

Bipolar

What

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Bipolar Disorder?***

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*Jane F. Mountain, MD*

*PLEASE NOTE: This book is not meant to substitute for medical care of people with bipolar disorder, and treatment should not be based solely on its contents. Nor is it meant to offer legal advice, which must be obtained from a practising attorney.*



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ISBN 9719270-0-6

## What is bipolar disorder?

Has someone told you that you have bipolar disorder or manic-depression? Have you been wondering what having bipolar disorder really means? This booklet will help you make sense out of what you or a loved one is experiencing.

Bipolar disorder is a mood disorder that is *neurobiologic*. That is, *bipolar disorder is a physical illness involving the brain. It is not a character flaw or laziness.* If you have bipolar disorder you are not purposely being “moody.” Nor can you “just snap out of it.” A person who has diabetes cannot “snap out” of having diabetes; neither can you snap out of having bipolar disorder.

However, having bipolar disorder does not mean that you can’t take steps toward recovery from your illness. Many of you with bipolar disorder are struggling with accepting the fact that you have a real condition that prevents your brain from regulating mood properly. You may be reeling from the powerful effect this disorder has had on your life. But the more you learn about bipolar disorder, the more insight you can gain, and that will help you to better manage your illness.

*Bipolar* literally means two poles, implying that in bipolar disorder there are two basic “poles” or extremes of mood. However, thinking of bipolar disorder in terms of two extremes of mood is misleading. It is more accurate to think of bipolar disorder as a wide *range* of moods.

Our goal in the rest of this booklet will be to answer these questions: What is mood? What is normal mood? What is depression? What are hypomania and mania? How can I meet the challenges of bipolar disorder?

## What is mood ?

*Mood* is a very strong word. It comes from older words meaning *mind*, *spirit*, *courage*, and *to strive strongly, be energetic*. An even older word that mood comes from means *custom* or *customary behavior*. Thus mood means more than feeling happy or sad. Mood encompasses much of what we need to live. Mind, spirit, and courage, striving and energy, custom and behavior—all are related to mood and our sense of well-being. Thus having bipolar disorder affects us in many ways, presenting challenges as well as abilities such as enhanced creativity and sensitivity to the world around us. Many with bipolar disorder have influenced our lives and culture. These include Abraham Lincoln, Winston Churchill, Virginia Woolf, Georgia O’Keeffe, and Robert Schumann.

Bipolar disorder is about more than whether we feel happy or sad at a particular time. Bipolar disorder can be emotionally painful and have a major impact on our lives. At the same time it is a disorder that involves all aspects of mood. In addition to the challenges it presents, it also bestows gifts of seeing the world differently from others whose moods remain in a normal range.

As mentioned already, thinking of bipolar disorder as being two extremes of mood is misleading even though the term bipolar implies only two poles of mood—depression and mania. It is more accurate to think of bipolar disorder as involving a wide *range* of moods. **At its core is the brain’s inability to regulate mood.** This inability to regulate mood within a normal range results in varying degrees of depression or mania. At times there may even be a mixed mood—a state that has elements of both depression and mania. In bipolar disorder your mood takes on a life of its own that is independent of what is happening in your life. Your mood thus becomes independent of your experiences. This “disconnecting” of mood and experience presents challenges in daily life. Sense of identity and self-confidence can be affected. Symptoms such as extreme irritability can affect relationships. Sadness and hopelessness can become overwhelming and even lead to suicide. The sense

of self can be lost by not knowing what to expect from your moods from day to day or even from hour to hour or minute to minute.

## What is normal mood?

Beginning with normal mood is important because it is the hardest mood to understand for a person who is experiencing bipolar disorder. Most people take for granted that they feel happy or content most of the time. Happiness or contentment describes normal mood. Especially if you are experiencing bipolar depression, you may not realize that most people feel happy most of the time. Most people have a stable mood that doesn't have wide swings. Instability of mood is the hallmark of bipolar disorder. Such instability makes it difficult to recognize normal mood. Just as it may be difficult for you to understand normal mood, those around you may have difficulty understanding depression, hypomania or mania. For instance many people with normal mood will say that they are "depressed" when they are having a bad day. This is better described as having a "blue mood," which quickly passes.

The difference between depression and a blue mood is that the blue mood may vary a bit but it remains within a normal range. Blue mood does not stay at an extreme for very long, but lifts after a short time. Also the ability to enjoy pleasurable activities remains. For example, if someone with normal



mood is having a low mood, that person may decide to go to a movie with some friends. This may be enjoyable and may even lift that person's mood. Depression differs in that it is much more intense and lasts from weeks to months or even years. Going to a movie does not help the person who is depressed to "snap out" of depression. In our example, a depressed person may not be able even to enjoy the movie.

## What is depression?

Depression is an intensely sad mood that lasts for at least two weeks. It may be characterized by irritability (usually an anxious irritability), and loss of enjoyment. Take the above example of going to the movies. If you are experi-

encing depression you may not be able to enjoy a movie or an outing with your friends. Sadness, irritability and loss of enjoyment are emotional features of depression.

Depression also has cognitive features. *Cognitive* means *thinking*. In other words, thinking may be affected by depression. Often concentration and focus are impaired. Concentration is being able to pay attention to what you are doing so that you can complete thoughts or tasks. Focusing is keeping on track without forgetting what you are doing or being easily distracted.

A second cognitive feature of depression is that of a sense of worthlessness. This may take many forms. Examples are a belief that you cannot do things right, a belief that you have no friends, or a belief that you are a failure in life. Notice here that I am using the word *belief* to describe this cognitive feature. That is because a sense of worthlessness may have nothing whatsoever to do with the reality of your accomplishments, the number of friends you have or your success in life. The cognitive feature of a sense of worthlessness has nothing to do with your actual self-worth but everything to do with the thinking that can accompany depression.

Hopelessness is another cognitive feature of depression, which causes you to see the world in an unrealistic way. The thinking process of hopelessness makes sense to you because your thinking process is not working nor-

mally. *If you feel like harming yourself or others, you need to be in a safe place.* That place may be with others who can monitor your behavior, but more likely hospitalization may be needed until the extreme hopelessness passes. When you are in the depths of hopelessness you need to ask for help. This may mean calling your psychiatrist, your therapist, or a trusted person who cares about you. An alternative is to call a suicide hotline (1.800.SUICIDE) or to dial 911. Keep in your purse or wallet a note that says, "I am feeling suicidal. I need help." When you are not suicidal show it to a few trusted people and give them instructions about how to get help. You can use the note when you feel suicidal but can't ask for help.

Our bodies are also affected by depression. You may sleep too much or too little, yet always feel tired. You may lose your normal appetite or have too great an appetite. You may have a headache, stomach ache or fatigue. Or you may find yourself crying without being able to stop.

## What are hypomania and mania?

Hypomania is a word that confuses many people. Refer to the four moods again (page 7) so you can see how hypomania relates to normal mood and mania. *Hypo* means *under* and hypomania is a mood that is "under mania." It is not as extreme as mania but lies somewhere between mania

and normal mood. Hypomania is a bit harder to recognize and often remains hidden. Mania is more easily recognized. That is why, in the diagram of moods on page seven, hypomania is in a small box, and mania—well, mania just won't stay in the box at all!

Mania is an expansive mood just waiting to be seen by all. Because mania is often pleasurable, you may not want treatment for mania. Getting treatment may feel a bit like giving up a good friend. Unfortunately, the mania's friendship brings serious challenges into your life that can make it less manageable. Lifelong treatment seeks to even out your moods so that you can be happier and accomplish your goals in life. Untreated mania will lead to instability and will greatly disrupt your life.

There are two kinds of bipolar disorder, Bipolar I and Bipolar II. Bipolar I is characterized by *mania*; bipolar II differs in that it is characterized by *hypomania*. Both include swings into depression, but depression tends to be the dominant mood in bipolar II. In order to diagnose bipolar disorder, hypomania or mania must be present at some time and depression must also be present at another time. In the discussion that follows, *mania* will refer to both *hypomania* and *mania*.

We will continue by examining the emotional features of mania. Unstable mood is the hallmark of mania. Mania is an exercise of "catch as catch can" because your mood shifts rapidly. For

example, you may have sudden bursts of energy contagious to everyone in the room. You may laugh loudly, tell jokes, and almost perform for those around you. But this mood is unstable and within a short time you may move on to a completely different experience of being unable to sit still. This restlessness might cause you to walk quickly out of the room to begin a different activity.

Another emotional feature of mania is that of irritability. The irritability of depression has an anxious quality. In mania the irritability is one of being easily frustrated. You may feel as though you could crawl out of your skin. The irritability of mania is often mistaken for anger. Anger differs in that it targets a specific focus, while irritability is without a particular focus. Anger's target could be another person's actions, a circumstance or perhaps a perceived failure of yourself or others. When you experience the irritability of mania you feel volatile and any little thing can set you off. You are easily frustrated. Mania's irritability often causes difficulty in relationships, especially if others interpret your irritability as anger.

Mania also has cognitive or thinking features. One of these is grandiosity. With grandiose thinking, you may have ideas and plans so expansive and difficult that they are impossible to accomplish. In mania, however, you are convinced they are well within your capabilities. For example, you may

believe you can climb Mount Everest even though you have never even seen a mountain before. Other cognitive features of mania include poor judgment, disorganization and lack of impulse control. When you experience these features of mania, you may have difficulties with relationships, find yourself overwhelmed by clutter, or go on spending sprees. These cognitive challenges can result in troubles at home, work or in your community.

One feature of mania affecting the body is that of increased energy in spite of decreased sleep. You can go for days to weeks with little sleep or even no sleep and yet have high energy. (Compare this to the extreme fatigue often associated with depression.) Mania's high energy can result in rapid speech or racing thoughts. When you are having these features, you may not perceive them as "rapid" or "racing." Instead it may seem that the rest of the world has slowed down. Your thoughts can seem intrusive, taking off on topics other than those you want to address. You can feel agitated and as though you cannot sit still or stop moving. However, when mania is less extreme, you may become more productive than normal and may accomplish tasks in a more efficient manner than other people who do not have bipolar disorder.

Psychotic features may also occur such as hearing things that are not present or seeing things that are not there. If these latter symptoms occur you need to call your doctor immedi-

ately or even call 911, especially if you feel that you are in danger to yourself or others. If things get this severe, others will often intervene because you may not be able to recognize that you need help.

## **How can I meet the challenge of bipolar disorder?**

The core challenge in bipolar disorder is the brain's inability to regulate mood. Understanding this is crucial in learning to manage your illness. When your brain is not keeping your mood within a normal range, you are challenged to seek treatment. Medications and psychotherapy, sometimes called talk therapy, can help you. It is important to realize that the goal of treatment is not to take away your personality and creativity. It is to help regulate your moods so that your personality and creativity shine through in a healthy, productive life. Because treatment works you will feel better and be able to accomplish your life goals.

You can also find help through education in your community and through bipolar recovery groups. Bipolar disorder is treatable and you will feel better and be better able to accomplish your life goals if you seek treatment. Support from others helps you learn how to manage the challenges of bipolar disorder.