­Jennifer Hood

Professor Michael Kimball

English 1010

04 May 2013

Bipolar Disorder and Me

As a young child, I thought my mom was just like everyone else’s mom and figured all of my friends were treated the same way. The rules. The expectations. The limitations. The consequences. Little did I know, my mom was different in ways I wouldn’t fully understand until later in life. As a teen, I would often refer to her as Dr. Jekyl and Mrs. Hyde because I never knew “who” I was going to get. She could be as nice as she could be one minute and then explode into aggressive behavior the next. Needless to say, I didn’t spend much time at home. After much pleading with my father, he was finally able to encourage my mother to see a doctor. She was diagnosed with bipolar disorder. To complicate matters, treatment wasn’t a quick cure-all, which raised a whole new set of questions and clouded my trust in the medical community.

Bipolar disorder, also known as manic-depression, “is a serious mental illness characterized by extreme changes in mood from mania to depression. It can lead to risky behavior, damaged relationships, and even suicidal tendencies if it’s not treated.” Research shows that women are more likely to experience periods of depression and have a higher risk for rapid cycling; which means having four or more mood episodes in a year, than men. Mood shifts can happen a few times a year or as often as several times a day. In some reported cases, bipolar disorder can cause symptoms of depression and mania at the same time. For someone suffering from the disease as well as those around them, this can be a frightening experience.

The symptoms of bipolar can vary from person to person. Most people don’t know that they have bipolar disorder. Even with their noticeable changes in mood, most people don’t recognize how much this instability affects their lives. While the cause of bipolar disorder is not known, hormones, environment, and genetics all play a part. Currently, there is not a cure but doctors have been successful with different treatments options depending on the severity of the symptoms. Can someone who suffers from bipolar disorder lead a normal life?

Anti-Depressants

Newly diagnosed patients are often prescribed an anti-depressant to help sustain their mood. Most patients see marked improvement after taking an anti-depressant for a few weeks. However, concern for the serious side effects such as increased suicidal thoughts make taking anti-depressants a difficult decision. An article published in April 2007 in the *New England Journal* suggests that anti-depressants do not have the “sustained effectiveness” in patients with bipolar disorder. Additional studies conducted in recent years have failed to demonstrate significant benefit. In addition, the use of anti-depressants has been linked to weight gain which furthers increases the morbidity and mortality rate.

Self-Medicating

People who suffer from bipolar disorder often seek out other drugs or alcohol to ease their pain. While these “alternative methods” may quickly lift someone out of their current state of mind, it’s a perception that will fade. Add in the side effects and a manageable condition can quickly turn into an unmanageable mess.

Dr. Ole Andreassen of Oslo University Hospital in Norway studied the effects of marijuana on patients with bipolar disorder. He found that marijuana use resulted in negative effects that actually worsened overall function. While cognitive test results were slightly better, the results were not statistically significant and marijuana use can lead to early psychosis. One user of cannabis for his bipolar disorder states, “ Do you have any idea what it’s like living with bipolar and trying to have a normal life? It’s hard as hell and the drugs didn’t help but pot does. It’s an instant fix. It doesn’t take weeks. It doesn’t make me suicidal or paranoid. Point in fact it helps. I can be as normal as is possible. When I smoke, I don’t have the anxiety or the extreme mood swings, the highs the lows…” Another user states, “In my experience it “felt” like it was calming the mania but I think it was fuel for the fire. I could not get enough during a hypomania. I can from experience say that it is NOT helpful for this illness.”

It appears that for some people, medicinal marijuana is beneficial but more research is needed. While it is possible that a standardized dose and careful supervision from a medical professional might help those with bipolar disorder, marijuana is not readily available to those who many need it for medicinal purposes.

Psychotherapy

Seeing a mental health professional would make sense as bipolar disorder is a mental health disease. Cognitive behavioral therapy can be an effective treatment while providing education, support, and guidance. This type of “talk” therapy focuses on identifying negative thoughts and behaviors, and replacing them with positive ones. This can help someone learn effective ways to manage stress and situations that might be upsetting to them. Most patients would see a therapist once a week to focus on problem solving. For the most part, therapy is not harmful however some patients can latch onto this type of support and become addicted. Luckily, most therapists will be honest if they believe the person doesn’t need or won’t gain from therapy.

Jenifer Culver, Ph.D. and Clinical Assistant Professor at Stanford University’s School of Medicine, has studied the effects of bipolar disorder and psychotherapy for the last twenty years. As a licensed clinical psychologist, she works collaboratively with her patients to focus on treatments supported by research. She believes that therapy is most successful when the person she is treating has the desire to change. “Drawing on research in optimism, happiness, and positive emotion”, Dr. Culver has a special interest in positive psychology that she incorporates into her practice.

Electroconvulsive Therapy (ECT)

When medication and therapy don’t work, “shock therapy” can prove to provide relief. ECT is generally only used in severe cases. Patients are given a mild muscle relaxer and put under brief anesthesia before treatment. Electrical currents are then passed through the brain. The treatment only lasts between 1-2 minutes and patients are allowed to go home the same day.

Even though the treatment has improved over the last few years, ECT patients face the significant risk of permanent memory loss. Ernest Hemingway, famous American author, was noted to have committed suicide shortly after an ECT treatment at the Mayo Clinic. He wrote, “What these shock doctors don’t know is about writers… and what they do to them. What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure but we lost the patient.” This was a significant point in Hemingway’s life because his memory loss caused by the ECT affected his livelihood as a writer.

In conclusion, bipolar disorder is a debilitating disease that affects the person as well as their family and friends. I personally know how difficult it is to stay with the treatment prescribed. Because bipolar disorder is a lifelong illness without a cure, each treatment option must be carefully weighed against each other to decide on what is best for your loved one.

Help is out there for those who are trying to cope. Through education and counseling, I have been able to understand what my mom continues to go through. Being supportive and offering a positive outlook seems to provide some relief in her life as well as in our relationship. Personally, I think that it has brought us closer together and I have been able to gain insight into the pain she has experienced for decades. With the success in the mental health field, treatment options with less side effects and more efficacy are now available which gives me hope for a brighter future for my mom.

Works Cited

“Bipolar Disorder” *healthline.com* Healthline Networks. n.d. Web 9 Apr. 2013

Bipolar Disorder *webmd.com* WedMd n.d. Web. 12 Apr. 2013

Jenifer Culver, Ph.D., *med.standford.edu* Stanford School of Medicine n.d. Web. 04 May 2013

Jessica Ward Jones, M.D. “Different Effects of Marijuana in Bipolar and Schizophrenic Patients” *psychcentral.com* Psych Central. July 15, 2010 Web. 9 Apr. 2013

Jim Phelps, M.D. “Antidepressants in Bipolar Disorder” *psycheducation.com* n.p. September 2009 Web 12 Apr. 2013

John M. Gorhol, Psy. D. “Psychotherapy” *psychcentral.com*. Psych Central. January 6, 2012. Web. 9 Apr. 2013

“Shocking Treatment” *The Economist.* Print. Sept. 15, 2005

“Tricyclic Antidepressants and Tetracyclic Antidepressants” *mayoclinic.com* Mayo Clinic. Web. 9 Apr. 2013