

## THE WIND NEVER LIES

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When I was young I believed the world spoke to me. Lightning split across the sky to the pulse of my thoughts. Rings around the moon prophesized the apocalypse. My cat winked at me to let me know he *understood*. Clouds parted like curtains to welcome a shining God.

For most of my youth this deep connection to the Natural world mystified me, pulling me into forests and spinning my imagination wild. Then at age twenty-two I finally discovered its secret.

Earlier that year I had been diagnosed with major mental illness. Suddenly I had wondered—often painfully—how much of my past was led not by free will or cosmic connection, but by disease. As I searched for answers, I absorbed medical texts, self-help books, and bestselling memoirs. I grew increasingly vulnerable to biological explanations for my behavior—*Your brain is broken*—in part because these theories absolved me of guilt and responsibility for experiences that were shameful. For instance, I was relieved to learn that repeatedly tapping in patterns of three to save my grandmother's life was caused by an overheating of my caudate nucleus. And I felt less maniacal knowing that six months contemplating death every hour was caused by low serotonin.

Yet the flipside—the explosive creativity, moments of divine insight, periods of super-wit and magnetism, communication with Nature—was not so easily resigned to biological determinism. How was I to make sense of this paradox, that while some mood swings are grave and disabling, others are rich with meaning and evolvment?

According to the respected literature Bipolar Disorder is a disease of the brain. This means I would have to deny scientific reason to cherry-pick which extremities are diseasified and which are not based on their subjective worth.

At the time, I needed answers, not another harrowing epoch of existential angst, so I adopted a mental illness worldview and began to label almost everything that veered up or down in my experiences as caused by pathology in my head. In effect, I re-authored my life story, tossing fragments of my history into clinical categories of mania and depression.

One day I came across text that specifically labeled “believing the wind is communicating with you” as a symptom of Bipolar Disorder. I immediately thought about my friend. She had also felt a deep connection to the world, and she was also diagnosed with Bipolar Disorder. We had shared moments of profound synchronicity in which the wind had danced inside our unmedicated conversations at exactly the right moment, too right to have been a coincidence.

With my new perspective, there was only one explanation for this experience and others of a similar nature. They were simply neurochemical errors devoid of meaning.

From then on, the world still spoke to me, but I stopped listening. When the wind would swarm me at too perfect a moment to be coincidental, I would remind myself, “The wind isn’t speaking to you. You have a mental illness that makes you believe otherwise.” I began to lose trust in my intuition and the significance of my experiences, and the way I made meaning of the world suddenly became a suspect for deceit. Such is the effect of being diagnosed with an illness that presumes to know your mind better than you ever can. You resign your voice and become a doubter.

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My resignation to a forecast of disability was short-lived, however. I have always harbored a fierce independence that—whether consciously or unconsciously—puppeteers my actions, and eventually we sought to unweave mental illness. But first I had to make major life changes.

At the time I was fulfilling a typical Bipolar prognosis by living at my father’s house as an unemployed artist. My fresh diagnosis was an ace in the hole to excuse inaction, but I felt ashamed and irresponsible for not holding my weight as a man. In an effort to jumpstart my life, I dove into a respectable social program that trains and places promising college graduates as teachers in the poorest areas of the country.

Here was a chance to reclaim my dignity. Here was a challenge to prove I could be successful just like everyone else. Here was an opportunity to show my friends and family I was not a lost cause naïve to the real world and blanketed by idealism. I invested all my pride in the endeavor, throwing away my Bipolar label overnight and the sedating mood stabilizer that came with it.

My training consisted of grueling eighteen-hour work days for five weeks straight. At first I was vivacious, often praised by my colleagues for creativity and energy, but by the end I had completely burned out.

I headed to my assigned region of South Dakota with barely any life-force. In a lonely house along a dirt road, I was overwhelmed by sleeplessness, paranoia, disconnection, feelings of abandonment and utter exhaustion. Despite a desperate attempt to revive myself with exercise and meditation, I eventually fell apart and landed in a hospital.

Here is what I wrote several months after the experience:

When I walked into the hospital, slow as a ghost, my arms bloodied and face covered in agony, I noticed the hospital workers noticing me. It felt very intrusive, and I wore a scared, nervous face in front of their inquisitions, both verbal and silent.

“Sooooooooo, how long you been bipolar?” The doctor’s chirpy South Dakotan accent made the question all the more intolerable. I felt like her question was cruel, invasive, insensitive, ignorant, said with a doctor’s ease while I sat there in the gloom of my misery expected to answer in a coherent way.

“What kind of question is that?” I replied. I wasn’t confrontational. Indeed, I was scared because deep down, the question made me feel more insane than I had previously acknowledged.

Even now, I can feel the humiliation of awakening in that rocky bed: eyes weighted with tears, skin torn by teeth marks, throat lined with liquid charcoal, hand punctured by IV, thoughts clouded by haldol, heart stinging with guilt, mind terrified and confused. And I recall the doctor inches away from my face holding a pill between her thumb and index finger. “This will make you feel better,” she smirked with vague condescension, as if the boundless suffering before her was just another Bipolar gone off his meds...*shame on him*.

I cannot explain in words the trauma of those months. What I can tell you is that for years a mark had been appearing on the center of my chest that changed in color according to my moods. Though it had arrived in a shade of light brown, the year after South Dakota

it doubled in size—like a virus spreading—and deepened into a blood red. Every morning thereafter, I saw that mark in the mirror and it reminded me of my utter failure at life, as inescapable as my breath beneath it.

I wanted the rest of the world to see my pain too. One night, after drinking and ripping car keys across my forearm, I took a razor and shaved my head—a highly symbolic act since growing out my hair had led to my first girlfriends—then grabbed a knife and hacked away at my face, chest, and arms.

Alongside a second hospital stay, it was becoming too difficult to deny I had serious problems, and equally as alluring to again accept the bottomline that mental illness explained me. Tired and defeated, I stopped trying to connect the dots and came to see my breakdown in South Dakota as the result of quitting medications, getting manic, and crashing into depression. With that association in mind I became terrified of discontinuing medications ever again. And there were plenty of people to confirm the wisdom of my fear. In fact, I soon discovered that all Bipolar advice orbits around one unshakeable core: *Whatever you do, no matter how good or stable you feel, NEVER quit your meds, or else...*

This way of thinking is justified by the belief that Bipolar is an incurable chemical imbalance in the brain which medications help restore. Given the overwhelming presence of this theory in the media, medical texts, and amongst professionals and peers, I presumed it was backed by hard science and became invested in taking pills for the rest of my life.

I even began openly expressing to others that I was taking ‘my meds,’ as if the choice made me a ‘good patient’ worthy of inclusion and accolades. However, my emergence into a walking advertisement for the pharmaceutical companies came at the price of repressing internal conflicts. Indeed, no matter how much support and validation people offered, no matter how many times I reminded myself mine was a *medical* disease ‘like diabetes’ which required *medical* solutions, the pills never quit instilling within me their unlisted side effects of shame, unnaturalness, isolation, and dependency. It is simply impossible to forget you are crazy when you eat from five bottles of pills every day.

Still, I could not consider quitting medications because I could not think outside my experiences. To survive then, I lowered my expectations and silenced my shame.

And with that I swept away the shards of my identity, aimlessly crawling through a new world where the limit came before the sky, and I solemnly accepted that my mind would forever be prisoner to the punishment of my brain.

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After a brief relationship resurrected feelings of abandonment, the mark over my chest was aching and my soul was sinking. In response, I sought some project to once again restore my worth. Eventually my efforts transpired into creating a film about Bipolar Disorder. I sold many of my possessions to purchase film equipment, all the while rationalizing a need to push myself into highs and lows to make the movie more realistic.

After months of mad creativity, I recall an evening where I could not form sentences from beginning to end. A couple of days later I wrote a suicide note and tucked it into my mattress, then checked into a hospital.

My previous hospitalization had been relatively helpful, but this stay was pure damage. Having my shoelaces taken away now felt degrading, pointing to stick-figured faces—*Happy, Sad, Angry*—while setting a daily goal now felt infantilizing, smoking in a cage with other demoralized people now felt depressing, being locked indoors after voluntarily checking-in now felt infuriating, being told not to carry on conversations with the opposite sex now felt discriminating, and being observed every fifteen minutes during my sleepless evenings now felt invasive.

Yet my integrity was buried beneath a need to be liked, so I behaved as a good patient, never connecting my humiliation to external circumstances.

After a week I lied to the psychiatrist about my suicidal status, and upon release I made a vow: *I will never return to a psychiatric hospital, no matter what sacrifices are necessary to stay afloat.*

To pass each day I drank just enough beers to sedate my thoughts. To pass each night I popped sleeping pills at dusk. Though I remained desiccated by suicidal thoughts for months, I knew from experience that eventually the pain would dissolve.

There was also a reason to be hopeful. While researching the aforementioned film, I had met a woman who raised money for me to attend the state's Certified Peer Specialist Project, which trains people with psychiatric labels to work in the mental health system from

a peer perspective. Though I knew nothing about this line of work, I was encouraged by the prospect of employment.

At the two-week training, I kept my recent hospitalization a secret, and was skilled enough at hiding disillusionment to push through classes for the first week. Then, over the weekend break I hiked eleven miles to a desolate beach. As I stood in front of the ocean, I was starving to feel her presence but could not connect. Nature was severed from my nerves. An immense rage swept me and I screamed at the full capacity of my lungs, then flapped in the sand like a fish out of water, murmuring and drooling and gasping for life.

When I returned to the training I broke down sobbing to a peer. She listened to my confusion and loss, then revealed some of her own struggles, particularly as a writer. Referring to a creative project she was working on, she said, “If I don’t finish this, I will have failed at life.” At any other time, in any other context, her words would have slipped by, but instead they flipped a switch.

Suddenly I realized I too could fail at life, which meant I too could succeed, which meant that life was not just a careless unfolding but *purposeful*, and if she could emerge from immense struggles to inhabit meaning, perhaps I could too.

This brief sense of optimism carried me through the second week of training, and upon returning home I began the slow work of moving away from lost causes and toward some kind of intentional, integrated life.

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Jim was a 60-year old bear of a man, fluff but stern with eyes that frequently watered from inspiration. He sat on a meditation cushion on the floor to look upwards at me as a gesture of humility. There was a seriousness for truth in the air which I immensely valued. He never reduced any of my experiences to mental illness nor used any diagnostic vocabulary, but I still subscribed to those contexts for making meaning.

At our first therapy session, I poured out my Bipolar story while he listened patiently, still as a rock. In the final minutes he responded: “Now, I would like to tell you about myself.” Then he happened upon exactly the right words, in exactly the right no-bullshit tone, with exactly the right conviction: “Steven, I *too* am a wild man.” And he meant it.

From then on, I knew I would be leaving practicalities at the door. Our work was to map dense forests of archetypes, dreams, gods, love, manhood, and madness. He introduced me to the work of Carl Jung, whose concepts were a lantern in the darkest realms of psyche.

During our fourth meeting together, I haphazardly recalled a dream. I had always dreamed vividly, often shaken in the morning by their complexity of imagery and intensity of message. Though I had derived some truth from them in the past, I had never been able to decode their ultimate function.

The dream I spoke of contained a buffalo, who appeared near the end and told me, “Do not be afraid.” I remember feeling the dream was inconsequential, but Jim treated it with sacredness, remarking, “Steven, there is nothing meaningless about Wakan Tanka.” Wakan Tanka is the name given to the Buffalo/Great Spirit by the Lakota Sioux, whose land I had lived on while in South Dakota. Though I had failed to make the obvious connection, Jim helped me realize that the buffalo’s appearance in my dream *meant* something. I was being communicated with.

The more I gave attention to my dreams, the more they responded, and soon I was navigating symbols too multifaceted to be trivialized in words. The immediate effect of this experience was profoundly healing. For one, the messages directly opened up locks to expansion and elevation, but more significantly they became an umbilical cord back to God.

While diagnosis had disconnected me from others and my own experiences, my dreams mended this separation by reconnecting me to humanity, the divine, Nature, and also to the inseparableness of the three. Their mythological nature made me feel important again, as if I were decoding a great secret that was inaccessible to—or at least denied by—most people. There was admittedly a dangerous element of ego-satisfaction (“I’m special!”) built into this process that would need addressing later on, but at the time the pride was absolutely necessary for restoring my sense of value to the world.

Of course, nine months of therapy was not all “Ah ha!” moments. There was grieving over relationships and suffering from opening the floodgates of repression and clearing the spiderwebs to my past. But Jim became a father in these scenarios, validating my secrets and loving me for the volatile creative spirit that so infused my passions yet isolated

me from others. He even told me once he loved me, and he meant it, a moment of naked humanity that single-handedly patched a tear in my heart.

All of my work with psyche culminated in a peak experience. I had been reading Eastern spiritual texts for years, but despite a brief flirtation with meditation in South Dakota had yet to actualize it. One night I decided to try again, and as I sat in the moonlight in front of a white wall, a surge of energy transmuted me, presenting a ritualistic dance of truths and visions that shook my consciousness to its core. For the two months that followed, I lived behind a colorful trance through which I could see auras and vivid patterns everywhere. At first, meditation fostered this psychedelic experience, but as the intensity faded it became a vessel for me to a clearer and more direct world.

During this time of evolvment, I used my training as a peer specialist to work at a progressive recovery center for adults with diagnoses. Inspired by the beautiful people who came there, I began to grasp the concept of recovery in mental health. To me, recovery meant that I could live a meaningful life *with* illness. My self-conception shifted from believing disease fueled my emotions to believing disease fueled *some* of my emotions, and I graduated my story from *I am Bipolar* to *I have Bipolar*. Still, I was locked into psychiatric seermongering that my brain would forever be hostile in its natural state.

Then one day everything changed.

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After moving to Vermont for a new job, I began attending meetings and trainings with individuals who were leaders in the consumer/survivor/ex-patient movement. At one of these week-long trainings, one of the facilitators was a bright and humane man whose empathic charisma immediately earned my respect. Midway through the week, he revealed he had been diagnosed with schizophrenia and was not taking medications. Now, until that moment, despite all my research and conversations, I had never met nor heard of anyone diagnosed with major mental illness who was successfully living without medications.

I was perplexed. I probed for his secret, and he smiled warmly, replying, “I believe that if this is something you want to do, you will find a way.” The integrity in withholding his path empowered me to find my own without his influence. Yet his presence was enough—a living example that life without medications was possible—to inflame my will. The



second before I was staying on my chemical regime for life. Now I was interested in quitting.

I approached withdrawing with caution. There was enough distance between my present experiences and past meltdowns to forget the force of cyclonic emotions. I was terrified that my brain would revert to its diseasified operations once relieved of its medicinal police. I cut most of my doses slowly to test the outcome, while maintaining a commitment to a healthy lifestyle as fundamental to staying centered.

The whole process took six months, after which I noticed two shifts: my mind sharpened and my heart opened. Both of these factors were double-edged swords. On the one hand I could think more clearly and feel a wider spectrum of aliveness. On the other hand my restored intellect would once again lead me to face the graveness in our world, and my increased sensitivities would once again produce dense emotions in response.

But the real challenge came to my identity. At first I was too occupied with watching for signs of mental slippage to indulge in existential contemplation. But after a few months, as I realized I was clearer and even relatively grounded, the question inevitably arose: *What happened to the chemical imbalance in my brain?*

To find answers I started researching heavily. Instead of relying—as I had in the past—on government agencies, major organizations, professionals, and bestselling books for explanations of mental illness, I went straight to the source: to the scientific journals that provide empirical evidence to support or refute psychiatric theories.

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The first and most striking fact I unearthed was that a chemical imbalance had never been observed in a human brain. Surely, I thought, *this must be a mistake*, as everything I read elsewhere concluded that an imbalance of neurotransmitters was the cause of mental illness. Such a ubiquitous claim would have to be backed by solid science, right? I then discovered there was no way to measure live neurotransmitter levels in the human brain, so there was no “healthy level” of neurotransmitters by which to even make comparisons. Furthermore, I learned that if chemical imbalances did exist, they could be caused by a person’s experiences. Therefore, if I did have an imbalance, I would have no way of determining whether it had biologically erupted to cause my psychological, spiritual, and emotional crises, or whether it was a biological reflection of them.

Soon enough, I realized that even though the chemical imbalance theory was a gross oversimplification of how the brain and mind operate, it was coasting through the masses on a wave of propaganda designed and funded by pharmaceutical giants, who directly benefitted from its treatment implications.

As my presumptions fell apart, I investigated more into the concept of psychiatric recovery. I found that nearly all long-term studies indicate that the majority of people diagnosed with major mental illness significantly recover over time. That was news. Furthermore, I learned that medications are ineffective and even harmful to a large minority of people with major diagnoses, and that some alternative treatment models which use little or no medications have produced better results than treatment-as-usual. That was news, too.

But if mental illness is a brain problem, and if people who experience mental illness can recover significantly, what happens to their brain problem? Is it fixed? Was *mine* fixed?

At this juncture I stumbled onto neuroplasticity. In science, neuroplasticity refers to the brain's natural ability to change, adapt, and heal across the lifespan. I learned that the brain was highly malleable, changing its structure and chemistry in response to both internal and external stimuli—from thinking positively to experiencing trauma. Most importantly, I learned that utilizing the brain's natural potential to heal, people were recovering from massive strokes, head traumas, overcoming learning disabilities, rewiring obsessive-compulsive behavior, erasing the pain of phantom limbs, restoring memory acuity, enhancing cognitive processing during old age, learning to see without eyesight, strengthening muscles just by thinking about them, using meditation to create lower-stress neurological states, and on and on.

If people could train their brains to overcome these problems, why not major mental illness?

The research base for neuroplasticity and psychiatric recovery was small, but there was enough evidence to strongly suggest that many of the biological abnormalities correlated with psychiatric symptoms were reversible or could be compensated for by other areas of the brain.

And so I quite naturally asked, had my brain *physically* changed? Had my lifestyle changes reversed my mental illness on a physiological level?

Certainly this was the case with obsessions and compulsions. Whereas I once ‘got stuck’ performing irrational rituals all the time to relieve anxiety, years of challenging my thoughts had equipped me to disengage from habitual mindstreams. With the power to observe and respond in different ways, I completely eliminated most obsessions and compulsions. Studies into Obsessive-Compulsive Disorder have visually documented that such efforts actually rewire the brain.

But Bipolar Disorder was different. It was always presented as chronic, persistent, and lifelong. Was I just in remission like the literature said, an unmedicated brain temporarily strong but ready to surrender at the first invasion of stress?

I was not satisfied with that hopeless hypothesis. It seemed a slick way to firewall psychiatric creed—“No one beats Bipolar Disorder”—against anyone who is well without medications. So I changed the question from *Am I still Bipolar?* to *Who decides what is Bipolar and what is not?*

I was amazed that by merely asking a different question, I encountered a hidden world of alternative perspectives. I dove into criticism of psychiatry—most notably into its history—and grew outraged at what I found. I came to realize that mental illness was a culturally-defined construct, prone to bias and judgment. Indeed, I learned that the Diagnostic and Statistics Manual used by professionals to diagnose people had no medical objectivity whatsoever, and was instead a collection of opinions about behavior that changed with social trends.

There was no doubt that people with major diagnoses underwent profound psychological, emotional, and spiritual suffering. Yet the evidence that such suffering was caused by a biological disease was flimsy, no more convincing than the evidence that such suffering was caused by a complex psychological reaction to overwhelming life circumstances. But biological psychiatry had won the rights to define mental illness, in no small measure because it met the ideological needs and financial ambitions of pharmaceutical companies, who in turn funded many of its institutions, scientists, and research grants. The endless other vessels to understanding behavior—sociology, psychology, anthropology, mythology, spirituality, or just plain ol’ individual interpretation—had been overpowered.

As I learned and integrated this information into my worldview, the glue that stuck mental illness to me loosened. I started to wake up to a different reality, one in which I used terms like *experiences* instead of *symptoms*, *trauma* instead of *disease*, *problems* instead of *illness*, and *neuroplasticity* instead of *chemical imbalance*. I engaged in a process of re-authoring my life story once again, casting off the disease paradigm and shifting my self-conception from *I have Bipolar* to *I am fully human*. At the same time I experienced an incident of painful discrimination that reminded me of my status in society.

I had applied for an expensive scholarship to attend a breathwork retreat with progressive psychiatrist Stanislav Grof and Buddhist psychologist Jack Kornfield. My scholarship was approved, after which I was sent a standard medical questionnaire. At the top it indicated the workshop was not appropriate for people with certain conditions, including those “with mental illness.” However, I assumed the workshop’s pioneering facilitators would factor in my current health, which I documented in detail as evidence that I was “appropriate.” After a lengthy discourse with Dr. Grof’s assistant in which I further pleaded my case, Dr. Grof personally rejected my scholarship on the grounds I was a risk.

I was totally devastated. My enormous efforts to arise from the restraints of diagnosis were simply not enough to convince others I was not disabled. No matter how I conceived of myself, my psychiatric history would forever follow me. Though I found my ensuing rage challenging to navigate without medications, I was equally thankful that I could feel such intensity again. In the past, I would employ coping skills to eliminate strong feelings, but this time I *used* them as a catalyst for action and advocacy.

Over the next year, I translated the research I had gathered into written resources and presentations. I worked with other mental health workers to create more recovery-based environments, while bringing my new perspective into support groups as a facilitator and educator. I also began sharing my story publically, and each time I uncovered more and more of my authentic voice.

And something strange happened: that mark over my chest that had gauged my pain for eight years, that had been confirmed by a dermatologist as a stress indicator and not an allergic reaction, that had physically mirrored my mind as it shattered and my heart as it choked, that mark of suffering disappeared.

It has been over three years since I quit medications and five years since I last entered a hospital seeking help. Nothing has been steady, and I have stumbled along a rocky path that is at times overwhelming, at times insightful. Such is life, and I am grateful for it.

Each day, my story grows and changes in unpredictable ways, but one thing has become clear in my understanding: *I am not nor have I ever been mentally ill.*

Yes, at certain times I fit all the criteria for Bipolar II in the Diagnostic and Statistics Manual, but the conclusions of a small group of academics who create taxonomies of human behavior hardly constitute my truth, thus I grant them no authority. Instead, I perceive my experiences as a complex manifestation of intrinsic character, society and culture, relationships, physical health, biological processes, past experiences, collective energies, and forces beyond my understanding, and each varies in degree depending on the situation.

But none of my experiences are ill.

Indeed, I cannot believe that I have something inside me called Bipolar Disorder, for my thoughts and emotions which could be labeled as such are not separate from my selfhood and therefore I will not postulate them as disordered. That would be denying and perhaps hating myself. All of it—the ups, the downs, the middle ground—*is* me. I cannot apply the same logic of having a disease like diabetes toward the myriad of feelings and experiences that I essentially *am*. Otherwise, I would have to split my mental content and emotions—both of which often escape my conscious control—into healthy and unhealthy compartments according to arbitrary judgments from doctors whom I have never met, and to be honest, that's absurd, dismissive of existential purpose, and detrimental to the integrity of my complex existence. It also breeds more inner conflict.

I believe that in most instances, though not all, the reduction of experiences to biological causality sucks dry the poetry of life and denies that extremes can in fact be the final, necessary, and dangerously unpredictable step before new maturation.

So where does this leave me? Things come up, things go away, and when they do, there I am. The wind blows, but it never lies. When despair arrives, I *am* despair. When fired up arrives, I *am* fired up. If I choose to sink back into a witnessing state cultivated by meditative practice, I *am* witnessing. States of existence—dangerous to judge and painful to

deny, rolling on and on and on, each one pushes toward the next by some force which I do not comprehend. It is the Great Mystery, and I feel utterly okay not having figured it out.

This is not to deny the impact of extrinsic events upon well-being. Like nearly everyone who receives a major psychiatric label, traumatic experiences have influenced me and continue to contribute to my suffering. As a society, we all need to wake up to the obvious connection between trauma and psychiatric disorders. But just as I am no longer willing to resign my belief that the wind is communicative to a neurochemical error, I am equally unwilling to resign my emotional states solely to the past. In all truth, there is no way to neatly sum up why I entered a psychiatric hospital in 2004. It all happened on the tail end of 24 years—that's 756,864,000 seconds—of being alive. And who could possibly understand such an expanse?

What is important to me now is to take full responsibility for what I do, to know that there are storylines that glimpse truth, and to learn and experiment with living in ways that are intuitively authentic. And since intuition and authenticity grows, there is no endpoint, no enlightenment, no final solution to or ultimate recovery from suffering.

And thank God, for what a liberation it is to know that—just like you—I am plainly human: irreducible to theoretical constructs, unfathomable in my fullness, aching and celebrating with pain and love, moving in all directions at once, complex and stacked, an imperfect being and a sliver of God's perfection.

Alas, it's a diagnosis that works for me.