

# Bipolar Disorder

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**Pablo Moreno, M.Ed., LPC-S**

Bi-polar is a mental disorder characterized by periods of elevated moods and periods of depression.

The elevated moods are known as mania and hypomania. During mania an individual feels or acts abnormally happy, energetic, or irritable. When individuals are in this stage they make poorly thought out decisions with little regard to the consequences. In addition, these individuals usually have difficulty sleeping and focusing. Hypomania is a mood characterized by persistent impulsivity and pervasive elevated or irritable mood generally less severe than the full mania.

While hypomania may exhibit productivity and excitement it may be an issue if the individuals engage in risky behaviors. When individuals endure the periods of depression they may exhibit crying spells, poor eye contact with others and a negative outlook on life. At this stage individuals have a risk of suicide and self harm.

The cause of bi-polar may not be clearly understood but both genetic and environmental factors play a role. If individuals have family members that have bi-polar these individuals may be predisposed to the disorder. Environmental factors include long term stress or a history of child abuse.

Bi-polar is divided into two categories Bi-polar I and Bi-polar II. Bi-polar I is characterized by at least one or more manic episode or mix episode. Bi-polar II is characterized by the occurrence of one or more Major Depressive Episodes accompanied by at least one Hypomania episode. Bi-polar disorder often goes unrecognized and is commonly diagnosed during adolescence or early adulthood.

Bi-polar disorder can be a severely disabling mental disorder. However, many individuals with bi-polar disorder can live full and satisfying lives. Quite often medication is needed to enable this. People with bi-polar disorder may have periods of normal to near normal functioning between episodes. Prognosis is good for many people with bi-polar with good treatment. Treatment commonly includes psychotherapy and medications such as mood stabilizers or antipsychotics.

Psychotherapy can benefit by alleviating core symptoms, recognizing episode triggers, reducing negative expressed emotion in relationships, recognizing symptoms before full blown recurrence and practicing the factors to lead to maintenance of remission. Cognitive behavioral therapy, family focused therapy and psycho-education are most effective to in regard to relapse prevention.

## Food for thought:

*When you are mad, mad like this, you don't know it. Reality is what you see. When what you see shifts, departing from anyone else's reality, it's still reality to you.*

*Marya Hornbacher, Madness: A Bipolar Life*

I **Have** Bipolar Disorder.  
I am **Not** Bipolar.  
I take **5** medications **3** times a day.  
I am **Not** my illness.  
My illness is a **Part** of ME.



## Reading Suggestions:

