Understanding That Bipolar Is Far More Than Just Mood Swings

by FLISS BAKER

Bipolar Isn't Just Ups and Downs

“We’re all a bit ‘up and down.’”

Everybody’s moods go through ups and downs, and there are many factors linked to this. Our genetic makeup, diet, exercise routine, sleep pattern, stress, trauma – in fact, there are so many that it’s easier to simply say ‘life.’ We can all feel upset, angry, happy, elated and low, and typing any of those words into a thesaurus, you’ll find even more.

But we’re talking about everyday emotions here.

The serious psychiatric diagnosis of bipolar disorder is not simply ‘up and down.’ It angers me when I hear people respond to the diagnosis with, “Well we’re all a bit up and down.”

My normally non-judgmental disposition departs and I think: “Go away, get a diagnosis and then you’ll understand what bipolar disorder is. I can assure you, you won’t think it’s simply ‘up and down’ after that.”

Understanding Bipolar

There are different types of bipolar, including I, II, cyclothymia and rapid cycling, but I don’t want this article to become clinical in terms of explaining diagnoses. I want to give real insight into living it.

The old term for bipolar was manic depression and in my eyes it was self-explanatory to its symptoms. Bipolar feels a little more subjective, but in my opinion there is no name to describe something so indescribable.

The description needs this full sentence: “Bipolar is a very serious mental health illness, affecting your mood, feelings, behaviour and ultimately, your life.”

I always think of a line to represent a person’s stable mood. Shallow up and down curves are expected in general life, with noticeable peaks at particularly happy or stressful times. To visually show bipolar I would draw a shallow curve, deep curve, peak, spike, straight, scribble, cross and strike with different coloured pens to express the unique, personal, versatile, disruptive, destructive, unpredictable and at times difficult to manage life-long condition.

No Two People Have the Same Experience

No person that shares a bipolar diagnosis can share exactly the same symptoms and experiences at any one time.

Don’t get me wrong, there will of course be consistencies. For example, someone in depression will mostly feel

low, unmotivated, and emotional with possible suicidal thoughts, and someone manic will mostly feel high, energized, agitated and creative with possible psychotic thoughts – but that is only the basics.

Next page: no two people have the same experience.

No Two People Have the Same Experience

No one will have the same mood pattern, symptoms, seasonal changes, triggers, life stresses, medication regime, support network and therapy.

The bipolar classifications help categorize us for clinical purposes, but I see each person with bipolar as a complete individual, as we all are, and all treatment should reflect this.

My Most Recent Episode

Today I write from a small communal lounge. I am allowed my laptop intermittently because it helps to distract me and I couldn't give up my writing because I love it. The opportunity to reach others through my mental health experiences is probably the most important thing in my life and it brings me great self-worth that I can raise awareness and shift attitudes to help people understand.

The tea trolley has just been brought in but I'm going to give myself ten more minutes of writing before grabbing a hot drink. The door is open slightly to the small garden and I'm thinking of taking my drink out there. It's quiet today. Most people are out on leave or have visitors. One of my best friends is coming soon and I'm looking forward to a big hug.

I was admitted to a local psychiatric unit two days ago.

I have fought poor health since February and unfortunately doctor's prescribed antibiotics that had a serious detrimental impact on my bipolar medication. After general hospital admissions and a final diagnosis of serotonin syndrome (poisoning the nervous system with too high levels of serotonin – the happy chemical) I am going through the withdrawal effects, which seems to have potentially triggered a bipolar episode.

Serotonin syndrome gives you nasty mental and physical symptoms including tremors, seizures, confusion, heart palpitations, headaches and psychotic symptoms. It is rare and often undetected by those other than psychiatrists. I unfortunately had to go through the same in 2008 after a medication mix up and it was traumatic. This time the word 'testing' was blown out of the water and I often felt as though I was gripping on for dear life.

Losing Hope

With the general hospital being very out of depth, I was cared for by the community psychiatric crisis team at home and the syndrome symptoms subsided. But that little voice that sits deep within you that screams at you to hold on, keep on and remind you why you are here was gone.

I searched for it. I've always been positive and my writing brand is 'hope and inspiration.' But the hole got deeper and every time it sunk, it sunk again more aggressively. It was becoming harder to control and I couldn't spot the signs when the dips were coming on.

I cried and repeated my distress to all the health professionals and my family and I phoned a fantastic UK helpline 'The Samaritans,' sometimes twice a day, just to hear a calming, kind voice that listened.

In a short space of time agitation reared its ugly head and at one point I found myself pacing around my front room for 45 minutes, scratching at myself, squeezing pillows to relieve the pressure and feeling urges to do strange things. Although I was in distress I knew at every point it was the illness. I know myself well. How could I intentionally do this to my body?

Next page: finding hope.

Losing Hope

I cried but stayed calm and the crisis team came out to prescribe sedative medication. It was at this point I declared I had been self-harming every time I was distressed. I described it as a pressure within me I couldn't face without some sort of release and it was the only thing that helped.

The community psychiatry home support increased, the suicidal drops worsened and the impulsive agitation became more frequent. It was time to admit that my family and friends couldn't help anymore.

I needed professional help. I needed admittance to a psychiatric hospital.

Finding Hope

My normal moments are filled with writing, socializing with wonderful people with a range of diagnoses and dealing with their daily battles. The hospital is different to when I was admitted back in 2013 and we have more chill out rooms with a lovely bunch of nurses.

I am recognizing the signs of my 'episodes' and getting straight to the nurses for medication, which is helping me avoid the 'peaks' of distress.

I have a big consultation coming up with psychiatrists where they are finally reviewing all my medication. I am hoping the side effects are few as I've had many experiences with itchy skin, headaches, emotional disconnection, oversleeping, agitation and aggression. I think anyone with a bipolar diagnosis on medication would agree with this!

I promised myself I would always stay hopeful with my writing so I thought I'd end on this. I have been searching for a little voice to spur me on, give me hope and when I ask myself for help I've been waiting for an answer.

The answer is this: I'm still here. And I will be OK.

I think I've been looking too inwards for that little voice. My hope comes from my body riding the episodes naturally. I have introduced safe self-harm strategies and with the nurses support I am working through the difficult times. My body is responding and fighting each episode.

The key is recognizing it's the illness, it's not me and it will pass. When I ask for help there may not be a little voice, but the world is screaming it to me. Look at the writing I'm proud of, my wonderful friends, beautiful niece, ambition to succeed, being independent, being obsessed with fashion and laughing! The joys of breaking silence with a funny joke – particularly in a psychiatric hospital – can bring a smile, join a community and create an understanding that things will be OK.

And they will be.

I understand my personal case is quite extreme but if this is just 'up and down' then I ask a person to walk in my shoes for a day. Or anyone else's who has to cope with bipolar. I am a good person and a hard worker but this happened to me. This illness is not selective and it isn't my fault but it does bring its continual challenges, often unknown to most.

I will say this. Always stay hopeful. One nurse said to me today, "You will make that crossover to hope," and she's right. I have because I've reminded myself of my self-worth and value as a person.

I hope others feel the same and less of us are undermined as simply being 'up and down.'