, and insanity. Look to the upper right part of the chart: that's where I was in full-blown mania. I was disruptive, bizarre, over-the-top, frightening out of control. I swung from euphoria and extreme enthusiasm to agitation, anger, and rage infused with delusions, hallucinations, and extreme paranoia. I barely slept for about three months. My speech became more rapid and pressured. New ideas flowed continuously. My grandiosity and religiosity soared. I talked nearly nonstop. I stopped doing paperwork. My meetings ran over, and I constantly interrupted conversations. I was repeatedly late, often out of uniform, and my risk taking and lack of self-control were severe. I believed I could fly, that I was

the smartest person on earth, that my enemies were spying on me in a plot to get me fired, convicted of crimes against the government, jailed, and murdered.

Major General R...: [13:32](#)

I believed I held the key to world peace and was God's apostle on a mission to transform NDU and the Department of Defense. Like the Apostle Paul. I believed I had become all things to all people. I saw the Holy Spirit descend and watched as demons attacked our house. I repelled them with Bibles, crosses, holy water, and much more. I rocketed to the apex of bipolar mania, a blissful heaven of psychotic delusion. And now people noticed and began sending dozens of anonymous reports to my boss, leading to my removal from command. I didn't feel it yet, but in truth, I was the burning shell of the person I had been just months before. My soul had been stripped out by an invisible disease. I still bear the scars. What goes up must come down. After I was fired, there was a brief period of serene weightlessness.

Major General R...: [14:30](#)

But in a matter of weeks, I entered free fall. I had begun my descent into bipolar hell, a world of hopeless crippling depression and terrifying psychosis. In the months after stepping down as president of NDU, my psychotic brain absolutely convinced me that disgruntled employees had set me up for the fall and orchestrated my firing, and the three fit-for-duty psychiatric exams were proof of my fitness. I hadn't lost my mind; my people had turned against me. My euphoric mania transformed into intense bitterness, anger, and rage. I felt betrayed by my people in the military I had served for 35 years, even though I later realized General Dempsey had done me a big favor that day by removing me from an intensely hostile high-pressure, no-win situation at NDU and saving me from a possible stroke, heart attack, and/or the worst possible outcomes of my acute mania, such as loss of marriage, retirement benefits, finances, even as far as incarceration, violent encounters, and death.

Major General R...: [15:41](#)

Over the next four months, I spiraled and crashed into a complete breakdown mind, body, and spirit. I went from euphoric mania to despair, malignant depression, and harrowing psychosis. I had never felt so weak, crippled, and helpless. As my sick brain caused me to descend into bipolar hell. Things went from bad to worse over the next two years. And you can see that on the far right down to the bottom of the chart. You can see that deep dive into bipolar hell that lasted for two years with crippling depression and psychosis. It was indescribably awful. I had no hope. I believed that I would never recover. All I wanted to do was to die. In fact, every night when I

went to bed, I would pray that I wouldn't wake up. In November of 2014, I forced myself to go back into Walter Reed, deeply depressed and saw the same doctors who had previously misdiagnosed me as being fit for duty.

Major General R...: [16:47](#)

Based on key collateral information from my wife, Maggie, I was finally diagnosed properly with bipolar type 1 and psychosis. That diagnosis was 12 years after the onset in Iraq. Both the VA and the Army Medical Department asked the question, how did this 58-year-old, two-star general get diagnosed with bipolar disorder? What happened and how is it that it was unknown for 12 years? They both determined independently that my bipolar onset was in 2003, at age 47 during the Iraq War and that my genetic pre-disposition for bipolar was triggered by the intense stress, thrill, pressure, and euphoria of leading thousands of soldiers in combat. The key thing that my wife did was come to this appointment, and she interjected. The doctor said, "Well, I can see that Gregg is depressed."

Major General R...: [17:49](#)

And then Maggie said, "Yeah, but a couple months ago he was in mania. I mean, he was bouncing off the roof. He had so much energy," and then the lights went on for the doctor. He said, "Okay, mania, depression, that's manic depression, that's bipolar disorder." And he correctly diagnosed me. I don't know if that ever would've happened if Maggie hadn't gone to that meeting. So the teaching point is to bring other people to your appointments if it's regarding mental health, whether it's a spouse, a family member, a friend, a work colleague, a battle buddy, whoever. Bring somebody else who can give the doctor extra information. But I decided right then and there in the doctor's office that I would own the diagnosis and that I would not be stigmatized, ashamed, or embarrassed. Those feelings are all based on fear and ignorance. I knew bipolar is physiologically real like diabetes, cancer, and heart disease.

Major General R...: [18:53](#)

So I was not about to allow anyone to stigmatize me for my brain disease, and I haven't. I hugged and thanked my doctor, telling him that I finally had a target with a face on it that I could do battle with. Parenthetically, I also had the lived experience of two of my sons with bipolar, which to me was clearly a physical malady of their brains. Their onset was before mine as teenagers. And I helped both of them fight stigma. Today we share a strong and helpful bipolar bond. We're actually our own bipolar support system. For those two years, from 2014 to 2016, I lived in bipolar hell. I was sunk into hopeless depression, barely functioning, and I kept getting worse. I had terrifying psychosis, delusions of being spied on, arrested, beaten,

stabbed, murdered in prison, face down gurgling in a pool of my own blood.

Major General R...: [19:54](#)

I had continuous ideations of my own death. I wanted to die. I could feel a powerful invisible force throwing me under a speeding 18-wheeler or steering me into oncoming trucks. Every morning, a giant boa constrictor slithered out of the woods, eyes blazing, tongue flickering, and crushed the life out of me. These morbid thoughts of death and dying are called passive suicidal ideations, which I had never heard of before. But in my mind and spirit, they were anything but passive. They were real. I could feel and smell my own death. So this idea of passive suicidal ideations is critical. And it came to my life. When I finally checked myself into a VA hospital in 2016, the doctor asked the normal questions, "Are you suicidal?" And I said, "No." "Do you want to hurt yourself?" I said, "No." "Do you want to hurt others?" "No." And then he asked a question that nobody ever asks.

Major General R...: [21:01](#)

He said, "Do you have morbid thoughts of death or dying?" And I said, "Yes all the time, continuously." And he said, "Okay, describe them." And I shared what I just told you. And the doctor grew very concerned. And he said, "Okay, this is really serious. These are passive suicidal ideations, which means you want to die, but you're not at the point yet where you want to kill yourself." He told me that the danger with these passive ideations is they can instantly morph into active ideations where you do want to kill yourself, you develop a plan, and you take your own life. He said, "I am recommending that you check yourself in and stay with us in our psychiatric ward for a while as we zero in on your mental health conditions." And I said, doctor, "That sounds great. I need all the help I can get, and I think this will help me get on the road to recovery."

Major General R...: [22:07](#)

So anyway, that was the start of my inpatient experience. But during this period of bipolar hell, when I wasn't staring off into space and ruminating about every mistake I had made in my life, I threw myself onto the hardwood floors, yelling, banging my head, and punching myself in the face and head, angry at God. Thankfully, my wonderful wife, Maggie, and my devoted friend and battle buddy got me into a great VA hospital in White River Junction, Vermont for excellent inpatient care. A multidisciplinary team of medical professionals treated me, lifting my spirits and stabilizing my brain. I spent two weeks in the locked psychiatric ward, then four more weeks living in the hospital dorm while I underwent more intensive treatment, including 14 rounds of electroconvulsive therapy, or ECT, also known as shock therapy. Following my six weeks of living in the

hospital, I went back two days a week for six more months until we moved to Florida.

Major General R...: [23:12](#)

In addition to focused psychiatric sessions, my wife and I did marriage counseling, which determined that the key to our marriage difficulties was me getting my bipolar disorder under control. I went to every relevant program I could find, including Alcoholics Anonymous, which was eye-opening and inspirational even though I was not an alcoholic. I was eagerly willing to try anything that might help me break my depression and improve. The amazing VA chaplain helped me through with her compassionate spiritual care. All this treatment stabilized me and kept me from getting worse. But it was still six more months of bipolar hell until lithium, a natural salt harvested from the earth saved me. In August of 2016, I was prescribed lithium and thus began my journey of recovery. I call it a journey because I'm in a forever war. There's no cure and no end to my condition. I must own and manage my bipolar every day for life.

Major General R...: [24:17](#)

I started lithium in August, 2016, and within days my depressive symptoms vanished. I felt good and happy. For the first time in years, my energy interests and outgoing personality returned. I could start rebuilding my shattered life. This is proof that medications are critical. My wife and I moved to Florida for the sunshine and warmth, and I began feeling like my old pre-bipolar self. Place matters. It took a team to lift me up, including my wife, family, friends, medical professionals, religious leaders, and grace from God. They gave me the hope and knowledge that I could and would recover. People and hope are key. Bipolar and any other mental condition can strike anyone. You, me, family members, battle buddies, anybody young and old, rich and poor, educated and illiterate, privates and generals, male and female, CEOs and janitors, doctors and scientists, entrepreneurs and actors, all races. If left untreated, bipolar and other mental illness often ruins marriages, families, careers, finances, and frequently leads to homelessness, addiction, prison, violence, and suicide.

Major General R...: [25:48](#)

But here's the good news. With treatment, anybody can go on and live a happy, healthy, purposeful life. Today my life is happy, healthy and meaningful. I'm thriving. My hyperthermic personality is back though less intense. And my bottom line is that there is hope for everyone. Recovery is possible. I am living proof. But it's key that the afflicted person decide to own their condition, to embrace it and manage it and not deny or hide from it. If we don't, then it will own us. My life's mission today is to share my bipolar story, to help stop stigma, promote recovery, and save lives. It's a cause bigger than myself and it

serves others. I love it. It's the most important work I've done, done. My strategy for recovery is multidimensional first. Medications are necessary for balancing my brain chemistry. I will and must take them every day for life.

Major General R...: [26:58](#)

These pills are my friends, I need them. Second, therapy with a trained psychotherapist is very important. Plus keeping my wife Maggie, close, wired in, and engaged as a battle buddy or peer support specialist. Third, I must maintain healthy living a healthy diet. Eight hours of sleep every night, plenty of exercise, lots of water, low stress, et cetera. These first three elements: medication, therapy, and healthy living are key elements of my strategy. They're necessary, but they're not sufficient for a recovery that's built to last. They must be anchored into the five Ps. The first P is Purpose. Each of us have to find or create a life's mission that drives us forward. And only we, you and me, can do this for ourselves.

Lytaria Walker: [28:02](#)

The second P is People. Surrounding ourselves with happy, fun, energetic people who lift us up. I didn't know anybody when I moved to Cocoa Beach, Florida, from New Hampshire after I retired. But I've got a circle of friends now, and I have told every single one that I live with bipolar disorder. And here are the symptoms of bipolar. And if you see me demonstrating any of these, talk to me, talk to my wife Maggie, so we can nip it in the bud. And I think people like and respect me more because I own my condition and am open about it.

Lytaria Walker: [28:43](#)

The third P is Place. Live where you want and where you can pursue your dreams. I was fortunate that I was in a position where I could move to Florida. And the sunshine and the warmth and the brightness have helped me quite a bit.

Lytaria Walker: [28:57](#)

The fourth P is Perseverance. Cultivating the will to win and to never give up in what is a very tough battle with a mental health condition, maintaining the fighting spirit, never quitting.

Major General R...: [29:12](#)

Finally, the fifth P is Perspective, developing the ability to get outside of your own head and think objectively about your own thoughts. This is called metacognition. Let me give you an example. When I was going through severe bipolar with psychosis, I had extreme paranoia where I thought people were out to get me, put me in jail, and have me killed. Well, even today, I will occasionally, once in a while, have a little seedling of paranoia that so and so is thinking bad about me and wants to do me harm. But now through this perspective, I can get outside of my own unhelpful thinking and say, "Gregg, stop. So and so is not thinking badly about you. They are not even

thinking about you at all. They're thinking about themselves, their family, their job, their own life. So get over it, move forward and don't have these destructive thoughts."

Major General R...: [30:19](#)

So that's just a little simple example of how they help. So the bottom line of my bipolar journey is it helped me all the way up until I was a two-star general, and it went too high, blew into full-blown mania, and I got fired, was forced to retire, ordered to get a mental health exam, then crashed into terrible depression. And it all nearly destroyed me and everything I valued. I absolutely had to get a proper diagnosis, which I finally did. That was step one of my journey of recovery. And at that point, I had to decide that I would own my condition.

Major General R...: [31:05](#)

So that's my story. And I want to move on and talk about stigma, which is such a crippling aspect of mental health. I've got a whole second talk focused on stigma, and I've got a paper on my website, but I don't have time to deliver it right now. So I'm going to give you a micro version. You can go to my website, bipolargeneral.com for the full talk. But I'm issuing a call to action to everybody who's listening. Let's stop stigma together. People are depending on us. We must lead this social movement. Bipolar and mental illness is physiologically real like diabetes, cancer, and heart disease. But it's in the brain, so you can't see it. And it's not the afflicted person's fault. Stigma is a cruel mark. It's a form of prejudice, bigotry, and discrimination that's based on fear and ignorance. That creates a two-front war for the afflicted person.

Major General R...: [32:11](#)

The disease itself and the stigma. A good model to understand and overcome the stigma of mental illness is breast cancer. If you go back 50 years ago to the 1970s, breast cancer was considered shameful and embarrassing. Nobody talked about it. They kept it in the closet until First Lady Betty Ford came along. She came down with breast cancer and said, "I am going to tell the world." She started doing interviews on TV and radio. She wrote articles and so forth, and she got her story out into the open. Well, she started a social movement that now 50 years later, look where we are. Women battling breast cancer are seen not as shameful, but as heroic warriors battling a deadly illness. Everybody celebrates. These women look at the NFL are these big tough football players, wear pink shoes, pink socks, pink ribbons. We have breast cancer awareness month, et cetera. We need a similar social movement for mental illness. We need to normalize the conversation that it's okay to not be okay.

Major General R...:	33:39	Mental illness, including bipolar, touches everyone. 20% of the population in the world are afflicted and suffering from mental illness. The other 80% are affected as family members, friends and work colleagues. No one is immune. And I would argue that the percentages are probably considerably higher in the military for a variety of reasons. First, the type of people that we attract are probably more prone to mental health conditions such as bipolar in particular. In addition, the stress, the pressure, and all that goes with serving in the military is more likely to trigger mental health conditions. So, it's probably quite a bit higher than 20% in the military. But we need leaders like each of us, you and me, to stop stigma together. And that's why I've made this my life's purpose, sharing my bipolar story to stop stigma, promote recovery, and save lives. Will you join me in a much wider cause with this momentous social movement to stop stigma together? We need you, each of you to own your condition to help stop stigma and save lives. Thank you. And I look forward to your questions and comments.
Lyteria Walker:	35:17	Sir, thank you for sharing your very transparent and candid story with us this afternoon. We will now take a few questions from the audience. Our first question from an anonymous attendee: "Were you on any kind of medication for depression before you were officially diagnosed with bipolar?"
Major General R...:	36:41	No, I was not. And it's very, very interesting. When you have bipolar disorder, when you're on the manic side of things, you don't think anything's wrong. You think you're superman, you're super smart, everything's great. When you go into depression, that's when I started realizing along my bipolar journey that something was not quite right. When I would go from super high level of energy and being an extrovert and super decisive and happy and enthusiastic, when suddenly I would dip into no energy and being withdrawn, secluded, indecisive, introverted, I started to realize there was something wrong. And I actually went to the doctor on three occasions during depression and said, "Hey, there's something wrong," and each time, the doctor said, "No, there's nothing wrong with you." They were blinded by my success being successful leader, having advanced degrees, having success in combat, et cetera.
Major General R...:	37:47	And so I was never diagnosed, never given any kind of medication at all, but I did self-medicate with alcohol. So when I was in those periods of depression, and you can see from the chart that along my journey over a period of years, I started going into deeper dips into depression. I started drinking alcohol. The way I tried to get myself out of depression was number one, I would try to go out and exercise intensely, which

is hard to do when you're depressed because you don't have much energy. But I'd try to exercise and pull myself out of it. And then I would recite key Bible power verses and pray that God would lift me out of the depression and get me back to normal. And then third, I would listen to inspirational music that would lift my spirits.

Major General R...: [38:46](#)

And sometimes those things worked, and they pulled me up out of depression. In other words, they medicated me and lifted my spirits. They got the chemicals, the right dopamine and endorphins flowing. And I was able to move up out of the depression through that form of pretty healthy self-medication. But often because depression is physiological, it's the chemistry in your brain with endorphins and dopamine and serotonin and all those complicated things going on with the synapses in the brain. Just being motivated and positive and exercising a lot of times is not enough. Then I would turn to alcohol, which is very, very destructive. I only drank off duty in the evenings.

Major General R...: [39:45](#)

But the thing about alcohol is it might make you feel good for a little while. It might raise your spirits a little bit, but alcohol is physiologically a depressant. So it might give you a little blip of better feeling, and then it pushes your mood down, and your depression becomes worse. So drinking alcohol is a self-defeating strategy. So those were the things I did for my depression. And then once I finally got on the right medication in 2016, lithium, it was a magnificent medication that changed the course of my bipolar illness. It goes well beyond just affecting symptoms. It actually gets into the brain and it counteracts the surges towards mania or the dives into depression. And so, the lithium treated my depression, pulled me out of the depression back to a fairly steady state and has kept me pretty well in balance for the last 10 years.

Lyteria Walker: [40:59](#)

Thank you for that answer, sir. Since we're talking about lithium, participant Paula Wyatt is asking a question. She says, "What are the side effects of lithium?"

Major General R...: [41:11](#)

That's a great question. Every medication, every drug that's out there has negative side effects. Some people can take lithium and they have zero side effects. For me, the side effects were I put on like 5 to 10 pounds. My balance suffered. So when I started riding a bike again, I would lose my balance and fall. I developed tremors in my hands, which I still have. There is a medication that you can take that alleviates tremors. But when I try to write, my writing is kind of sketchy, and if I'm trying to eat with a fork or drink a cup of coffee, my hands shakes. So those

are some of the side effects that I have experienced. One of my sons developed hair loss, which really bothered him.

Major General R...: [42:10](#)

Another one of my other people that I know develop abdominal problems where they have intestinal digestive problems. Probably the most significant problems with lithium are that less than 5% of the people who take lithium for more than 20 years develop kidney problems. That could in some small numbers of people lead to chronic kidney failure. But also, it can also hurt your thyroid organ. And so the way that the medical profession keeps track of this is every quarter you take a blood test, which I'm going to do tomorrow, as a matter of fact, I'm going to go to the VA, do a blood test, and they can evaluate through the blood test the health of your kidneys and your thyroid and tell if you are in the safe zone or, or if you're getting into a little bit of a danger zone.

Major General R...: [43:20](#)

Interestingly enough, about six or eight months ago I started showing a downward trend in my kidney function. And so the doctor picked it up through the blood test and said, "Hey, your kidney function is starting to trend the wrong way. You're not in trouble now or yet, but we're showing a negative trend that we need to pay attention to." And so what we ended up doing was we adjusted the level of lithium. So, I went from the amount I was taking, and we essentially cut it in about half. So I'm now taking what they call a low dose of lithium, which still has tremendously positive effects. So what's happened is I'm on a lower dose of lithium, which still controls my mania and my depression. So the bipolar disorder is under control because of the lithium, and the kidneys are stabilized and have started moving back in the right direction.

Major General R...: [44:38](#)

And as soon as I get this blood test done tomorrow, I'm expecting my kidneys will continue to get better. But again, people over blow. If you happen to be one of the very small percent of people who takes lithium for a long time and you develop chronic kidney failure, that is a terrible, tragic thing. And it does happen to very small numbers of people, but for most people it's monitored and they don't have a problem with their kidneys. The other thing about lithium that's very, very interesting is that it is the only medication that has been certified by the FDA to preventing suicide. Very interesting: prevent suicide. It also is strongly shown to prevent cognitive decline which is a pretty big deal. In fact, in Nature Magazine back in August, there was a groundbreaking study that just came out where they found mice who didn't have enough lithium were much more prone to developing Alzheimer's disease or dementia. And the mice that were medicated with

lithium had a decreased probability of getting Alzheimer's disease or dementia. So lithium has this powerful effect on the brain that goes beyond controlling depression and the mania of bipolar.

Lytaria Walker: [46:24](#)

Thank you for that answer, sir. Participant Cheryl says: "Thanks so much for sharing. My son was recently diagnosed with bipolar manic depression after he got out of service. As his mom, this was a very scary time for me as I didn't understand what was going on. I feared for my life at times. Did your family fear you while you were going through it? And if so, how did they manage it?"

Major General R...: [46:57](#)

First, I'm really sorry to hear your son's condition and the experience that you're going through. I would say that when I went into that state of full-blown mania and insanity, it frightened people. I mean, I was off the rails and, in many ways, out of control. I never got violent, which was really fortunate. But my state of mind, my behaviors, the way I acted, the strange things that I said, my extreme religiosity and grandiosity and impulsiveness and just unbounded energy. I was going out late at night riding my bike and everything. It frightened people who worked with me, people who were around me, my family, my wife. So yes, I think there was an aspect of fear when I was in full-blown mania.

Major General R...: [48:17](#)

When I spiraled and then crashed into depression, the fear changed. I think it was a fear that I was losing my life, that I was just expending and dying a slow death right in front of them through this crippling, intense depression combined with this frightening, fear-inducing, terrifying psychosis that I had, that people were out to murder me. So, I think those emotions of fear are probably common when you're talking about a person with serious intense bipolar disorder. I was very fortunate that my wife stuck by me when I went into the full-blown mania. It lasted several months. I got fired from my job; I was forced to retire. I was ordered to go to a psychiatric evaluation. I had many close calls with other severe aspects of mania, but nothing that got me arrested or put in jail or beaten up or in a terrible car crash or arrested or shot by the police. So, I was very fortunate. And my wife was able to kind of weather the storm and then actually support me.

Lytaria Walker: [50:05](#)

Thank you for that answer, sir. Participant Rob Franangelo says: "What daily routines have you developed to monitor and check yourself?"

- Major General R...: [50:17](#) That is a fantastic question. This idea of a routine, a structured life is critical, not just for somebody dealing with a mental illness or a mental health condition, but just for any human being who's alive. One of the things that I think really helped keep my bipolar disorder within the white lines while I was in the Army all those years was the structured routine orderly, daily, weekly, monthly existence. It was get up early, go to PT, go to the motor pool, have your meetings, have the meals, have a recall formation, go home and keep in a structured routine. I think that probably really protects a lot of military people from flaring off into pretty significant mental illness. So for me, what do I do today? There's a whole theory called social rhythm therapy developed by psychiatrists and social workers that basically says, develop a structured lifestyle.
- Major General R...: [51:35](#) So for me, here's what it is. I go to bed at 10:00 PM I have a little ritual to get ready for sleep. I get ready for bed lights out at 10. I wake up and I have an eye mask and earplugs, and the room is blackened. I wake up at 6:00 AM. I get eight hours of sleep when the alarm goes off, if I don't wake up naturally. I get up, get out of bed, get up, start moving. The first thing I do is thank God that I had a good night's sleep and that I'm awake, that I have my life, give thanks for my wife and family. I have this whole prayer and system of gratitude and nourishing this attitude of gratitude. Then I hit the coffee button. I drink coffee. I do daily devotionals in prayers and Bible reading, and I spend some time with that.
- Major General R...: [52:33](#) If the sun's coming up, I watch the sun come up, then I go eat breakfast. I eat a light, very healthy, very low calorie, nutritious breakfast. Then boom, I'm off to the gym. I've got a whole series of workout stuff. I do fitness classes, yoga, dancing classes, weight training, stretching. I do all that. And I've got a couple of different circles of social friends that I have at the gym. I've got my weightlifting friends, my fitness class friends, my dancing friends. Then I come home and eat lunch. I eat a really good, healthy, nutritious lunch. Oh, by the way, I'm drinking lots of water that whole time. I'm trying to stay positive. I've got a series of very constructive educational, uplifting podcasts, lectures, et cetera, so that if I'm on the elliptical machine, I can put on my headphones and listen to something that's going to elevate my game mentally and spiritually, et cetera.
- Major General R...: [53:49](#) After lunch, I jump into my bipolar work. I am on the phone talking to people. I'm doing podcasts, zooms, webinars, and meetings. I'm on the board of advisors for a handful of nonprofits that work on mental health. I help the CEOs of

nonprofits plan, strategize, organize, and move their organization and their mission board. So I do bipolar work like half the day. So that's like my job that I do. I've written over 25 articles. I've written dozens of blogs that have been published. I wrote a book. The book is just much more detail of my story than what I just was able to share with you. So, I write, I speak, and then I get lots and lots of emails and people want to talk to me.

Major General R...: [54:55](#)

I have to schedule things. I don't have a secretary or an administrative assistant, so I spend a lot of time going through all the requests for my time and then plotting out a calendar. I've got lots of stuff all the way out to a year from now to September of 2026. I've already got dozens and dozens of speaking engagements and so forth already on my calendar going out 12 months. I do try to take a 30-minute fitness nap in the afternoon. I go down, put on an eye mask, put in my earplugs, shut the door, I go down for 30 minutes, and I call it a fitness nap. And I get back up, get back into my work. Then I try to start winding down about five o'clock, start really spending more focused time with my wife and my son. We start getting ready for dinner and for that next phase.

Major General R...: [56:06](#)

Then we catch a little bit of news because today's news is all about antagonizing, angering people, and getting them emotionally revved up. That's what the news business and the media business does. They're experts at antagonizing and creating negative emotion in people. I only take in a little bit of news just so I know what's going on in the world. And then my wife and I try to do another little stretching routine, a little bit of light yoga, and then we will watch like a movie or a series or something like that. And then at nine o'clock, I start my bedtime wind down. I start getting ready for bed, get the coffee ready for the next day, make sure the kitchen's all clean, everything's put away, turn off the computer and the phone, get away from it. I read quietly, maybe look at a devotional, something uplifting, do personal hygiene. And then, I am now on track to be lights out at 10:00 PM and go to sleep and get up and do it all over again. So that's my structured routine.

Lyteria Walker: [57:29](#)

Wow, that's a good one. So unfortunately, it looks like we've run out of time for more questions and we'll need to conclude this afternoon's webinar. I do want to extend a very gracious thank you to Major General Retired Martin for taking the time today to provide this interesting and great presentation for us listeners. I do want to thank you as well for joining today's webinar. Once the webinar concludes, you will be prompted to complete a survey. We appreciate your feedback as this helps

us to improve upon future webinars. If you'd like to receive invitations for DPRR webinars and receive the latest news and information from the director of Prevention, Resilience, and Readiness, please go to DPRR's website at armyresilience.army.mil and sign up for notifications there. Again, thank you for joining us and have a wonderful rest of your day.

Major General R...: [58:28](#)

Hey, Lytaria, just for anybody in the audience, if you want to send me a message or get follow up on anything, if you go to my website, bipolargeneral.com, there's a link where you can send me an email direct from that site and then we can continue the conversation if you'd like.

Lytaria Walker: [58:46](#)

Absolutely. Thank you for that, sir.