Kerrie Eyers is a psychologist, teacher and editor with many years' experience in mental health. She the Publications Consultant at the Black Dog Institute, Sydney, and is editor of *Tracking the Blac Dog* (UNSW Press, 2006).

Gordon Parker is Professor of Psychiatry at the University of New South Wales and Executiv Director of the Black Dog Institute. He is a renowned researcher with over 30 years' experience wi mood disorders, and is author of *Dealing with Depression: A common sense guide to mood disorde* (Allen & Unwin, 2004).

Tessa Wigney, Kerrie Eyers and Gordon Parker are co-editors of *Journeys with the Black Do Inspirational stories of bringing depression to heel* (Allen & Unwin, 2007).

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MASTERING BIPOLAR DISORDER

An insider's guide to managing mood swings and finding balance

Edited by
KERRIE EYERS & GORDON PARKER

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83 Alexander Street
Crows Nest NSW 2065
Australia
Phone: (61 2) 8425 0100
Fax: (61 2) 9906 2218
Email: info@allenandunwin.com
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FOREWORD

I begin to wonder
if I'll soar too high and break like thunder
through the sanity barrier.
Or will I plummet in the other direction
and be buried in the ground
till resurrection? (62)

This book takes the reader into the world of those who have bipolar disorder. In their stories, the have shared their wisdom about managing this most difficult condition, wisdom that can b summarised:

> Like most illnesses, bipolar disorder affects people from all walks of life; it is free of prejudice and merciless in its execution. But that's not to say it cannot be managed successfully. (127)

Bipolar I Disorder—once termed 'manic depressive illness'—affects up to 1 per cent of th population. Left untreated, it is a severe and chronic condition defined by oscillating episodes mania ('highs') and depression. During the manic episodes the individual can become psychotic an experience delusions and hallucinations.

Bipolar II Disorder has gained increasing recognition in the last decade. It is often seen as a le severe expression of bipolar disorder. The individual experiences non-psychotic highs ('hypomania that oscillate with depression. This disorder has a much higher prevalence than Bipolar I Disorde affecting up to 5 per cent of the population over their lifetime. Hypomania often goes unrecognised, most individuals enjoy the mood elevation and only seek help for the depression that so often follow This can, unfortunately, lead to many years of misdiagnosis and under-treatment.

What are the causes of bipolar disorder? The bipolar disorders are not just personality 'styles', b biologically-mediated conditions, reflecting genetic factors underpinned by changes in bra neurotransmitters. While we once used the term 'cyclothymia' to describe the personality style individuals whose general mood alternated from cheerful and vivacious to glum and mildly depresse the bipolar disorders are more than this: they are categorically abnormal mood states.

What are some signs? In general, during a bipolar 'high' the individual experiences enhance energy and mood: feeling 'wired', creative, and extremely confident and elated ('I am privy to God'seye view of the world' (173)), although for many, feelings of anger and irritability ma dominate. There is little need for sleep; he or she is tireless. They talk more—and over—people, a loud, rash in conversation and behaviour, buy whatever takes their fancy, and are often sexuall disinhibited. Previous anxiety or shyness melts away.

Mugged by 'happiness', one writer observes:

> I actually believed that no-one on earth could be as happy as me . . . Tears streamed from my eyes as I began each day. (112)

> But then . . .

> If there is an upside to mania—and there is—there is absolutely no upside to depression. None. Depression is very often fatal and it causes untold suffering. For that reason alone, everything possible should be done to prevent mania. (54)

The depression usually follows as the elevated mood ebbs away. Feelings now are the converse: lo mood, low energy. Self-worth evaporates, people feel black and hopeless, lose motivation, avo others and have a profound sense of 'anhedonia'—an inability to experience any pleasure. Good nev or happy events cannot cheer them, and they lose the 'light in their eyes'. Concentration is painful impaired and, for most, every movement is slowed, particularly in the morning. Many are wrung b agitation during depressive episodes, and wake early with a churning feeling, tortured by restlessness

Reaching a diagnosis of bipolar disorder involves clinical review of symptoms over the years. Th individual will often report a distinct onset (usually in adolescence or early twenties) whic differentiates the condition from 'personality style' diagnoses, or from other clinical conditions suc as Attention Deficit Hyperactivity Disorder (ADHD). The accuracy of the diagnosis is greatly helpe by corroborative information from an observer, be they friend or relative.

Advice on how to manage bipolar disorder has been disseminated by professionals for more tha two thousand years. The most definitive current information about Bipolar I Disorder is to be found Goodwin and Jamison's 1990 book, *Manic-Depressive Illness*. Kay Redfield Jamison, an author that classic work, has also evocatively described her own experience of the illness in her very readab book *An Unquiet Mind* (1995). In addition, many psychiatric associations have published 'treatme guidelines' for managing Bipolar I Disorder. However, while many research papers have bee published about Bipolar II Disorder, the first book considering this condition alone only appeared recently as 2008 (Parker, 2008).

Professional recommendations for managing the bipolar disorders generally see medication as 'given' to stabilise the condition and regain balance. Additional benefits are added by education abou the disorder, counselling and support strategies. Advice from health care professionals has th authority of evidence that is gathered from scientific studies and clinical trials. However, ment health literacy studies indicate that the best tactics for management are not necessarily agreed between professionals, consumers and the general public. Thus, in addition to 'outside in' profession advice, we also need and benefit from 'inside out' advice. Sharing the often painfully acquire wisdom of those who have bipolar disorder and who have trialled all sorts of strategies may be of u for others to weave into their own personal safety nets. Hence this book.

In 2007, we published a companion book (*Journeys with the Black Dog*) that reported ways gaining control over depression, with hundreds of individuals recounting their path to diagnosis ar how they had subsequently kept the 'black dog' at bay. We adopt a similar model in this boo selecting material from 260 people with bipolar disorder who responded to our invitation to sha their 'getting of wisdom'—how they learned to gain their balance on the highwire of mania ar hypomania. Each contributor is acknowledged by the number assigned to their entry in the Black Do

Institute Essay Competition.

Some important issues arise in this compilation—particularly for those readers who may have on recently been diagnosed. The extracts collected here do not capture the more usual course of th condition. They are, rather, more from individuals who have written about their illness at its worst o those who have experienced the more severe expressions. In response to the question about managin the highs of bipolar disorder, people have presented the more memorable and extreme times in the life. However, there are many people who, subsequent to their diagnosis of bipolar disorder, an provided with basic education and medication, have had their condition under complete control f decades. Bipolar disorder can be tamed. People with this condition can be assured that when they fi and implement strategies that are effective for them, they can look forward to a settled life.

> Our learning curve has been quite steep, and we were initially unprepared for the trials which the illness presented to us. But I am increasingly hopeful about my future given that I have now received a diagnosis, and have found a good team of mental health workers to help me understand and manage the illness. (10)

While most people with bipolar disorder will never require a hospital visit, the high rate amongst o contributors indicated that many writers had the more severe Bipolar I expression, and experienc psychotic manic episodes rather than the less severe and less distressing hypomanic episodes. Als these accounts mainly portray the high periods rather than the writers' depressive episodes (the foc of our previous book).

As editors we have tried to weight views that showcase the writers' discovery and increasi mastery of their strategies. We have also avoided an exclusively 'medical' framework—medic management is only one part, though important, of the platform of skills necessary for the successf management of bipolar disorder. There is a 'spotlight' section at the end of each chapter that focus on views from medical professionals.

What do we learn from the people who have invited us into their world and shared their wisdom s generously?

First, the vibrant description of their highs enlivens the often dry, clinical accounts provided textbooks.

Second, we are taken into a world of dilemmas. To continue with medication or not? To court a hig and experience the world through 'rose-coloured glasses' but then reap the depression concealed in i slipstream? To accept or resist the seductive invitations that are the hallmark of a high? To infor family, friends and workmates or to go it alone? To resist medication as it might comprom creativity? These are high stakes. Many describe how they had to crash numerous times before the were motivated to 'surmount' their condition:

> The true getting of wisdom may only come after several bouts with the bipolar bully. (10)

> Extremely tempting to let High take over, but life is too, too short to spend three months alone in the deep gorge of depression that always follows High. (130)

Third, we observe the snakes and ladders pattern of bipolar disorder—the high that advances th individual up the career ladder, followed by the blighting effects of a slide down the depression snak

I'm usually involved in ten times more projects than any of my friends: I'm strongly motivated to achieve instant solutions and I can comfortably initiate tasks far beyond my capability . . . Some things go according to plan and you experience the sweet scent of success. Other times you crash and burn in a spectacular fashion, and at great financial and emotional cost. (11)

Fourth, the writers illustrate a plurality of management techniques—education and self-awareness the condition; the search for and discovery of a supportive therapist who will be there for the lon haul; trialling medication to find drugs that work; regulating daily rhythms; minimising stres avoiding alcohol and other drugs; and developing a wellbeing plan.

This is not the time to stand proud and alone in silence. When one lives with chronic illness, silence is *not* golden. (27)

In trying to reach a central metaphor for the experience of bipolar disorder we considered man options. Our colleague Stephanie Webster provided insight. Her contention (captured in the followin section) that it is all about 'balance' provided a rich overarching metaphor and her suggestions a woven through the text.

Elizabeth Weiss and Clara Finlay of Allen & Unwin have employed their alchemy again to polis the text to its best sparkle, together with the inimitable skills of Susin Chow. And Matthew Johnston with his inspired whimsy, has produced a wonderful, evocative book cover.

While bipolar disorder can sap the soul, and is a challenging condition that requires constant sel monitoring, the contributors share sharp humour and whimsical observations, and their resilience is a inspiring springboard. The famous comedian Spike Milligan judged that bipolar disorder has n redeeming features, a view put by some of our writers:

As you know, living with bipolar is all about living between two extremes—mania and depression. Neither of these two 'poles' is a comfortable place to live. The weather's foul. It's lonely. And the days are either desperately long or painfully short. (163)

But, in contrast, several of our writers explain why—if there was the option to relive their lives—the would choose to have their bipolar disorder again.

Were I to live my life over, I'm not sure that I would cancel that three-month trip into the Other World. Or the other trips that I have had over the years. Don't get me wrong. I'm not trying to belittle the pain, struggle and stigma that goes with this bipolar condition. But when we attempt to throw the dirty bathwater out, just remember that there may be a baby in there somewhere. (12)

Their reasoning goes to the heart of what it means to be human. Such spirit underlines the triumph an quiet dignity of the everyday hero. We thank them for demonstrating that it is possible to regain one feet and find balance.

I find my rainbows in every day and knowing that you are all out there, struggling sometimes, but surviving each day. That's what keeps me going. (5)

On balance

Conjuring the metaphor

Balance (metaphysics):
In the metaphysical or conceptual sense, balance is used to
mean a point between two opposite forces that is desirable
over purely one state or the other.
Wikipedia

The 2007 Black Dog Institute's Writing Competition topic was 'The Getting of Wisdom—Managin the "Highs" of Bipolar Disorder'. In response, writers shared their vivid and diverse experiences. Mo importantly, they provided an array of personal strategies for managing the upswings of the illness.

I warmly thank Gordon Parker and Kerrie Eyers for building on my suggestion that *balance* is th quintessential word to use when talking about managing bipolar disorder. Balance draws our attentio away from the opposing forces of mania and depression and makes us think about *the midd ground*—and the lifestyle choices and treatments we use to get there.

Balance also conveys a sense of the very real trade-offs people face when trying to master the bipolar disorder. After my own diagnosis ten years ago, the 'work hard/party hard' lifestyle becam outdated. Next, a degree of privacy was surrendered as friends and family learnt how to detect m early warning signs. Then I worked diligently with my psychiatrist to find the right sort of medicatio at the right level, with the fewest side-effects.

Since then my psychiatrist and my general practitioner have worked together to ensure that m lithium levels stay in the desired range—not unlike fine tuning an engine. *Engine balance*—to ensu that the engine runs smoothly—involves design and tuning to improve the performance, efficienc and reliability of the engine. It therefore has an amusing similarity (and outcome) to the medic process involved in managing bipolar disorder.

Even now, my personality and my bipolar disorder regularly pull me in different directions. M love of spontaneity has to be *gently balanced* against the need for a certain amount of routine ar plenty of sleep. My enthusiasm for work *has to be tempered* against the need to wind down at the en of the day. Stimulating friends are visited for lunch on the weekend, rather than for coffee in th evening. My psychologist helps me dismantle my old 'all or nothing' attitude.

However, life events, seasons and sleep disruption can still tip me *off balance*. More mode changes, like receiving sudden good news or having a frenetic week at work, can also destabilise m Sometimes this illness just has a life of its own. Whatever the cause, I then have to do some *r*

balancing: cancel various social plans, get some extra sleep and make a medication adjustment.

~~Fortunately for most people, expertise builds with each episode. Friends and family learn~~ too. W begin to recognise our own unique warning signs and triggers. Books are read. Websites visited. Fo many, bipolar disorder really is something that is *mastered* over a lifetime.

Bipolar disorder may convey an image of a somewhat precarious *balancing on the highwire*. Th *high* has an obvious connection. The *wire* reminds us that many people living with Bipolar II Disord experience their *highs* as periods of feeling energised and *wired*, without the experience of full-blow mania. Unfortunately, they are at greater risk of misdiagnosis.

The *circus* theme expands. Highwire acts are dramatic, compelling and sometimes dangerou Trapeze artists, jugglers, daredevil feats, losing and recovering balance are all on show in th spotlight. The safety net is either there or not. Such images also invite a discussion about creativi and its connection to bipolar disorder. Finally, skilled performers demonstrate that being *balanc* doesn't have to mean losing your *sparkle*.

Of all the acts, I keep returning to the acrobatic teams who *balance in formation*. That brings mind family members and friends. Some members of the team carry a heavier burden (spouse partners and parents) but everyone in the formation (children, friends, neighbours) plays their part the team's *performance*. *Acrobats* have to be supple (able to look after their own health and wellbein in order to be strong (resilient) enough to support those above. They improve their flexibility (abili to respond to variations in the illness) through trial and error—and practice. I can tell you that th 'acrobats' in my team have improved their agility and fitness in ways that they would never hav thought possible.

This collection of stories provides a wonderful glimpse inside the experience of bipolar disorde Wonderful, because in reading the stories of others, we can *better separate the illness from ourselve* Much of the writing makes me smile and think to myself: 'I could have done that'.

Stephanie Webster, Black Dog Institu

1. Triumphs and tumbles
Ups and downs of bipolar disorder

I was a light bulb in a world full of moths.
Carrie Fisher about her mania

This chapter is an overview of the experience of bipolar disorder. Seen through the eyes of those wh have had the disorder for many years, these accounts capture the exhilaration, richness and seductiv nature of the ‘highs’. It also presents some of the varied techniques that individuals have perfecte during their quest to best manage their mood swings.

The following account vividly depicts the seductive and irresistible trapeze swing into an elevate mood. The writer recounts her first episode of bipolar disorder, and her unwitting ascent into th vortex of a manic phase. She has since made excellent use of these experiences and has achieve ongoing stability.

Dancing with the Devil

I’ve always found the word ‘high’ to be a little misleading. Sure the bipolar ‘dance’ begins with self-assurance and delight with the world. However, I’m immediately paired with an uncomfortable restlessness that I can’t shake. It’s pure agitation. I can’t relax. My eyes widen. I make simple errors in my daily tasks, I miss birthdays and struggle to organise myself. Pretty soon, I can’t remember what day it is.

If I let the dance with the Devil continue, you really see some interesting moves.

Next comes the sensory overload. I see colours more vividly, have the urge to express myself in stories, and can lose myself in music for half the day. In fact, I’m not just listening to the music. In this state I have the sensation that I can somehow breathe it in. The music is all through me.

Then the romantic mood spills over into life. Everyone is fascinating to me, and I am to them. It’s amazing how contagious this dance is. Only, things get out of hand. I dance too fast, with too many people, or with the wrong people. I get no sleep. I miss job interviews, or worse still, I show up for them. So now there will be consequences like embarrassment, ruined friendships and lost opportunities.

It becomes a devilishly expensive dance. I lose control over the purse strings. I need a new outfit; it must be black and sultry. I love it so much I don't take it off for days. And always, the music. I have been known to buy twenty CDs at a time whilst high. All bought randomly, for their cover or some weird connection to something else that I can't remember in the end. I love books too. And don't the booksellers love me. I choose books on colour or because they contain quotes I like or maybe they just smell good. I am unable to stop at just one or two. The only thing that distracts me in the bookshop are all the men. All these gorgeous men seem to be shopping with me. I am admiring eyes, necks, beautiful hands, and even their glasses or the way their hair is parted. I have truly become part-woman and part-werewolf. Finally, I am browsing for magazines, luscious magazines with beautiful people and things. Nothing with any connection to my life. Nothing that will help distract me when the bank statement arrives.

The rest of the dance speeds up and is not for the faint-hearted. In fact, I have only continued once. My first dance. My terrible first dance.

Mildly spiritual feelings emerge. I'm suddenly reading star signs and buying books on astrology. I feel a bit unusual and decide to buy a book on the matter. It's called, *Are you getting enlightened or are you going out of your mind?* I'm so out of my mind by then that I decide I am getting enlightened. Soon after I am having messianic delusions with a feminist twist (why wouldn't God come back as a woman?). These are intermingled with delusions of reference (everything in the newspaper is about me), romantic delusions (a married man is in love with me), and grandiose delusions (I'll be moving to New York to set up a management consulting company). I was having delusions about bombs going off, about people I love getting hurt and eventually persecutory delusions (people are out to get me).

By now I am completely disoriented and terrified. I can't dance. I can only run. And run I do. From two hospitals, one public, one private. I am on the missing persons list for a time. I sleep in parks, in 'new' friends' houses. I have two trips in the back of police cars, the final one to hospital, where I belong but do not know it.

Having danced 'all the way' with my first bipolar high has actually made it easier for me to intervene medically when I sense a high coming. I know how dangerous it can be. I know not to let the high run its course. These days I intervene as soon as I notice changes. I will enjoy one afternoon of mild mania by putting the music on and letting myself 'breathe it in'. I'll also let myself buy a couple of CDs, knowing I will probably give them away in a few weeks when my normal taste in music is back. As soon as I take medication, the wonderful effect of music is gone, but I am happy to give that up to stop the dance progressing.

My major warning sign is a change in my sleep pattern. If I start waking up earlier than normal with a feeling of wanting to start organising something, it's time to act. I might get up at 5 a.m. and sort through paperwork, or re-arrange my photos. My friends joke that I am welcome at their places to organise them when I have this energy. As things progress, I become more talkative, possibly even talking over people or dominating the conversation. I also notice the agitation and a big drop in my ability to concentrate very early on. I can be a bit more hot-headed at these times, and I have to remind myself not to get worked up over small things. These days, this is as far as my mania gets. I feel secure having learnt how to recognise symptoms and intervene early.

The other benefit of intervening early with mania is the effect on the depressions. I am someone who has had four cycles, each with a high and a low. It is true to say that the size of my depressions has basically matched the severity of the high I experienced. Each time, I have

learnt how to intervene with the high quicker and each time my depression has been less severe.

Once an episode has started, I will reduce my social activities for a few weeks. I'll concentrate on gentle, calming activities like swimming or walking. I'll book a massage or two. I'll tell friends that I am a little bit high. That way they know I might be more talkative or a little less sensitive, but that it will pass soon.

I protect myself financially by only having access to small amounts of cash. I don't run credit cards. I protect my friendships by letting everyone know that they have permission to tell me if they notice changes. I do my best to explain the illness to everyone. Sometimes this hasn't been enough. I think it's genuinely difficult for some people to separate illness and behaviour, especially those times when you are dealing with a mild episode. I have lost one friendship. I eventually had to accept that bipolar disorder is a devilish illness and sometimes there is mischief made in my life that I cannot undo.

I am not someone who will say that I would choose to have bipolar. There was sizeable damage done by my first episode in particular. It has also taken me eight years and three further episodes to finally feel that I can intervene as required to avert an episode. There were so many times when I wanted to wish the bipolar away.

Then I read a little on bipolar disorder and personality traits. It seems just possible that the things I most like about myself (sociable, lateral thinker, good at linking ideas, verbally confident, ability to see the big picture) are connected to the bipolar genes. So I will say that I can't really wish away the bipolar disorder, because it's possible the best bits of me would be wished away with it.

And as for dancing with the Devil, I'm just happy to remember the music. (185)

The following story cleverly conveys the unremarked onset of a mood elevation. Mania or hypoman may approach by stealth, and the individual, caught off guard, can quickly lose insight. The writer h accumulated a repertoire of strategies. Her self-observation and resulting self-management tacti ensure that she is now in control.

Of strategies, paradox and wisdom

Mania (*n.* mental derangement marked by great excitement and (freq.) violence; craze, passion *for*)

Becoming manic, learning that one has been manic, is not something that happens quickly. Kay Redfield Jamison (1995, pp. 68ff) explains that she did not wake up one day and just find herself mad but, rather, gradually became aware that her life and mind were going at an ever faster clip until spinning absolutely out of control. She found the acceleration was 'a slow and beautifully seductive one'. At first everything seemed normal, but 'the more I tried to slow down my thinking the more I became aware that I couldn't. My enthusiasms were going into overdrive as well, although there often was some underlying thread of logic in what I was doing. One day, for example, I got into a frenzy of photocopying.'

For me, it didn't start with photocopying, but looking back that was one of the indicators. I was planning a party for my son's eighteenth birthday and decided it would be very creative to display large photographs of him in a continuous border at eye height around the room. I chose the photos I wanted and took them to work. Every day after my colleagues had left the office, I enlarged, copied and laminated photos, 200 of them in total, in what I recognised later (after reading Jamison's book) as a 'frenzy of photocopying'.

Warn (*v.t.* give timely notice of impending danger or misfortune, put on guard, caution against; give cautionary notice or advice with regard to actions, conduct, belief, etc.)

Early warning signs of mania include: difficulty falling asleep; racing thoughts; increased activity; increased productivity, energy and rate of speech; talking over the top of people; spending sprees; heightened libido; and irritability.

I waited until the children went to bed. Then I did the folding and the ironing, put a few loads of washing into the machine, hung a few on the line (in the dark), tidied the house and mopped the floor. At ten o'clock I went to bed, but I couldn't sleep so I got up again. I went to the computer and logged on. When I looked up it was midnight, then 2.30, then 3 a.m. I forced myself to go back to bed, not because I was tired, but because I had to get up at six to get the kids off to school and go to work. It was strange, after weeks of this I should have been exhausted, but quite the opposite, I had lots of energy.

As mania gathers momentum, early warning signs intensify and additional signs emerge, such as obsessiveness, sexual indiscretion, unusual and inappropriate behaviour, risk taking and psychotic thinking.

Insight (*n.* mental penetration)

Insight is lost.

My birthday was approaching and my husband asked what I wanted for a present. I said I wanted a lime-green Holden Monaro and if I couldn't have that then I wanted a tattoo. A big one with beautiful flames of red, orange and yellow, flaring up my right arm from my elbow to my shoulder. My husband assumed I was joking but I wasn't. He said 'no' to the Monaro and 'NO' to the tattoo. It didn't matter. I would talk him around, if not about the car then about the tattoo. I had made up my mind. It didn't matter what he said, if I couldn't talk him around, I was going to get a tattoo anyway.

Recognising the warning signs means there can be earlier and more effective treatment, harm minimisation, self-management, awareness, understanding, communication, reassurance and relapse prevention. An action plan can also be developed.

Mood (*n.* state of mind or feeling)

Personality and behaviour when mood is stable: when mood is stable, people usually have regular appetites, sleep patterns and energy levels. They have reasonable decision-making skills, and planning and organisational abilities. Their actions and reactions are appropriate. They feel comfortable with themselves, in their own company and with others. They don't have obsessive thoughts and, in fact, they are usually not even aware of the state of their mood.

We don’t usually notice how little control we have over the mind, because habits channel psychic energy so well that thoughts seem to follow each other by themselves without a hitch. (Csikszentmihalyi, 2002, p. 119)

Personality and behaviour when mood is manic: when someone is manic, they usually don’t sleep for more than a few hours a night. They are irritable, hyperactive and restless. They can be angry and aggressive. Their behaviour is disinhibited and impulsive. They spend money on things that are expensive or things they don’t need. They argue persuasively and passionately rationalise every decision and every action.

When I’m manic, I say . . .

‘Of course I’m not manic, I’m fine. In fact I’m better than fine. I feel fantastic.’

When I’m manic, I think . . .

‘There’s absolutely nothing wrong with me. I’m not ill. This medication is going in the bin.’

When I’m manic, I can’t . . .

Stop moving, sit still, slow down, relax, watch TV, or read a magazine or a book.

When I’m manic, I appear . . .

Articulate and coherent, logical and organised, persuasive, and determined.

When one is riding the high of bipolar disorder, there comes a point of no return. The mania destroys everything in its path and, when its fury is spent, it is inevitably followed by depression. If there is an upside to mania—and there is—there is absolutely no upside to depression. None. Depression is very often fatal and it causes untold suffering. For that reason alone, everything possible should be done to prevent mania.

Strategy (*n.* art of war; art of planning and directing larger movements and operations of campaign or war)

Strategies when mood is normal: *when my mood stabilised, I found a doctor I had total confidence in. He was the fourth one I went to. I established a good relationship with him, and made and kept regular scheduled appointments. I took my medication religiously. Together we documented a detailed and specific management plan so that my preferences could be respected if I was ever in a situation where I could not advocate for myself. I established a support network of people who could help me when my mood was becoming elevated. Now I maintain regular daily rhythms and routines and am strict with myself about sleep, diet and exercise. Well, I am strict about sleep and diet most of the time and I exercise on the odd occasion.*

Strategies when mood elevates: *when my mood is becoming elevated, I contact my doctor straightaway and check my medication. I make sure I get enough sleep. I decrease my activities and reduce sensory stimulation. I stay away from shopping centres and other busy, noisy places that have lots of people and fluorescent lighting. I quarantine my credit cards. I see my counsellor and I use the cognitive behaviour skills I learned in group therapy.*

Paradox (*n.* seemingly absurd or self-contradictory though possibly true statement)

Kay Redfield Jamison believes that there is strong scientific, biological and historical data to support the thesis that the mania of bipolar disorder is intrinsically linked to artistic and

creative expression. She cautions, however, that this issue is fraught with clinical, ethical and philosophical considerations. While mania can be an ‘exhilarating and powerfully creative force’, it is more often ‘a destructive one’ (Jamison, 1996, p. 240). As another writer says:

> . . . the best treatment for [the] ‘wound in human consciousness’ lies in music, painting, literature, and, at its finest, philosophy. Art, unlike ‘the swooning egocentricity of closed-off uncaring hedonism . . . from which we awake to bitter solitude’, opens us to reality. This . . . encourages us to find, awaken and employ our latent creative powers. (Farrelly, 2006, p. 28)

I used to write short stories and enter them in competitions.

I spent hours at the computer, sometimes not doing anything else for days and nights on end, hardly eating or sleeping. I approached publishers and agents and attended courses.

I was desperate to be published, to have recognition, to be famous. After my first high I wrote nothing for a very long time. My biggest challenge was to read a book rather than to write one. Then, one day, out of the blue, I sat down at the computer and wrote a short story. Not to be published or for recognition; this time I wrote for the sake of it, because I felt like it, for the love of the words and the beauty of creative expression.

Wisdom (*n.* being wise; soundness of judgement in matters relating to life and conduct; knowledge, learning)

> There is great value in specific kinds of adversity. None of us would choose to learn this way . . . We go forward with courage and with too much wisdom but determined to find what is beautiful. (Solomon, 2001, p. 437) (54)

Most individuals enjoy their bipolar high, immersed in the gush of ideas, zest for life and supren certainty that it confers. The question implicit in this: is it possible to access the energy of an elevat mood without being dazzled by the spotlight? Those with the more severe manifestations of bipol disorder think not.

The author of the following piece considers that there is no harnessing the energy of mania once gathers in intensity. He argues (creatively) against bipolar disorder’s reputed link with creativity ar thinks that people have to control their bipolar disorder if they are to be productive. It can be a case how much you can handle without losing your footing.

Halcyon days

When we are charging in that ferocious vortex, I mean *really charging*, there is no place for ‘strategy’. To us, when we are on fire, that word is as effective as telling an addict to ‘Just say no!’ It’s not a word for us. It’s a word for you.

A word for them. A word to give structure, security, purpose and direction to the listless worker bees. For those who can bask in the heady glow of monotony. The glow of stability.

Strategy is bullshit.

You don't 'manage' it. Not when it's got your balls clenched tightly in its vice-like grip, or when its swooping, screeching talons tear every good instinct from your defenceless, childlike mind. You flail at its eyeballs and rip at its flesh. You cover your head and tuck your knees to your chest and scream an eight-octave howl that makes the world turn up their televisions to muffle the discomfort.

It can't be 'harnessed'. You can't skydive without the speed. It's a fucking racehorse and you're taking that ride and any notion of control is distorted in a blur of emotional velocity. You find yourself in Boston because you wanted to see the Sox play. The next week you go drinking in London for three days, because nothing can slow you down. How the fuck are you going to harness that energy?

Go down to the water's edge and bring me back a fistful of foaming seawater and we'll talk about 'harnessing' a little more.

I thought we were discussing a mental illness but instead I'm breaking out into a cold sweat. Recalling mangled memories and abhorrent flashbacks triggered by discussions of strategy, management, reliability, and harnessing that vitally important 'upside'. I'm reminded of a previous life when holding down a mundane office job was easy. Bipolar II isn't so bad after all.

These days I make wine for a living. Or, in adhering to the frame of reference governing the compilation of this piece, I strategically and reliably harness nature's most stunning combination of elements to romantically create delicious 750-mL packages of upside for the worker bee population.

It takes me all over the world. It can be solitary. I love it.

I chose it for a reason. You may call it strategy. I call it 'A Fighting Chance'.

Talking about wine, drinking it, sharing it, growing it, enjoying it however it comes puts my mind at ease. It offers a lifetime of learning for someone who, when on a sleepless high, has got a lot of time to kill. Freezing cold, soaking wet, working 'round the clock' with your mates during harvest and all you want to do is scream to the heavens how good life is. Then there's the flipside to that coin, on those other days when the 'black dog' is snarling and gnashing and chilling you to the core. These are the days it becomes about nature. Solitude in the vineyard, beauty in every direction. A Fighting Chance.

My point is this. Managing our highs can't be done once they take hold. *C'est impossible*. It's less about the highs and more about those fleeting moments of normality. It's about giving ourselves a fighting chance to get through it when that seductive son of a bitch starts whispering in your ear. It's about putting ourselves in a place so that when high times are calling, we have somewhere to fall back to, to take ourselves out of the game, and out of harm's way. For me it's Margaret River, or the Clare Valley, or the South Island of New Zealand. Remote. Isolated. Safe.

We prefer not to 'romanticise'. For me it's the mythical notion that a winemaker spends his days swirling claret in a cave by candlelight. Or that a bipolar-suffering winemaker is somehow potentially capable of creating some earth-shattering blend never before considered by those not afflicted. Let's focus on the cold, wet concrete and steel, the flesh-corroding caustic soda and the deadly CO_2. Let's focus on not being able to do your job some days because the depressing effects of alcohol might make the difference between living and dying. Let's focus on the fact that there's no mental health professional within 300 miles. This is the

gritty reality of daily life that we all go through. Let's not put added pressure on ourselves by subscribing to this coincidental clash of circumstances, that bipolar disorder is a guaranteed ticket to the fifteen minutes we all apparently crave.

A huge amount is made of prominent artists, comedians, writers and captains of industry, commerce and politics who had symptoms of bipolar disorder. How these successful people were somehow able to 'channel' or 'harness' their highs into an avenue that facilitated the advancement of the worker bee population. Google 'bipolar disorder' and the first response you get is a list of celebs who suffer.

We, the everyday sufferers of bipolar disorder, piss down the throat of this assumption. There is no link between the two. It is a loosely correlated statistical blip that creates a warm and fuzzy glow for the newly diagnosed. A seven-second soundbyte for the evening news. A tree branch to cling to for a drowning man when he's swept off his feet for the first time into a torrent of high times. A trigger for us hacks to go scurrying to our word processors, trying to tap into a lyrical high that will earn us a place next to Hemingway or Kerouac.

How many people, diagnosed or not, suffer from these highs? And how many great writers are there in the world? Or accomplished artists, admired comedians and venerated politicians? Why this focus on one-in-a-million achievement? You can't throw Picasso's name up there and expect the common bipolar sufferer to relate. Hundreds have sat in the House of Lords since Churchill. The average bipolar sufferer is getting off the train in front of you at Central Station. We are family members, we are friends and workmates. We tile floors, we drive taxis and we process insurance claims. And some days we are in a knock-down prize fight for our jobs, our partners, our families and our lives.

The creation of great things rarely takes place in the vortex of a bipolar high. Picasso didn't have one hand on his mistress and the other on a brush and, hey presto, two sleepless weeks later let's call this one *Guernica*! On second thoughts, that's a poor example. Bipolar highs do give us time—hours in the day the worker bees don't have, to hone our skills to a savage, deadly point. Time to practise, time to research, time to read, time to get on a roll, time to see it through, time to refine. But it's not enough.

It gets back to the individual. Who they are and what they are made of. What interests them? A bipolar high doesn't stop us wasting time, we just have more time to waste. It doesn't stop us being lazy, it doesn't give us direction or skill or insight if we didn't have it in the first place. I find myself coming back to the halcyon days, the calm between the storms. There is no doubt that a bipolar high can give us an edge few others possess, but we need to make the most of the stable times to truly capitalise. We need to lay the groundwork to make success possible. We need to live our entire lives. We need to give ourselves A Fighting Chance.

In a creative writing competition that used words like 'strategy', 'reliable' and 'upside' as the cornerstones of its content, it's only fitting that I should conclude with a wise, well-worn Management 101 quote: 'There is always room at the top, but there's never room to sit down.' Sometimes, luckily, we can stand a lot longer than others. (187)

The following narrative is from a woman who looks back over her early life in the company of mother who had severe bipolar disorder. The account fondly commemorates a courageous individu who, in the days before effective treatment, did her best by her daughter. She, now a mother herself, the upside to her mother's illness. She displays resilience and tolerance. And the legacy of th

groundedness continues in her daughters and granddaughters.

A family story

> Resilience is about facing adversity with hope. We inhabit one world in which we are all deeply connected.
>
> Anne Deveson, *Resilience*, 2003

My daughter sits across the table from me hugging her coffee cup. Outside the kitchen window her two daughters run among the plum trees, chasing the hungry birds from Grandma's summer fruit. 'You need to write this,' she urges. 'You need to go back, remember and write it.'

She's right, although it's never been a secret between the women of our family. My mother, cousin Helen, Aunty Elsie, and all the others who went before and who will come after us.

The women of our family are prone to bipolar disorder. Some of us have less severe symptoms (bipolar II) but others are more acutely affected. My mother was hounded by the bipolar swings and the black dog from the time she was nineteen and yet it is her story that we, the women of her family, take courage and comfort from.

I was an only child with a distant father who worked at a power station in another state. By the time I was eight I knew two things for certain. The first was that it took two trains and a bus to get from where we lived to Mont Park Psychiatric Hospital. The second was that I would have to make that journey at least three times every year.

My mother's warning signs were subtle and in my child's mind they were signals to a game we would play together. My mother's fingers would clench and unclench, the soft skin on her top lip would shine with sweat, her eyes would cross slightly and she would begin to talk to herself. These were my cues. I would climb onto a chair and haul her hospital bag down from the top of the wardrobe. Then I would take her hand and tuck Rosa between the handles of the bag and we would walk the track to the railway station. If my timing was right, we would finish our journey before my mother had descended into the nightmare of full-blown psychosis. A game, like avoiding cracks on the pavement.

Rosa was a jointed walking doll. In one of my mother's good times we had picked her out in the toy shop window and I had watched her every day after school until my mother had saved enough money to have her lifted out over the trucks and train sets and into my arms. On the way home that day, my mother's eyes were straight and calm as we tried out names on our new 'baby' and finally settled on Rosa.

I guess now that Rosa was a strategy before the word had ever been used in relation to mental illness. Outside the psychiatric ward where my mother was housed was a pool of water from a broken pipe. It was a ritual that every time I visited Mum we took off Rosa's pink dress and bathed her in the pool. No matter what state my mother was in, the rhythmic motion of the water running through her hands and over Rosa's small body somehow gave her flashes of clarity. Rosa turned into me. 'Rosa needs a haircut,' she'd whisper to the doll. 'Rosa can get money out of the post office account.'

As I got older I hid Rosa away at the bottom of Mum's bag so that no-one would think I still played with dolls. But Mum's illness continued through my teenage years and on into my

children’s lives. Sometimes it caught me up and whirled me around, winding me as if I’d been dumped by a freak wave at the beach. But my mother was always stronger than bipolar, and I learnt to be that way too. I pause while writing this to smile at some of the ‘creative escapades’ we lived through—bedrooms ‘redecorated’ to resemble darkest Africa, with gigantic black poster-paint gorillas looming off yellow walls; Mum playing Gilbert and Sullivan operas flat out all night while she cut up boxes and boxes of tomatoes and onions to make chutney, and set the kitchen on fire instead.

Tragedies or comedies? Depends on whether you see the mud or the stars out of your prison windows, I guess.

My daughter’s voice cuts across my thoughts, ‘Don’t forget the Garden of Lost Children’. I laugh. How could I forget? My mother leading my daughter and a group of her friends around the streets of our town on the day of the council rubbish collection. By this time in her life, Mum’s mania had modified a little and presented as an over-the-top exuberance not usually seen in little old ladies of seventy. She danced the kids through the piles of junk like a grey-headed Pied Piper, collecting the detritus of old dolls and toys and, it seemed to me, anything brightly coloured and useless. Next she and her band of enthusiastic followers placed headless legless and armless Barbies and Cabbage Patch orphans in a circle of old bassinets and prams under the poplar trees in my usually attractive back garden. Then my mother, bless her, sat in the middle of the circle and created beautiful haunting stories of unwanted and lost children who were rejected because they were broken or different.

I watched from my back veranda with tears welling, quietly looking out at the intent faces listening to her. The creative blip in my mother’s life changed hearts and minds that day and the garden of lost children stayed long after my mother had gone.

So have I romanticised my life with my mother? I don’t believe so. I think life gets messy for all of us and living with bipolar disorder or with someone who has it can make life messy a lot of the time. What’s the upside? My mother lived a strong life and loved and raised a child in a time when bipolar was feared and the sufferers punished with punitive and useless treatments. She left more good memories than bad and she will always be a matriarch to look up to. I am the upside to my mother’s life: I have learned to be resilient and tolerant and to celebrate difference, not fear it. I have taught my children to accept that, like people living with diabetes and asthma, we, the women of this family, can achieve and strive for anything we want. My daughters and granddaughters have learned that along with their defective genes they have inherited something much stronger, the knowledge that the bipolar black dog can lie at their feet and be tamed. (64)

IN THE SPOTLIGHT
What is bipolar disorder?

- The term ‘manic depressive illness’ is now less commonly used, replaced by the concept of ‘bipolar spectrum’.
- The ‘bipolar spectrum’ comprises:
  — Bipolar I Disorder, with oscillating manic (extreme ‘highs’, often with psychotic features) ar

depressive periods

— Bipolar II Disorder, with less severe ‘highs’ (i.e. hypomania) oscillating with depressiv periods

— Bipolar III states—when an individual experiences a hypomanic episode that is induced b commencing, ceasing or increasing the dose of an antidepressant

— Bipolar IV states—describing mood oscillations in individuals who have a ‘hyperthymic’ (e excessively exuberant) temp erament. This ‘category’ risks falsely diagnosing those wi certain personality styles as having a bipolar disorder.

- Those who have four or more episodes of highs and lows (or highs by themselves) within a twelv month period are classified as having ‘rapid cycling’ bipolar disorder. This is probably the nor for those with Bipolar II Disorder. Some people have multiple episodes within a single week, o even within a day.
- A ‘mixed state’ is when an individual has both a depressive and a high mood at the same time.
- There is wisdom in restricting the diagnosis of bipolar disorder to those who experience Bipolar or II conditions—which are viewed as mood disorders with a genetic underpinning and wi disturbance in brain neurotransmitters. The pattern of mood swings is unique to the individua some people have an episode of mania once a decade, others have daily mood swings.
- Bipolar I Disorder may be experienced by up to 1 per cent of the population over their lifetin (there being no gender difference). The lifetime risk of Bipolar II Disorder is up to 5 per cent (wi rates higher in women). These rates may be increasing: large-scale community studies identify t highest rates in adults under the age of thirty years. Over time, the two conditions, bipolar I an bipolar II, are equally impairing.
- Early onset of bipolar disorder in childhood is rare. The most common risk period is in mid to la adolescence, with most individuals able to report a ‘change’ when their mood swings commence For most, the average interval from first mood episode to diagnosis is ten to twenty years. Durin that period of undiagnosed and untreated mood volatility, considerable damage can occur both t the individual and others (e.g. marital break-up). Some who have a bipolar disorder are mo likely to have significant problems with alcohol and illicit drugs.
- As detailed in the next chapter, highs are reflected across four arenas—mood and energy elevatio disinhibition, mysticism and irritability. Misadventure and damage to one’s reputation is increase during high phases. During depressed periods, the converse is evident, with low mood and lo energy, as well as an inability to experience pleasure or to be cheered up. The risk of suicide increased dramatically during a depressed phase.
- There is no ultimate test for diagnosing bipolar disorder. Our Institute’s (www.blackdoginstitute.org.au) sel report screening measure has some 80 per cent accuracy, but con firmation (or rejection) of th diagnosis is best reached by clinical assessment of the individual (and, ideally, information from family member who has observed them over the years).
- At present, the bipolar conditions cannot be cured but can be well controlled via medicatio education and the development of wellbeing plans (see Appendix 2).

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