

# Bipolar disorder: Trying to find the emotional middle ground

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Two weeks ago, this series addressed depression with a collection of first-person accounts and important information. Today, we shift the focus to bipolar disorder, also known as manic-depressive illness.

Bipolar disorder sufferers go through the extreme lows of depression, yet they also experience incredible highs, or mania. These highs can involve increased awareness, energy and productivity, and at other times debilitating anger, confusion and extreme behavior.

Bipolar disorder is treated differently from depression. Often a person with bipolar disorder will first see a doctor because of a deep depression, and the prescribed antidepressant will then fling the person to the other extreme, mania. A different class of medications is used to treat bipolar disorder in order to stabilize the two extremes of mood.

According to the National Institute of Mental Health, bipolar disorder affects approximately 5.7 million American adults, or

about 2.6 percent of the U.S. adult population in a given year. The median age of onset for bipolar disorders is 25 years.

By JANECE GAUGHAN

I have manic-depressive illness, also known as bipolar disorder. I share my story with the hope that it will touch anybody who suffers as I have. I want to encourage them to be strong and stubborn. You have to be both when you battle this illness.

This is a fight for life. Mental illness is the most painful and damaging disease on the planet. I have survived a life threatening heart condition and breast cancer, and I believe I have earned the right to say this.

I have a beautiful home, supportive husband and six amazing children who have graced my life with more laughter and love than I could have imagined. Yet, at times these blessings have added to my confusion. I

have, on more than one occasion, wished, even begged, to die. This is the challenge of mental illness. It takes your thoughts, twists them into unrecognizable forms and turns them against you.

Living on an emotional roller coaster has been "normal" for me. However, after the birth of my sixth child I found myself in a place far beyond a familiar down spell. Sure, I was tired and stressed. I was mothering a family of eight. But this fatigue went beyond tired; I felt this in my bones. No amount of sleep brought relief. Ordinary activities congregated and multiplied until the smallest task seemed overwhelming. My head felt as though it were filled with cotton. It was hard to listen, think and talk. My inability to make decisions and function quickly eroded my confidence, and every question asked of me began to feel like an accusation. My darkening perceptions permeated everything. I blamed my husband; he didn't understand or seem to care how I was feeling. I began to see my children as irresponsible, uncaring and deliberately trying to make my life miserable.

Everyone offered advice on how to "cheer up," and I tried their endless lists of recommendations - walk, read, pray. The advice felt simplistic and demonstrated a complete lack of understanding of how I felt. I felt as if everyone and everything conspired against me.

Then came the worst moment. I looked around and saw that everyone else was fine. They were all laughing, living and loving. Filled with a new sense of horror, I realized I was the one out of place. I was the one ruining things. I was the failure.

### DOWNWARD SPIRAL

From that point, I spiraled ever downward. Before, all I had wanted to do was sleep, but now even sleep eluded me. An endless list of self-incriminations played in my head from early morning gloom to anxious, sleepless night. I was drawn to the saddest movies. I listened to the gloomiest music. I sank to a place where I could not remember, feel or anticipate any goodness or enjoyment. Numbness engulfed me. My ability to care for anything - friends, husband, my children - was gone. Gray negativity darkened into black hopelessness. Death seemed the only direction left to go. Because I felt so wretched, I assumed I would simply just die. But depression is infinite in its methods of torture and a new thought arose: I wasn't going to die. I was going to feel this way forever. Then I realized I needed to find my own path to death: Suicide.

I was lucky. Before I found that path, a doctor saw how I felt and asked if I was depressed. Many things in life are depressing, but the blackness I felt was far beyond depression. I wasn't just unhappy; I wanted to die. Anti-depressant medication was prescribed, and it took a major leap of faith for me to accept that everything I was feeling was the result of a chemical imbalance in my nervous system. Anti-depressants are not some kind of happy drug. They don't have the same effect as alcohol, pain medication or cocaine. They are not a crutch to artificially elevate mood. They

work by restoring the nervous system to proper functioning, and mood rises as a result.

Maybe it wasn't my fault? I felt a bit of relief and the first tiny glint of hope in a sea of despair.

The first anti-depressant began to work quickly. Three days after I started taking it, I felt better. A whole lot better. By the time I went back to the doctor I was positively giddy and so talkative he wondered if I could now be manic. Great.

### SWING TO FRENZIED HAPPINESS

People with bipolar illness often respond to anti-depressants the way I did, swinging rapidly from depression to frenzied happiness. Depression alone can be effectively treated with anti-depressants. But when someone's nervous system is wired such that it might swing too far in the other direction, resulting in mania, a mood-stabilizing drug is also needed.

Mania is the complete opposite of depression. People in a mildly manic mood are quick, clever and tireless. Inhibitions loosen, the mind is sharp and they are at their best. Everyone admires high-energy,

accomplished people, and certain fortunate people function at this level all the time. They are the movers and shakers of the world. It can be very difficult for them to accept that there might be a problem. True mania is making a fool of yourself, brilliantly. The manic mind sails along at warp speed. You see connections in everything. You delight in the myriad layers of the world and contemplate infinity times infinity.

Yet somewhere in the middle of sharing your ingenious insights, you see a confused look on someone's face. Then, he starts to look a little scared and you realize you've been talking very fast for a very long time and have lost sight of how you arrived at the point you are emphatically trying to make. You realize you haven't slept, eaten or accomplished anything. You experience too much of everything with a piercing intensity, like chewing on tinfoil. You can't sleep, stop moving, stop talking or stop thinking.

It is dangerously possible to die here, too. The excruciating razor edge of infinite thinking folds back on itself. The body is weary and the mind is the enemy. You reach a point where the mind seems to conspire to do away with the body. Accidental death from extreme activities or suicide can result from this excruciating hypersensitivity.

For some of us, our bipolar diagnosis carries the possibility of experiencing a kind of "mixed state." The mood is dark as in depression yet combined with a mind that agitatedly refuses to rest.

It obsessively marinates in despair, examining all that is wrong — and because it is muffled in the suffocating blanket of depression, everything is wrong. The relentless scrutiny of negativity quickly leads to edgy irritability and a helpless anger. At this point, questions like "How are you doing?" or "What's for dinner?" feel accusatory. When you recognize your disproportionate anger, guilt is added to the lethal concoction. In my opinion, this mixed state is the most painful and dangerous of all. This is where you arrive at the thought: "They would all be better off without me." I think for many of us it is easier to bear pain ourselves than to cause pain to the people we love.

#### FIXING A 'BROKEN BRAIN'

My bipolar diagnosis in 1985 has been followed by years of seeking a way through the maze of mental illness. I have determinedly sought education to understand my illness, its cause and its cure. I have used conscious relaxation, meditation and prayer, acupuncture, nutrition and physical fitness, self-help groups and a long list of medications. I have survived hospitalizations, talk therapy, group therapy and shock therapy. I have called on every measure of patience and strength I possess, and have asked the same of friends and family members. The battle continues, but so far we've all survived. I know that my fight will likely continue throughout my life. I have a "broken brain," and it's painful and potentially life-threatening to pretend I don't.

My dad, who suffered major depression, had a favorite expression: When things were tricky, he would say it was like driving on ice. Bipolar people know there will always be ice up ahead. Even worse you know it is possible to not realize you are standing on ice until you fall on your face. But you survive and begin to celebrate your ability to weather the bad storms and you appreciate a beautiful, clear day more than most.

Sometimes life can be reflected in a greeting card. I received one once that said, "I get up. I walk. I fall down. Meanwhile, I keep dancing."

How do I survive mental illness? I just keep getting up.

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A local physician on bipolar disorder

"Diagnosing bipolar disorder is challenging, particularly in children, adolescents and adults who have prominent depressive symptoms. Bipolar Disorder can co-occur with anxiety, eating disorders, attention deficit, hyperactivity disorder, and substance abuse, which can complicate matters further. The severity of bipolar disorder can vary considerably and at its most extreme can include symptoms of delusions and hallucinations.

Fortunately, there are a number of effective treatments that can control or greatly reduce symptoms. As with all serious medical illnesses, patients benefit most from a combination of education, family involvement and support, appropriate medications, and consistent treatment. Therapy has been shown to help, not only for patients but for their families as well. Medical science is continually developing better ways to recognize and treat bipolar disorder."

—Flagstaff psychiatrist Dr. Mary Delduca

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A few famous people with bipolar disorder

Winston Churchill - English statesman

Richard Dreyfuss - actor

Carrie Fisher - actress, author

Patty Duke - actress

Linda Hamilton - actress

Abbie Hoffman - political activist

Kay Redfield Jamison - professor of psychiatry, Johns Hopkins School of Medicine, author of "An Unquiet Mind"

John Keats - poet

Edvard Munch - artist

Isaac Newton - pioneering scientist and mathematician

Florence Nightingale - nurse and health campaigner

Jane Pauley - journalist

Jimmy Piersall - baseball player

Vincent Van Gogh - artist

Additional first-person accounts:

"An Unquiet Mind," by Kay Redfield Jamison

"Skywriting," by Jane Pauley

Symptoms of Bipolar Disorder

This information courtesy the National Institute of Mental Health (NIMH) at <http://www.nimh.nih.gov/>. For further information: National Alliance on Mental Illness (NAMI) at <http://www.nami.org/>

Bipolar disorder causes dramatic mood swings-from overly "high" and/or

irritable to sad and hopeless, and then back again, often with periods

of normal mood in between. Severe changes in energy and behavior go

along with these changes in mood. The periods of highs and lows are

called episodes of mania and depression.

A manic episode is diagnosed if elevated mood occurs with three or more

of the other mania symptoms most of the day, nearly every day, for one week or longer. If the mood is irritable, four additional symptoms must be present.

A depressive episode is diagnosed if five or more of the depression symptoms last most of the day, nearly every day, for a period of 2 weeks or longer.

Signs and symptoms of mania (or a manic episode) include:

Increased energy, activity, and restlessness

Excessively "high," overly good, euphoric mood

Extreme irritability

Racing thoughts and talking very fast, jumping from one idea to another

Distractibility, can't concentrate well

Little sleep needed

Unrealistic beliefs in one's abilities and powers

Poor judgment

Spending sprees

A lasting period of behavior that is different from usual

Increased sexual drive

Abuse of drugs, particularly cocaine, alcohol, and sleeping medications

Provocative, intrusive, or aggressive behavior

Denial that anything is wrong

Signs and symptoms of depression (or a depressive episode) include:

Lasting sad, anxious, or empty mood

Feelings of hopelessness or pessimism

Feelings of guilt, worthlessness, or helplessness

Loss of interest or pleasure in activities once enjoyed, including sex

Decreased energy, a feeling of fatigue or of being "slowed down"

Difficulty concentrating, remembering, making decisions

Restlessness or irritability

Sleeping too much, or can't sleep

Change in appetite and/or unintended weight loss or gain

Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury

Thoughts of death or suicide, or suicide attempts

If you need help - where to begin, what to expect

First and foremost, if at any time you or someone you know are contemplating suicide, seek help immediately. Call 911, go to the emergency room, or call a crisis line such as the Guidance Center at 527-1899 option 1, or Northland Family Help Center at 527-1900.

A good place to start is with your primary care physician, who could refer you to mental health care professionals, including therapists, psychologists and psychiatrists.

When you meet with a mental health professional, expect to fill out questionnaires and/or have an assessment appointment. The information gathered during initial appointments is vital, and though candor may be difficult at first, the more the professional understands you and your experiences the better he or she will be able to determine how to treat you.

Local resources

The Guidance Center 2187 N. Vickey Street, 527-1899,  
888-681-1899

Behavioral health services for adults and children in Flagstaff and surrounding areas. Inpatient and outpatient substance abuse treatment is available. Options for financial assistance are available.

Flagstaff Medical Center Behavioral Health

1200 N. Beaver St., Flagstaff, 214-3937. Inpatient and outpatient behavioral health services. Private insurance or ability to pay required (AHCCCS not accepted)

Northern Arizona Regional Behavioral Health Authority

774-7128 for information about other regional clinics

Azpire House

516 N. Humphreys, 213-0742

Bipolar group meets Fridays from 2-3 p.m.

Group meetings, peer support

Open Monday -Thursday 11-4

Friday 11-9

Contact Sherry or Jack

National Alliance on Mental Illness (NAMI) Flagstaff

Third Wednesday of each month, 6:30-8 NAMI general support  
group at Azpire House

Call Janice McKee 380-4625 for more information