Psychology Today

HERE TO HELP

taming BIPOLAR DISORDER

Lori Oliwenstein

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To my father, Jack Oliwenstein,
who escaped Nazi Germany only to face
his own emotional Holocaust.

Foreword

It’s hard to imagine a more puzzling condition than bipolar disorder. Not only do extremes of moo wax and wane on their own schedule, they create havoc in the lives—and minds—of those who hav the disorder, not to mention the people around them. What is more, the manic phase of the disorder, least in its early stages, can actually make people feel deceptively good with the energy an overconfidence it creates.

Taming Bipolar Disorder is designed to bring order out of the chaos of living with a condition th seems to be becoming more common, especially among the young. Although no one is sure what goe awry in bipolar disorder, it’s now very clear that there is a great deal those who have it, and those wh live with them, can do to curb its mysterious force and harness its creative energy.

However, there is so much information about what can be done to minimize the chance of manic depressive episodes; to keep moods from spiraling out of control; to keep people from the sel destructive spending sprees, gambling sprees, talking jags, and personality clashes that leave so muc wreckage in their wake. Never before have those with bipolar disorder had such a clear opportuni not just to normalize their lives but to actually thrive with this condition.

This book will do for you and your family what medications cannot. Necessary as they ar medications alone will not sustain a balanced quality of life. Only behavioral management can tru help achieve that goal. Author Lori Oliwenstein draws upon a broad array of expertise and person experiences to help people understand the disorder, how to get good treatment, just what goo treatment consists of, and how to both manage the condition day to day and plan for the long haul.

Lori Oliwenstein is uniquely qualified to describe the challenges of living with bipolar disorde She is an experienced science writer who knows the condition from the inside out. Her father has it- and you will meet him in these pages. Of course she explains the cutting-edge research that has pave the way for this book, and she also describes the impact bipolar disorder can have on clo relationships.

Taming Bipolar Disorder is the most comprehensive guide available on bipolar disorder. discusses the challenge of diagnosis and the intricacies of treatment, including nutritional support. offers coping skills and advice on work and relationships that can be both the cause and effect episodes. This is the book that will get you, and those you love, all the way to the finish line.

Kaja Perina
Editor in chief
Psychology Today

Introduction

When my father was diagnosed with bipolar disorder, it was actually a relief. Finally, a diagnosis th made sense. Finally, a foe we could name; one we could wrap our hands and minds around and c battle with.

He didn't feel that way right away, of course. He was scared and more than a little bit skeptica Over the past few years, he's had to fight his own denial, resentment, and ingrained prejudice—th oft-spoken feeling that people who are mentally ill "just need to get over it"—in much the way he ha to fight mania, anxiety, and debilitating depressions throughout most of his life.

How you're going to feel when someone speaks the words to you—or how you felt the first tim they did—might be entirely different. But you and my father and the millions of others living wi bipolar disorder have at least one thing in common: a drive to thrive. You're not going to take thi lying down. You're going to fight this thing. And you're going to win.

Yes, it's hard having bipolar disorder. Yes, you're going to have to live with it for the rest of you life. Yes, it's going to affect the way you live that life. But yes, you can survive with your disorde And yes, you can thrive with your disorder. It can even enrich your life and your experiences, if you' willing to accept it and work with it, rather than against it.

Know you are not alone. Scientists and clinicians are dedicating their lives to making yours mo stable. The base of knowledge of bipolar disorder is growing daily. Some of these findings will hav an immediate effect on how you grapple with this disorder on a day-to-day basis. Others simply add the foundation of knowledge on which those larger findings are built. In *Taming Bipolar Disorde* you'll hear about these people and what they're finding.

Then there are the people who love you and want to help you, people who might need son education or time to heal, to understand, but who will fight alongside you and grow with you. *Taming Bipolar Disorder,* you'll learn how to help them along.

And then there are the people who know just what you're going through because they've been the themselves. In *Taming Bipolar Disorder,* you'll hear their stories. Maybe you'll even find one that like your own. I hope you'll find ideas, inspiration, and hope.

What You'll Find Inside *Taming Bipolar Disorder* is organized into four parts:

In **Part 1, "Bipolar Basics,"** you'll find a primer on bipolar disorder: what its symptoms are (an what they feel like), the different types of bipolar disorder, what makes it different from other form of mental illness, what's happening in your brain and in your DNA to get you here in the first plac and what you can expect from this disorder over time.

In **Part 2, "Gaining Control,"** you'll navigate the health-care system, peek inside the bipol medicine chest, learn how to keep pace with your circadian and social rhythms, explore your oth

treatment options, and consider how best to put the brakes on bipolar disorder.

In **Part 3, "Taking Back Your Life,"** you'll learn how to resist the lure of danger, how to tak responsibility and make amends, how to both get and give support in journeying from bipolar's pol back to life's more stable center, and what you can and can't expect in the workplace.

In the last part of the book, **Part 4, "Thriving With Bipolar Disorder,"** you'll consider the ways which bipolar disorder affects your life at home as well as learn how you can approach its soci challenges and come out a winner. You'll also look at bipolar disorder from some other points of vie —from the point of view of a young child and from the points of view of the friends and fami members whose own lives have been forever changed by your disorder.

How to Use This Book In *Taming Bipolar Disorder*, you're going to hear from the experts themselv —both the scientific experts and the experts who've lived with and through this disorder—about wh you can do to avoid the worst bipolar has to offer and how you can exploit the best of it.

This book is meant to help you on your journey to take back your life and make it even better. I tal to "you," the person living with bipolar disorder, throughout the book, but the information here meant for anyone who wants to know more about the ways in which this underappreciated an misunderstood mental illness works, as well as the ways in which it can be tamed.

Read it cover to cover if you want, or dip into a relevant chapter for a quick coping tip. In additio to the main text, you'll notice a number of different sidebars, each meant to enrich your experienc with the text: to expand on a point or consider one in more detail, to provide inspiration explanation, or to let you know that you're not the only one dealing with what might feel like a ve solitary burden.

As you read, dip, and flip through this book, you'll find these sidebars:

Q&A sidebars feature questions from people just like you and answers from the experts in that part of the field.

Web Talk sidebars encourage you to expand your explorations beyond this book by pointing out places on the web where you can go to get more information.

GET PSYCHED

Get Psyched sidebars are filled with inspirational quotes and bits of advice from experts and people who have something to say that you should hear.

PsychSpeak

PsychSpeak sidebars define, in plain English, a few of the more difficult or unfamiliar terms in the text. (For a more complete list of definitions, see the glossary in the back of the book.)

you're not alone

You're Not Alone sidebars tell the stories of people just like you; people who are working t find their way in a bipolar world and who might help you do the same.

In addition, at the end of each chapter, you'll find a section called "What You Can Do" that feature a checklist summarizing some of the major points of the chapter and putting them into concrete form These are meant to be some of your take-away points from the chapter; things you can do to have better shot at stability and at thriving not just despite, but *with* your disorder.

Welcome to *Taming Bipolar Disorder* If there's one thing you'll hear again and again throughout th book, it's how important—even critical—educating yourself can be in your struggle to find you footing and regain your balance. You can't make good decisions about a disorder that you don understand. As my father discovered, you can't really battle a foe you don't know.

But with information comes understanding. And with understanding comes the power to change, get better, to reach your goals, and to fulfill your potential. This book is a first step. You can take i you can do it. And we are here to help.

Acknowledgments I talk a lot in this book about the importance of support. That's no less true for m

than it is for anyone else. This book was made possible by the scientists and clinicians who wo tirelessly and selflessly to understand, treat, and prevent bipolar disorder.

S. Nassir Ghaemi, M.D., director of the Bipolar Disorder Research Program at Cambridge Heal Alliance and assistant professor of psychiatry at Harvard Medical School, was unfailingly genero and cheerful as he helped me better define the bipolar landscape and hone in on the most importa and most relevant issues. His contributions truly made this book possible.

Terence Ketter, M.D., chief of the Bipolar Disorders Clinic at Stanford University Medical Schoo was equally generous with his time and wisdom as he helped me understand bipolar disorder biological and psychological intricacies.

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Ellen Frank, Ph.D., director of the Depression and Manic Depression Prevention Program at th Western Psychiatric Institute and Clinic, was invaluable in helping me see the issues involved i treating bipolar disorder with psychotherapy and was remarkably balanced in her assessment treatment options—including the one she herself has developed.

There is no one better to explain the issues of bipolar disorder in childhood than Barbara Gelle M.D., professor of psychiatry, Washington University School of Medicine in St. Louis, who literall wrote the book on the subject.

In addition, Hilary Blumberg, M.D., a psychiatrist from the Yale University School of Medicin gave me firsthand insight into the bipolar brain.

And Cameron Quanbeck, M.D., from the University of California, Davis, helped me get a handle o bipolar disorder and the legal system.

I also got invaluable support from the folks at the Depression and Bipolar Support Allianc (DBSA). In particular, Lisa Goodale talked to me at great length about peer support and peer service And Christy Hummel, from DBSA's external relations office, went above and beyond to help me fin people who were willing to talk about their experiences with this disorder.

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Lynn Albizo deserves a similar note of gratitude, for sharing not only her experience as a ment health advocate and lawyer, but her personal experiences as well.

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My family has been amazing throughout. Thanks to my sister, Jill Vogelsberg, who lived the sam story I tell in these pages; to my mother, Linda Hershfield, whose own life was affected by m father’s bipolar disorder; and to my stepfather, Harry Hershfield, who has always been there.

Bruce and Jeffrey Kluger are my tireless champions and half the reason I was able to write th book. Steve Kluger is simply the greatest uncle and brother-in-law the world has known. I’m thrille to call them all my family.

Heaps and heaps of love go to my amazing children, Emily and Noah Kluger, for whom the writin months must have seemed like a lifetime, and to my even more amazing husband, Garry Kluger, wh did double-duty throughout yet still found the energy to be supportive and encouraging.

There aren’t words to say how impressed I am with the people who thrive with this difficu disorder. To Alexis, Andy, Bobbi Jo, Christine, Jacqueline, Jon, Kay, Lynn, Mara, Natalie, Rachael Shay, Stephanie, and especially to my father, whose struggles and triumphs I’ve witnessed firsthan thank you for allowing me into your lives.

Part 1

Bipolar Basics

Before you got your diagnosis, you might not have even known what bipolar disorder was. Mayb you'd heard of manic-depression, but that's about all. Now you know what it is—and you're scare Terrified, actually. Don't be. Knowledge is power, and in Part 1, you'll learn the bipolar basics– everything you need to know to become powerful.

1

What Is Bipolar Disorder

Bipolar disorder is about life at its extremes. It's about the deepest of depressions and, sometimes, th wildest of euphorias. It's about the struggle to get a grip on one's mind: to get diagnosed, fin treatments, and forge a life out of chaos. And it's about surviving—even thriving—while riding th outrageous emotional roller coaster.

If you're bipolar, or if you live with and love someone who is, you know there's nothing easy abou this condition—not its diagnosis, not its treatment, not even its definition. For every uncomplicate question you pose about bipolar disorder, you'll get an impossibly complex answer—if you get a answer at all.

Take something as simple and concrete as statistics. How many people are living with bipol disorder today? The much-bandied-about number is 2.3 million Americans, or about 1 percent of th population—the same percentage of Americans who have schizophrenia. But almost anyone who dea with bipolar disorder—be it through personal experience or scientific research—believes that percent is a low estimate. Almost everyone has a story to tell about bipolar disorder: a story about friend, a relative, or even themselves.

The experts agree: 1 percent is too low. The real number is undoubtedly higher. But how muc higher?

PsychSpeak

Unipolar depression is a mood disorder in which a person experiences one or more episodes persistent sadness and apathy, fatigue, and feelings of worthlessness, without any intervenin episodes of mania or hypomania.

"The truth is probably somewhere between two and five percent, depending on your definition bipolar," says S. Nassir Ghaemi, M.D., director of the Bipolar Disorder Research Program Cambridge Health Alliance and assistant professor of psychiatry at Harvard Medical School. "Th puts it at two to three times more cases of bipolar than schizophrenia, and about half as much unipolar depression. I think that's probably right."

Defining Bipolar

What *is* the definition of bipolar disorder? Simply, it's a mental illness in which you experienc episodes of manias that range from mild to extreme, as well as episodes of depression. In realit

however, nothing is that simple. There are different types of bipolar disorder (see Chapter 2), and the all tend to look different in different people. Some people might experience the classic man symptoms, while others might have upward mood swings that are so mild they're barely noticeabl Some might go through the classic manic symptoms of grandiosity and extreme elation, while other manias might send them on shopping sprees and make them extremely irritable. Indeed, there a several different degrees of both mania and depression, each of which has its own variations on th general theme.

The importance of pinning down a definition goes well beyond semantics; the way bipolar disord and its various parts are defined determines how you're diagnosed if you seek help from a clinicia The diagnosis you get determines the treatment you get, and the treatment you get might determi how well you are able to live with your disorder. And it all begins with a name.

Manic-Depression vs. Bipolar Disorder

The first time bipolar disorder was described as a specific condition all its own, separate from th other forms of "hysteria" and "melancholia," was in 1851, when French psychiatrist Jean-Pierre Falr described what he called *folie circulaire*, or "circular madness," in which patients cycled throug depression, mania, and a period free of disorder.

In 1899, German psychiatrist Emil Kraepelin—who is often referred to as the father of moder psychiatry—took this concept a step further. He differentiated between what he called "dement praecox" (known today as schizophrenia) and "manic-depressive insanity," and gave psychiatrists th tools by which to differentiate between two conditions that can at times seem similar. At the sam time, however, he took a step backward, as it were, by bringing together both the unipolar and bipol forms of depression under the single manic-depressive umbrella.

Still, the moniker stuck. And thrived. In fact, a good number of the people who have the disord today were likely diagnosed not with bipolar disorder, but with manic-depressive illness. Even now, you talk about bipolar disorder, you might get a blank stare. But say, "You know, manic-depression, and the lightbulb will go off.

It wasn't until 1966 that not one, but two publications detailed the differences between bipolar an unipolar depressions in much the same way Falret had done. Falret's idea of bipolar disorder had bee reborn, and the term "manic-depression" began to lose momentum. By 1980, when the America Psychiatric Association (APA) published the third edition of its *Diagnostic and Statistical Manual Mental Disorders*, or *DSM*, the name change—and the shift in perspective—had become official. (Th *DSM* is currently in its fourth edition, the *DSM-IV*, which was unveiled in 1994.)

I spent most of my adult life thinking of myself as a manic-depressive; the name bipolar just doesn't seem to fit as well. Is there any chance the name will change back?

"Probably not. There's force of habit to overcome, so unless there's a groundswell of support for a major change, coming from a majority of clinicians, things are likely to stay the same. Still, I do have to agree with you. Words have consequences, and what these words suggest is that people like you have poles. But because we now think the course of the illness is chronic depression with brief manic episodes, manic-depressive may be a better phrase.

"In addition, the bipolar/unipolar terminology is vague; it doesn't explain what the condition is very well. The distinction might work better if there was actually a clean distinction between the two, but the truth is the original impetus to distinguish between bipolar and unipolar depression is less powerful than it used to be." *—S. Nassir Ghaemi, M.D., director of the Bipolar Disorder Research Program at Cambridge Health Alliance*

Mania

No matter what the disorder is called, mania is at its core. Mania is what makes bipolar disord different from unipolar depression, different from schizophrenia, different from other forms psychosis. And what makes mania is its energy. Sometimes it's a euphoric energy that propels yo through life at breakneck speed, hurling thoughts and ideas at you with such force that you can hard talk fast enough to keep up with them. And sleep? How can you possibly sleep when there's so muc to do, so many profound insights to explore? It would all be too exhausting if it weren't for th psychic caffeine being pumped into your body day and night, sometimes for weeks on end. You feel a if you can accomplish just about anything. In fact, you know you will.

But not all mania is an exciting, if wild, ride. Sometimes manic energy is annoying, even irritatin It won't let you concentrate on one thing at a time. It won't let you sleep. It won't even let you s down. You have to keep moving, you have to keep *doing*, no matter how much you want to stop. An

so you seek out things that will help you slow down—drugs, alcohol, anything that will dissipate th energy, even just a little.

The classic concept of mania—of a person giddy beyond reason, full of energy and self-confiden and incredible delusions of grandeur—is true in maybe a quarter of the cases of mania, says Ghaem "Many people who are manic are angry or unhappy. They usually don't experience mania as particularly pleasurable state."

Symptoms Mania really is the defining concept in bipolar disorder. After all, if you've neve experienced mania or at least hypomania, mania's somewhat subdued sister (see the followin "Hypomania" section), you can't be bipolar—at least not according to the guidelines put forth by th APA's *DSM-IV*. Depression, on the other hand, is not "required" for a bipolar diagnosis, which somewhat ironic, considering that if you have bipolar disorder, you likely spend about a mont depressed for every day you're manic. Of course, your mileage might vary.

GET PSYCHED

"When I was manic, I owned the world. There were no consequences for any of my actions. It was normal to be out all night, waking up hours later next to someone I didn't know … I thought I knew what you were going to say before you said it. I was privy to flights of fancy that the rest of the world could scarcely contemplate."

—Patty Duke, actress, in "Through a Lens, Darkly," Psychology Today, *August 2002*

Mania's symptoms are usually quite apparent—at least to the people around you. From the inside it's more difficult to recognize. Mania often cloaks itself in denial and a lack of self-awareness, a so of literal inability to see yourself clearly or recognize that you're exhibiting symptoms of mania. fact, this so-called "impaired insight" (see Chapter 3) is itself one of the hallmarks of mania. Othe include the following:

- Feeling euphoric, "high," speeded up, or irritable
- Having an inflated sense of yourself, of your importance and your power and your abiliti (called grandiosity)
- Needing little to no sleep, yet still being full of energy
- Talking more than usual, or so fast that it's almost impossible for others to follow you
- Jumping from thought to thought or idea to idea, and being easily distracted
- Being unable to slow down your thoughts or speech even if you wanted to
- Being physically agitated, unable to sit still, and hyperactive
- Behaving in a self-absorbed, self-destructive manner; drinking too much, taking drugs, havi indiscriminate sex, or going on wild spending sprees

If you've experienced three or more of these symptoms at one time, you've likely had a man episode. But the true test of mania is not so much the symptoms—after all, having a strong sense self-esteem isn't necessarily a bad thing, and who among us hasn't experienced racing thoughts at or time or another in our lives? The true test of mania is that these symptoms have a real impact on yo life, a negative impact such as damaging a relationship or putting you into severe debt or causing yo to lose your job.

Another true test of mania is time. A day of euphoria after a promotion at work, a fleeting feeling o smugness after you pass a test most other people fail—that's not mania. In the medical world, yo have to have these symptoms for at least a week to be diagnosed as manic (unless you've bee hospitalized for manic symptoms, in which case the diagnosis is immediate).

In addition, true bipolar mania can't be explained away by some other medical condition, such a multiple sclerosis or Huntington's chorea, some symptoms of which can sometimes mimic mani And you're not considered to have true bipolar mania if you've been using drugs associated wi mania, such as amphetamines. In fact, although antidepressants can trigger mania in susceptib people, the *DSM* doesn't even consider manias caused by antidepressants to be bipolar manias. Th can be problematic, of course, because so many people with bipolar disorder are initial misdiagnosed as depressed and put on antidepressants.

Hypomania Although there's a fair amount of wiggle room in the guidelines for a manic diagnosi it's not particularly difficult to recognize mania. *Hypomania*, on the other hand, can be much mo elusive, if only because it's simply a subtler form of mania. Picking up hypomania—even ju defining it—is, thus, significantly thornier.

To be considered hypomanic, you need to show the same three or more symptoms from the sam list of clinical signs used to diagnose mania (given in the preceding "Symptoms" section). But in th case of hypomania, these symptoms need only persist for four days to qualify for a diagnosis. An although they should have a noticeable effect on your life—it's likely that your mood and your abili to function will be changed enough to be noticeable to others—they should not cause hospitalizatio or have a significant impact on your ability to work or hold together a relationship. If they do, you' manic—not hypomanic.

Dysphoric Mania As I'll discuss in Chapter 2, the psychiatric community is now beginning t recognize that mania is often more about negative feelings, even paranoid or destructive feelings, tha it is about euphoria. Irritable manias are probably more common than the stereotypical grandios euphoric manias.

The next step up from irritability is dysphoric mania, in which the symptoms of mania are literal jumbled together with a few symptoms of depression. (On the other side of the coin is agitate depression, in which symptoms of depression are mixed with a few manic signs.)

The question that plagues researchers is what the mix of these symptoms does for the predictio we can normally make about the disorder's course or treatment or impact. True "mixed states," discussed in the following section, meet the criteria for both mania and depression at the same tim

But many clinicians and researchers in the field say this is just too high a bar to set. They say th even when only a few of depression's signs meet the full force of mania, the mania is change somehow, in significant ways. And indeed, mixed states are more difficult to treat and get unde control; in addition, people in mixed states have significantly higher rates of suicide than do peop whose mania is straightforward.

How many symptoms of depression does it take to significantly change mania? At least one stud has shown that the addition of a single sign of depression seems to make a difference in the way th mania plays out and how it responds to treatment. In addition, a study led by University of Californi San Diego, psychiatrist Hagop Akiskal, M.D., found that it takes just two or three depressiv symptoms to make mania look more like a mixed state in rates of suicide and ultimate outcome of th disorder.

Manic Psychosis What starts out as euphoria and degenerates into the dysphoria of depression ca sometimes morph into the confusions and delusions that are the hallmarks of psychosis. One day yo feel like a god; the next day God is talking to you. One day you're convinced that you're smarter tha anyone around you; the next day you're convinced that you're being persecuted by everyone aroun you.

The symptoms of psychosis are as follows:

- Delusions
- Hallucinations
- Disorganized or incoherent speech
- Disorganized or *catatonic behavior*

If you show signs of two or more of these symptoms, you're likely to be diagnosed as psychotic; you also or already meet the criteria for mania, then you'll be diagnosed as having a manic psychosis

What turns elation into hallucination, grandiosity into paranoia? Lack of sleep, for one. Th inability to slow down your thoughts, to concentrate, even to simply see what's happening to you, fo another. But the truth is, no one really knows as yet just what makes one person susceptible t psychosis when he or she is manic as opposed to the next person. The only thing we know is th mania greatly increases your chance of having a psychotic episode; psychosis is much less common- indeed, almost unheard of—in hypomania.

PsychSpeak

Catatonic behavior, or catatonia, is a behavior disturbance during which you spend lon periods of time in a virtual stupor. Physical symptoms characterizing catatonia include ver stiff, rigid muscles, especially in the arms and legs.

Depression