Understanding What Bipolar Is (and Isn’t)

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What Is Bipolar Disorder?

As a writer for *NewLifeOutlook*, I strive to empower those who are living with bipolar disorder so they can lead meaningful and fulfilling lives. Coming to terms with this illness and practicing the daily coping skills required to successfully manage it is an ongoing process.

I have created this article to serve as a helpful resource for those who want to learn more about bipolar. Perhaps you have been recently diagnosed and want to learn as much information as you can about this illness. Or, you may be considering the possibility that you have this condition. You might even be researching on behalf of a loved one.

Whatever circumstance has brought you here, you are in good hands.

What Is Bipolar?

According to the National Institute of Mental Health (NIMH), “bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.”

There you have it. A clinical, medical, simple explanation of bipolar from a nationally renowned organization. However; the illness is much more complicated than that. Many find an explanation like this one to be largely incomplete.

Let’s go deeper.

In simple terms, bipolar disorder is rooted in the brain’s inability to maintain a proper balance of so-called “feel good chemicals” in the brain. These include serotonin and dopamine.

For example, when the brain produces too much of these neurotransmitters, the result is the “highs” experienced during a manic episode. Where when there is too little of them, a depressive episode occurs.

Without treatment, the bipolar brain simply cannot seem to carry out consistent emotional regulation.

It is important to understand that the chemical imbalance caused by bipolar disorder profoundly affects how the brain functions. Having bipolar is not the result of a lack of character, laziness, a moral deficiency, or mental weakness. There is no shame in having this condition.

Many people who have bipolar disorder prolong the recovery process because they continue to believe that they “should” be able to dig deep and find the strength to overcome their mental health problems. This is simply not the case.

Just like someone with diabetes cannot “will” their own bodies to produce insulin, someone with this illness cannot “will” themselves into emotional regulation.

What Causes Bipolar Disorder?

Unfortunately, there is still a lot we don’t know about bipolar disorder is, what causes bipolar, and other mental health issues. There is so much work left to do when it comes to exploring the brain and understanding how it works.

From a research perspective, the brain continues to be the most mysterious organ in the body. In the grand scheme of things, there is very little known about the inner workings of the human mind. This is surprising when you think about it, considering all the advances we have seen in modern-day health technology. Nevertheless, we have a long way to go when it comes to uncovering the causes of bipolar.

As a result of this lack of knowledge and information, there is no conclusive medical evidence currently available to us that can explain what causes bipolar disorder. However; most mental health professionals generally agree that a combination of genetic and environmental factors typically result in a manifestation of the illness.

What Are The Different Types Of Bipolar Disorder?

Bipolar expresses itself with a spectrum of symptoms that range from mania to depression. Mania is the “high” at one end of the spectrum and depression is the “low” on the other end. When you have bipolar, you tend to “swing” between these two extremes with periods of normalcy in between.

According to the NIMH, there are basically four recognized types of bipolar disorder, which are diagnosed based on the length and severity of alternating manic and depressive episodes. Here they are:

Bipolar I

This type of bipolar is defined by manic episodes that last at least week or longer and depressive episodes that last two weeks or longer.

With Bipolar I, the symptoms of mania can be so severe that someone may require immediate hospital care. Episodes with “mixed features” are also possible. When someone has an episode with mixed features, they experience symptoms of mania and depression at the same time.

Bipolar II Disorder

Bipolar II is defined by a continual and ongoing pattern of depressive and “hypomanic” episodes. Hypomania is mania experienced to a lesser degree than full-blown mania.

Someone with Bipolar II will still suffer from the unsettling highs and lows of the illness, but they will not be on the extreme ends of the spectrum of Bipolar I.

Cyclothymic Disorder (Also Called Cyclothymia)

This is a milder expression of bipolar disorder. When someone experiences numerous periods of hypomanic and depressive symptoms for at least two years, they are diagnosed with this type of bipolar.

Those who have cyclothymic disorder do not meet the diagnostic criteria for hypomanic or depressive episodes but still experience symptoms that are disruptive to one’s mental health.

Other Specified and Unspecified Bipolar and Related Disorders

Many people experience symptoms of depression or hypomania, but they do not fall under any of the three

categories listed above. In this case, they may be diagnosed with “unspecified bipolar.”

Next page: Understanding the symptoms of bipolar, and common thoughts during depression and mania.

What Are the Symptoms Of Bipolar Disorder?

The expression of bipolar symptoms is what allows doctors to diagnose someone with this disorder. If you believe you might have bipolar, it is imperative that you seek help from a mental health professional.

However; most people do their own research about this illness before they seek help after months or years of suffering from mania and depression. For this reason, I have provided a comprehensive list of bipolar symptoms.

Symptoms Associated With Mania

- An excessive (gradual or sudden) surge of energy.
- A sense of euphoria.
- A steady stream of thoughts racing through your mind.
- Pressured speech – the uncontrollable urge to talk rapidly or incessantly.
- Restlessness or a need to be in continual motion.
- Irritability or unreasonable bursts of anger.
- A decreased need for sleep (to the point that you may stay awake for days).
- A decrease in appetite so that you have no motivation to eat.
- An overwhelming feeling of creativity that may ignite the need to “do projects.”
- An increased sense of spirituality outside the parameters of your everyday religious views.
- The belief that you have superpowers.
- Paranoia, as if you are being followed or your family is out to “get you.”
- Irrational beliefs that are not grounded in reality.
- Grandiose false beliefs.
- Hallucinations.
- Poor judgment where you act out behaviors you may not otherwise engage in.
- Increased desire to have sex.
- A compulsion to do drugs or drink a lot of alcohol.

Symptoms Associated With Depression

- A lack of energy that leaves you feeling lethargic to the point that you find it difficult or impossible to carry out your daily tasks.
- An increased need for sleep.
- Uncontrollable crying or bouts of unexplained weeping.
- Thoughts of suicide or actual suicide attempts.
- Lack of focus that makes it difficult to concentrate.
- A loss of motivation that affects your work or school performance.
- The absence of joy and the inability to laugh.
- The need to isolate and disengage from social relationships.
- Feelings of hopelessness and helplessness that lead to a loss of self-worth.
- No desire to engage in activities that once brought a sense of satisfaction.
- A decrease in your sex drive.
- Physical symptoms that won’t go away like headaches, body aches, or digestive issues.
- A profound sense of loneliness or emptiness that won’t go away.
- A compulsion to do drugs or drink a lot of alcohol.

Keep in mind that bipolar affects everyone differently. You may identify with some of the symptoms I described and not identify at all with others. Also, you may experience them more or less severely than someone else who also has the illness.

In Addition To Mood Swings, Bipolar Also Expresses Itself Through Thoughts

It is not only important to know the symptoms that accompany manic and depressive episodes, but it is also important to know the thoughts go with them.

I think this is where mental health professionals fall short when it comes to educating people about how bipolar affects the individual. Doctors seem to be very capable of describing the mood symptoms of mania and depression, but not so skilled at explaining the thought processes that come with the highs and lows.

Perhaps this is because you have to actually have bipolar to be able to explain what it's really like to have it. Who better to help someone cope with this illness than someone who lives with it every day?

I believe the thoughts behind bipolar are much more dangerous than the actual mood swings because thoughts can drive action. Thoughts rooted in depression or mania can lead to suicide, self-harm, risky behaviors, and increased substance abuse. There seems to be a link between extreme mood swings and irrational thinking.

Common Thought Patterns Associated With Mania And Depression

When you are experiencing a manic or depressive episode, your thoughts will align with your mood and be influenced by the emotional aspect of the illness. These thoughts will be extreme, and they will not be aligned with reality. It is easy to believe the messages communicated to you by your mind when it is sick. They sound legit and seem very real.

In considering what my own thought life is like when I am experiencing mania or depression – and getting some input from friends who also have the disorder – I have come up with a few examples of what I like to call "stinking bipolar thinking." These are thoughts that show up when bipolar rears its ugly head.

The Thinking That Mania Brings Along With It

Believing the thoughts that mania produces can result in risky behaviors that can cause physical injury or long-lasting negative consequences.

When you are experiencing manic thought patterns, you should be very cautious about believing what comes into your mind. In fact, if you are able, it is best that you turn to someone you trust while in a manic state and ask them to stay with you until the episode passes. When left alone with your own thoughts, you can venture into dangerous territory.

Here are just a few examples of manic stinking thinking:

- "I can do absolutely anything. There is nothing that I cannot do." This can include flying, which might motivate someone in a manic state to jump off a roof.
- "I am superhuman. Nothing can hurt me." This may result in traveling at a high rate of speed and flying down the highway believing nothing bad could happen.
- "I have to go… (fill-in-the-blank)." This could include shopping, traveling to a distant location, having sex with a stranger, gambling, or any number of situations that have the potential to result in an "exciting adventure." This thought leads to compulsive actions with no regard for the consequences.
- "I will worry about financial consequences later. Right now, I HAVE TO BUY (fill-in-the-blank)." People in the grips of mania often go on lavish spending sprees. This can result in running up credit cards and draining bank accounts because of the compulsion to spend money on unnecessary items.
- "I have this really awesome idea that is going to make me rich/famous/remembered for greatness. Let me give it my full attention." This will result in the pursuit of a project that becomes more important than anything else. Someone in this hyper-focused state will become completely engulfed in a specific creative activity and neglect every other area of their life.

Next page: Common thoughts of depression, and treatment of bipolar.

The Thinking That Comes With The Darkness Of Depression

While mania can result in an untold number of calamities, depression can too. Specifically, those who are in a depressive state may attempt or commit suicide, lose their jobs because they can't go to work, or get into financial trouble because they can't pay their bills.

Just like with mania, it is a good idea to stay close to supportive friends and family during a depressive episode.

Here are a few examples of depressive stinking thinking:

- "I hate myself. I am worthless. I'm bad. I am ugly. I'm stupid." Self-defeating and unloving thoughts almost always accompany depression. These lead to a loss of self-worth and self-respect.
- "I can't go on like this. I would be better off dead." This is a dangerous place to be. Depression can be so all-consuming, it is easy to slip into the false belief that death would bring an end to suffering and that life isn't worth living.
- "I am a burden to the people around me. They would be better off without me." This is a common theme during a depressive episode. Those who live with bipolar often feel guilty about their illness and how it affects loved ones.
- "I have tried everything to get well. This is going to go on forever, and I just can't take it anymore." Depression causes someone to believe they will be depressed forever and that it will never pass. The truth is, it does pass.

Identifying bipolar thoughts as they occur is key to managing this illness.

When you know how bipolar affects you personally, you will be better equipped to recognize the highs and lows for what they are – nothing more than a temporary chemical imbalance that will pass with time.

This will allow you to be more successful at managing the emotional upheavals and negative thought patterns when they come and maintaining some manageability in your daily life until they go.

Treating Bipolar – The Medication Journey

Generally speaking, doctors will recommend two ways to treat bipolar disorder –medication and with therapy. Let's discuss these two options.

Medication

There are three main types of medications prescribed to those who have been diagnosed with bipolar disorder:

1. **Mood stabilizers:** These regulate mood and maintain a proper balance of the feel-good chemicals in your brain. Mood stabilizers are designed to keep you from swinging between the extremes of depression and mania. When you are on a mood stabilizer, you might still experience highs and lows on occasion, but they will usually be manageable, and they won't last as long. Lithium, Depakote, and Lamictal are three of the most popular mood stabilizers.
2. **Antipsychotics:** This type of medication is generally prescribed to prevent extreme manifestations of mania or depression like hallucinations, delusions, and suicidal thoughts. They are also given as "off-label" drugs, meaning that they can produce other effects. Many people take antipsychotics for the treatment of anxiety, insomnia, agitation, restlessness, racing thoughts, and other symptoms. Abilify, Latuda, and Seroquel are in this category.
3. **Antidepressants:** Selective Serotonin Reuptake Inhibitors (also known as antidepressants or SSRIs) are commonly given to those who have depressive episodes. They increase the amount of serotonin in the brain, which reduces symptoms of depression. Common antidepressants include Zoloft, Prozac, and Lexapro.

Here is the thing about taking medication to treat bipolar: everyone responds to these medications differently. Some experience uncomfortable side effects from certain drugs while others do not. Also, when you take more than one medication (and most people with bipolar do), they can interact with one another and cause problems.

The truth is, it can be a frustrating journey to get on the right meds. It is a process of trial and error. You may have to try several different types of medications and various combinations before your doctor gets it right.

My medication journey was miserable. It took numerous tries and a lot of discomforts to find out what medications worked for me. When I finally got the right cocktail, it was amazing.

In fact, I didn't realize how truly sick I was until I wasn't sick anymore. Once my mental chemistry was adjusted, I remember thinking, "Wow. I had no idea I could feel this okay inside."

Therapy Can Be An Integral Aspect In Treating Bipolar Disorder

There are many different types of therapies to be considered if you have bipolar. I believe medication should be taken in combination with intensive therapy – and most mental health professionals recommend this to people who have bipolar disorder.

Here are a few effective therapies that are used in the treatment of bipolar:

- Cognitive Behavioral Therapy (CBT)
- Dialectic Behavior Therapy (DBT)
- Interpersonal and Social Rhythm Therapy (IPSRT)
- Family-Focused Therapy (FFT)
- Psychotherapy
- Anger Management
- Psycho-Education
- Support groups

I spent many, many years in therapy before I became willing to take medication, and I am grateful I did that because once I got on the right meds, everything just clicked. I had the tools I needed to manage the illness and I just needed the right brain chemistry to be able to utilize those tools.

Also, I am still actively involved in self-help groups, and I am fortunate to have a very close friend who is a therapist who I turn to for help when I need it.

If you are struggling with bipolar disorder, consider getting into a therapy program where you can work with a psychologist who is trained in the treatment of this illness. Even if you decide not to take medication as part of your treatment, you can still benefit from the process.

If You Think You Have Bipolar, Please Get Help

I hope this article has provided you with some helpful information about bipolar disorder. If you think you may have this illness, please talk to a mental health professional who can properly diagnose you and provide you with treatment options. If you think someone you love may have this condition, please ask them to read this article.

I can tell you from personal experience that bipolar is treatable and you can learn to manage this condition. I remember that for me (before I found healing) life always felt so difficult and I was all over the place, and I was miserable. Accepting my condition, going into therapy, passionately pursuing resources that would help me get well, and taking medication has all the difference in my life.

For those who are really struggling, I want to encourage you to keep fighting the good fight. Don't give up on yourself.

Keep searching, keep asking questions, keep doing research, keep reaching out for help, keep doing whatever you can to get better... keep on keeping on! It took a lot of years for me to “get right in the head,” but today I am right in the head. You can be too – I promise!