

## Understanding the Bipolar Spectrum

~Michael Mongno Ph.D~

Imagine being someone who wakes up in the morning with a hugely debilitating feeling of not being able to get up and start the day. Or alternatively, having such anxious, intense energy that it's hard to sit still and you find yourself racing from one thing to the next with no ability to stop and rest. Speeding from deep depression and despair one moment to cycling upwards into a manic state of uncontrollable energy or anxiety is how many people live their days, weeks, and months. They are either in one painful state or the other with little or no respite between the two. This is a mental illness called Bipolar Disorder and it is characterized by extreme pathological swings from depression to mania.

Manic depression is another name for this illness and it is a brain disorder that causes dramatic fluctuations of energy and mood swings, as well as highly varying activity levels with a compromised ability to perform the daily activities of life. Jimi Hendrix, one of the greatest rock guitarists in history, suffered from manic depression and wrote a popular song that accurately describes the torment one can feel.

“Well I think I'll go turn myself off and go on down, all the way down,  
Really ain't no use for me hanging around... (lyrics continue to)  
Manic depression is a frustrating mess.”

He describes his experience well, it's just that a person suffering from Bipolar Disorder can't simply “turn oneself off.” They will in fact try to find ways to “go on down,” because the desire to stop the tortuous mania is so great that even depression seems like a welcome relief, that is until they're stuck there. Bipolar sufferers can experience episodes that last for days into months. Unconsciously it's as if each state is defending against the agony of the other. Hendrix goes on to say how it “captures my soul,” perhaps meaning that it completely overtakes his whole self or personality from which it feels like there is no way out, no escape.

People who experience this disorder often have some genetic predisposition or have been raised in a family where there is extreme stress, chaos, or disruption. It affects men and women alike and usually starts between the ages of 15 and 25. With most people there seems to be no clear cause, but manic periods can be triggered by such things as childbirth, periods of insomnia, recreational drug use, or occasionally some medications such as anti-depressants. Although there is no definite cure, there is treatment, both pharmacological and therapeutic, that can help ameliorate the intensity of the symptoms and provide tools for stabilizing and reducing the fluctuation of the severity of the mood swings.

My work as a psychotherapist has given me much insight into the struggles and torment that many with this disorder go through on a daily basis. However the entire spectrum is not tortuous all of the time, as in the manic stage where one can feel “high” or in an overly happy, outgoing mood that may last for lengthy periods. During this time the person feels very productive and appears energetic and enthusiastic, so that others would never know it's a “hyped up” state

certain to be followed by the dark depression which inevitably follows. This manic state can often include irritability and poor temper control or is accompanied by great feelings of grandiosity where the person feels that he or she can do anything. They may come up with all kinds of irrational projects or schemes that they are convinced are real and possible, and they become so convincing (they are often very charismatic) to the degree that others can get pulled into the vortex of excitement and energy and get taken along for the ride.

When someone is in this manic phase, they are extremely emotionally driven, can be impulsive, restless, and may not feel the need for sleep. Their normal decision making capabilities can become compromised and they are likely to behave recklessly, not only financially, but can engage in risky behaviors such as excessive drinking, drug taking, or unsafe sex. Fifteen to twenty percent of those experiencing this manic phase may die from being in an accident or altercation of some form, or by taking their own life. It's as if they feel nothing can affect them, and therefore become unreachable and have little desire or ability for self-care.

This can get played out in devastating ways in relationships, where one is often positively seduced by the inductive energy of the bipolar partner only to then be berated or mistreated, sometimes violently. This kind of emotional and physical mistreatment is hard to bounce back from. And the emotional turbulence that often characterizes bipolar relationships is frequently too much for anyone to handle, so relationships end prematurely (close to 90 percent of marriages involving a bipolar person end in divorce). One would need a strong constitution in order to remember that no matter how real it may all seem, it's a terrible polarity or fantasy the bipolar partner is living and acting out. The healthy partner must try extremely hard not to be reactive and to have compassion for who the "whole" person really is. I recall one of my patients despairingly begging his wife to try to understand saying, "Think what it must feel like to be me." The best the healthy partner can do is to attempt to firmly and compassionately bring the bipolar sufferer back to a present moment reality, in hopes of helping them remember what normal feels like and to realize a more stable emotional state.

Of course the reverse happens on the other side of the polarity, in which the bipolar partner begins to slip into a sad or hopeless mood and continues spiraling into a deep, dark depression. He or she can become lethargic and often loses interest in activities they would normally enjoy, including sex. They are apt to have trouble concentrating or making decisions, very much the polar opposite of the highly charged, impulsive manic phase. This extreme within the spectrum feels as awful as the manic phase, perhaps even more so, since as with any depression it feels like there is no hope, no way out and that it will last forever; most suicides and suicide attempts occur during this state or a mixed bipolar state.

For many people however, the symptoms are not so pronounced or extreme in that they occur either just below the threshold of the full disorder or vary in intensity across the spectrum. What can mask as a consistently elevated mood of cheerfulness, happiness, or euphoria is often actually a milder form of bipolar mania called "hypomania." It's a state filled with great enthusiasm, creativity and power. Although it is certainly more pleasurable, this exuberance and supreme confidence can often impair judgment and blind a person to potential consequences of decisions, resulting in disastrous often long-lasting and sometimes fatal results. Alternatively,

the dark cousin of hypomania is dysthymia, which can be confused as a down or dark temperament, but is really a form of low-grade depression, that if identified is very treatable.

Treatment for bipolar disorder comes in many forms and is still evolving. Lithium, one of the most widely used and studied medications, helps reduce the severity and frequency of mania, as well as relieve or even prevent bipolar depression. In 2003 the FDA approved lamotrigine (Lamictal), an anti-epileptic medication which is showing success in delaying and preventing repeat mood episodes. On the nutritional front, Omega 3 fatty acids, folic acid, B vitamins and magnesium have been shown to work well as adjuncts to medications, by both decreasing the need for more medications and allowing for lower dosages (Andrew L. Stoll MD, chief of pharmacology at Harvard's Mclean Hospital).

As a holistic psychotherapist and relationship counselor I work to help people become more self-aware and conscious of their emotional states and the effect they have on others. This works well with patients with bipolar disorder. Some time ago a scientist at a prominent New York research university who had been diagnosed with Bipolar 2 disorder, which is slightly less extreme, came in to me stating, "I want your help with mindfulness and a more holistic approach in learning more skillful means for managing my emotions."

In our treatment we worked with self-awareness, mindfulness meditation, and utilized other experiential techniques to enhance self-reflection and attunement to one's inner process. This enabled him to have more control and self-regulation in the present moment and in a variety of emotionally triggering environments. He also discovered preemptive ways to forecast what stressors might be around the corner so as to be better prepared for any possible emotional instability. Over time he was able to reduce and then eliminate his need for the variety of medications he was taking. He called them a necessary bridge to a spiritual awakening that later ensued. Here he experienced a Self greater than his turbulent emotions and was able to remember that place inside himself and return to it in stressful situations.

Family and friends can also be a great asset in helping someone suffering with bipolar disorder better cope with their emotional upheaval. In such times, my patient's family learned to firmly reflect back to him when he was going off track. Then with love and compassion they were able to bring him back, recognizing that it was his illness that was causing the drama or turmoil, not him. Through the work in therapy with him and others over the years, I have gained great respect for those who have to live with this awful illness. And I continue to feel the reward of playing some role in their being able to better manage their lives so as to feel greater emotional equilibrium and joy in living.

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