

Turning Bipolar Disorder on its Head:
Alternative Ways to Tame the Mental Illness
By Shurn Cory

“I am excessively slothful, and wonderfully industrious—by fits. There are epochs when any kind of mental exercise is torture, and when nothing yields me pleasure but the solitary communion with the ‘mountains & the woods’—the ‘altars’ of Byron. I have thus rambled and dreamed away whole months, and awake, at last, to a sort of mania for composition. Then I scribble all day, and read all night, so long as the disease endures.”

-Edgar Allen Poe (AwkwardAmbivalence.wordpress.com, August 2011)

Although Edgar Allen Poe was a poet from the 19th century, his words about his own mental disease can relate to even the youngest patient with bipolar disorder in our world today. Despite their location, age, or when they lived, patients with bipolar disorder report the same symptoms in their writing, music, photography, or any other medium they have chosen to release their feelings. As the quote above explains, they go through a multitude of feelings brought on by the illness. At times, Poe describes a mental state of being depressed; feeling “excessively slothful” when nothing can uplift his spirits but the “solitary communion with the ‘mountains & the woods’—the ‘altars’ of Byron.” Then, like many patients, he states that all of a sudden when the depression finally releases him, he will feel that he’s come out of a dream; he suddenly feels an elated madness that only the disease can bring. He finds himself productive and inspired allowing himself to write all day and read all night. He feels quite similar to another bipolar patient who writes about it a little more concretely; “there is a particular kind of pain, elation, loneliness, and terror involved in this kind of madness. When you’re high it’s tremendous. The ideas and feelings are fast and frequent like shooting stars....But, somewhere, this changes. The fast ideas are far too fast, and there are far too many; overwhelming confusion replaces clarity. Everything previously moving with the grain is now against—you are irritable, angry, frightened, uncontrollable....It will never end, for madness carves its own reality.” (Kay Redfield Jamison, AwkwardAmbivalence.wordpress.com, August 2011)

The first documentation on observed manic depressive behavior like these appeared in 1902. (WikiAnswers, June 1, 2011) Since then, patients have been struggling with bipolar disorder to find the correct balance of medications that will harmoniously soothe their symptoms and fit into their lives. Trying to determine a balance such as this is a difficult and trying process because no two people have the same responses to the medications. As a result, patients have to work closely with their

physicians on a “trial and error” basis which is about as simple as finding a needle in a haystack. It takes a lot of time, energy, and will power to stick to the constantly changing medication regime only to find that it doesn’t work and needs to be changed again.

Diagnosing a bipolar patient can be a difficult process because of the range of extremes emotions people experience from it. Bipolar disorder is broken up into different types ranging from mild to severe. The first and most severe type of this sickness is what used to be known as manic depression; this is called bipolar disorder type 1. “People with bipolar disorder type 1 have had at least one fully manic episode with periods of major depression. The next type is bipolar disorder type 2 in which “full-fledged mania [has never been experienced,] instead they go through periods of hypomania (elevated levels of energy and impulsiveness that are not as extreme as the symptoms of mania).

These hypomanic periods alternate with episodes of depression.” (Benger, May 2011) The last and most “mild form of bipolar disorder [is] called cyclothymia [which] involves less severe mood swings with alternating periods of hypomania and mild depression.” (Benger, May 2011) This disease is genetic; in fact, people with bipolar parents have a 1 in 7 chance of developing the same problem.

On the other hand, some people who suffer from it have had it brought on by a difficult situation such as a drug addiction, birth of a child, or traumatic incident. In the hypomania stages, the symptoms, especially in the mild types, can disguise themselves as the person simply being over productive, colorful, and energetic while the stages of depression can seem like a simple case of forgetfulness, sleepiness, or frustration. Many people that are aware of having bipolar disorder don’t realize when they are in the midst of these stages. Often times their family members have to make them aware of it. Therefore, therapists have found it helpful to speak with the person’s family members to understand whether or not s/he has the illness and what symptoms s/he is experiencing. The physician will take notes on what the family observes and will try to make a treatment plan that fits the patient’s needs. The treatment plan for bipolar disorder is equally as difficult as it is to diagnose as the problem itself. Since there are different types, extremes, and personalities to deal with, the physician tries to prescribe a plan that combines therapy, family support, and medication. Unfortunately, the plan will not completely rid the patient of their symptoms. Instead, the goal becomes to “avoid cycling from one phase to another, avoid the need for a hospital stay, help the patient function as best as possible between episodes, prevent self-destructive behavior, including suicide, and reduce the severity and frequency of episodes.” (Benger, May 2011) For the more extreme cases, electroconvulsive therapy and transcranial magnetic stimulation are utilized. Since these methods are so controversial, doctors have been forced to reassess their prescribed treatment plans for this extreme

and unpredictable mental illness. Looking at the contributing factors would give them more insight into how the illness should be remedied.

“A number of factors contribute to bipolar disorder, including genetic, biochemical, psychodynamic, and environmental factors.” (Soreff, May 2011)
Psychodynamic factors include sudden losses of self esteem or onsets of feeling worthless. Psychotherapists hypothesize that the manic stage could be a direct reaction to those sudden emotional lows as if the brain is trying to heal itself by reversing what the patient is feeling. However this causes an extreme reaction on the opposite end of the spectrum and can cause mental and physical harm to the patient. Along with these psychodynamic factors, environmental stress can also trigger the symptoms of bipolar disorder. Depending on the demands of a person’s job, one might experiences lulls and periods of high anxiety during certain times of the year. For example, an accountant has a highly intense work environment from the beginning of January until mid April then goes through a slower period of work for the rest of the year. From January to mid April a person with this type of job might experience high anxiety, tension, frustration, and even sleepless nights during these months which would categorize him/her in a manic phase. Afterwards, the person is likely to experience a depressive phase that could last until next January depending on the atmospheres of the person’s normal home and work environments. Similarly, many people find that their manic and depressive phases fluctuate with the seasons as well. In the summer they find themselves with high energy, lack of focus, loss of control, and inflated self esteem. In the winter they experience excessive fatigue, frequent sadness and feelings of worthlessness.

There are so many different factors a physician must take into account when diagnosing someone with this type of behavior. Treating bipolar disorder is such a difficult and long process that many people often do not even stick to the treatment plans they are prescribed. They have a difficult time trying to control the way they have always felt and need to find better methods that would yield more positive results and fit better into their daily lives. Marcia Purse, a blogger with bipolar disorder, wrote “I don't know what "normal" is. I only know mild depression, paralytic depression, angry depression (which is uncommon for me), and hypomania. Full-blown mania, once - in 1981. I think. I have no idea what it would be like to be un-depressed and un-manic at the same time. And is that state my goal? Would I like that state? I don't have a clue!” (Purse, June 2011)

Reading through Marcia’s blog on About.com will give you a great understanding of what the process is like for a patient. From one blog article to another it’s as if a different person has written each article. Her journey through bipolar disorder starts with

her first appointment in her new doctor's office with hopes that she could find a solution to her weight gain issue. In addition to learning that her favorite antidepressant pills were to blame for the additional weight, she learned that her Prozac stopped working as well as it once did because, as a patient suffering from bipolar disorder, simply taking an antidepressant would force her into a manic state in which she would feel euphoric and energized but would eventually crash into a depression. Instead of switching to a different antidepressant that would allow her diets to be more successful, her medications were changed completely.

From there, her new doctor asked her to summarize her entire medical history. She was forced to question her whole life while she relived her depressive states and searched for at least one manic phase, which is what would confirm her as having type 1 bipolar disorder. Like many patients in the beginning of therapy, while reevaluating her life experiences, she had to question why she felt the way she did through most of her life; did she feel the way she felt because it really was what she was genuinely feeling or were her feelings just part of a phase in the midst of her illness? Once she identified and confirmed the symptoms of her diagnosis she set goals along with her doctor and began her treatment plan. Weeks later, she found that her medications were not helping her racing thoughts and she complained about having such vivid dreams that she could not feel rested in the morning so her doctor changed her dosages to help her sleep. A few weeks after that, she was able to finally get a good night's sleep but noticed that she was more irritable than normal. While she continued this process of monitoring her emotions and changing her pills accordingly, she went from feeling very creative to very sensitive and emotional to experiencing daily mood swings of mania, depression, and anger. She was afraid to change her medication and lose her inspiration but she did not want to be a burden to her family and have such extreme daily fluctuations in her mood.

Following one of the modification to her pills, Marcia wrote that her life turned into a "pill routine" where she was taking pills from the minute she woke up to the minute she fell asleep. She became frustrated and lost her desire to write. She even lost her desire to care about how unproductive she was. Only eight weeks after her initial diagnosis, many medication adjustments, and a number of mood swings later, she remembers telling her doctor that she feels "at the mercy of her drugs" while her doctor reminds her that just eight weeks ago she was "at the mercy of her moods." This reminds her that she is in the middle of a long process and she just needs to be patient and strong. Three months later, Marcia is recovering from a state of being over-medicated and wonders why this process is so difficult. She compares her experience to a carnival ride: "Reading back over what I've written during the past five months, I don't know whether to call my experience a roller-coaster, an out-of-control carousel -

maybe a Tilt-A-Whirl is closest. I've spun around in small circles while going round in a larger high-low circle at the same time." (Purse, June 2011)

Throughout this process Marcia is physically and mentally burdened by her medications, her body, and her family. At the end of Marcia Purse's blog, she notes that even nine years later, she is still struggling with her illness. Reading through her blog is like reading through a personal diary, it allows her readers to not only connect with her experience but it helps them gain a better understanding of what someone with bipolar disorder could be going through. Her blog also lends a lesson to those searching for an answer to whether the traditional treatment of therapy and medication is the best method of treatment for such a disorder.

Much like Marcia's blog, Bob Childs' book *Braid On The Wall* was written with the same kind of intentions. He documents his journey through bipolar disorder in order to help his bipolar readers feel comforted that they are not alone in their feelings. Bob's experience differs from Marcia's because his diagnosis is not something that developed throughout his life but it is brought on by a traumatizing accident instead. As a creative and productive child, writing was always one of Bob's hobbies; he mostly focused on writing poems and songs. In adulthood, he endured a head injury from a traumatizing cycling accident that brought on a great surge of creativity. With a sudden onset of vivid images and ideas, he found himself writing them down as a form of release. After discovering he has bipolar disorder he realized his writing "provided the opportunity to add an artistic twist to an event that could allow [him] to 'make it [his] own' and gain a little control over those aspects of [his] life." (Childs, June 2011) Some of his writings are intense and graphic but he says they were not intended for shock value, they were genuine thoughts he felt he needed to share with his audience. As opposed to others who often feel imprisoned by this illness, he embraced the new characteristics it provided him with and decided to let it flow. He hopes that people dealing with the same mental issues as he was will find his writing as a comfort to let them know they are not alone in the way they feel. He also found that educating himself was the most important step in his healing process. This book may speak more volumes to a bipolar patient than a medical outline from a psychiatrist. It connects to them more in depth and can inspire them to use their surges of creativity for something positive.

While bipolar disorder is a very difficult disease to deal with and many patients, like Marcia Purse, can feel imprisoned by their moods swings and lack of control over their emotions, others use their disease to guide them through their careers. Some people have been able to find the beneficial side to this mental illness, just like Bob Childs did. In fact, many of the world's most famous actors, writers, and painters have their bipolar disorder to thank for their great success. Picture a Jackson Pollack painting

or an Edgar Allan Poe poem, both of these artists lived with bipolar disorder. During the time of their creative processes, it is very likely that the artists were going through one of the phases caused by the bipolar disorder. In a manic state, the person feels extremely productive, euphoric, or even god-like where they feel they are very powerful and can accomplish anything. These creations could have also been created during a period where they felt extremely negative emotions, very deep sadness, and fatigue, also known as a depressive phase.

They create such pensive images and words that their audience can and have spent hours or even days appreciating and dissecting the pieces. In fact, these pieces are so powerful that their demand often precede the artists' life and are still being appreciated in our modern day. Like "Jamison - who is both a professor of psychiatry and a psychiatric patient - challenges her colleagues to consider the positive aspects of bipolar disorder. If properly monitored, she claims, mental illness can confer unique advantages. Jamison writes movingly about the joys she has experienced during her manic phases and attributes to her illness many of the accomplishments of her early life. She concludes that if it were possible for her to choose a life with or without bipolar disorder, she would choose without hesitation to have it." (Feldman, Feldman, Smith p.152) in the book *Stranger than fiction: When Our Minds Betray Us*. These people have found the silver lining on the dark cloud of their illness. They chose to view it as a creative extension of themselves, channeling their emotions into their passions and creating deep, meaningful experiences for their fans rather than allowing the illness to bury them.

Below is a painting by Jackson Pollack titled Autumn Rhythm that he painted in 1950. Just looking at the painting can make a viewer feel the mania he may have been experiencing during the creation of this painting. Some of the paint has found its way to the canvas by his dripping it carefully and patiently while other marks have been violently splashed on as if Pollack suddenly felt enraged. Many of the browns in the painting have jagged and straight edges that might represent an irritation that he felt during his manic phase. The black and white can both represent the extreme emotions felt from the disorder. Perhaps the white represents his lighter stages of his life when he felt "normal" and his mania was low. The black seems to take over all the other colors and the majority of the canvas like a dark cloud of negative emotions rolling in over the rest of his life; this could represent many depressive stages. It might mean that he experienced more depressive stages than any other during his life. Many painters find that using their paint brush to release their emotions is more therapeutic and personal than cycling through medication with their therapist observing their every move.



Jackson Pollack, Autumn Rhythm (No. 30), 1950

Similarly, the way viewers can see the bipolar tendencies in Pollack's paintings, readers can experience the extreme emotions caused by the disorder in Edgar Allan Poe's poetry. Although Poe's poetry was written a century earlier, his writing displays the same feelings as Pollack's paintings. In particular, we can see these types of emotions just by looking at a few versus in an excerpt taken from his poem "The Happiest Day".

The happiest day -- the happiest hour
Mine eyes shall see -- have ever seen,
The brightest glance of pride and power,
I feel- have been:

But were that hope of pride and power
Now offer'd with the pain
Even then I felt -- that brightest hour
I would not live again:

For on its wing was dark alloy,
And, as it flutter'd -- fell
An essence -- powerful to destroy
A soul that knew it well.

In the beginning of the excerpt, Poe writes about the happiest day he's ever experienced, this would be something he would feel during a manic phase of the illness. He has immense pride and power which could be interpreted as the god-like euphoria that many bipolar patients feel in this phase. Like any patient in the midst of a manic phase, the gloom of depression is not far away.

Midway through the excerpt, Poe switches moods much like the transition from a manic phase to a depressive phase. He writes that in place of the god-like euphoria is now only pain and despair. He feels hopeless that he will never experience such happiness again. He writes that his feelings flutter and fall as if he is trying to pull himself out of sadness but is unsuccessful. The last line; "an essence -- powerful to destroy, a soul that knew it well" tells his readers that this is not his first time experiencing these extreme shifts in mood. It also tells us that he knows the desperation can become so deep that it will one day lead to his downfall.

Though Edgar Allan Poe and Jackson Pollack lived centuries apart and created works with different mediums, they expressed very similar feelings through their art. They each had bipolar disorder filling them with extreme emotions of grandeur, euphoria, and happiness during their manic phases and hopelessness, despair, and sadness during their depressive phases. Their emotions were released through their work and are able to be experienced by their audience because of how powerful they were during the creation of those very pieces. Despite the mental illness creating difficult and overwhelming emotional transitions throughout Pollack and Poe's entire lives, each artist embraced his feelings and used his influx of creativity to create works that have been admired and studied for centuries. These works can also bring comfort and inspiration to patients that are unsure of what to do with the vivid images the disease brings.

A recent interview with women's healthcare professional and nurse practitioner, Cecilia Vanisky shows that patients may benefit more from incorporating creative activities to alleviate their symptoms. Cecilia has had many patients and even relatives who have suffered from the disease. She has noticed a correlation between alcohol, drug use, and promiscuity in many of the women she sees who have been diagnosed with bipolar disorder. Those who were treated with the common drug Lithium did not enjoy taking it. Many of them complained of weight gain and a lack of creativity and motivation during its use. One patient in particular discontinued using it and chose to depend solely on her support group and therapy. Cecilia happily reported this patient's continued success with her plan of care and attributes it to her ongoing support from the group she attends. Cecilia personally does not believe this mental illness can be "cured" completely however she does believe that with therapeutic guidance it is very possible

to lead a very satisfactory life without medication. She believes that having good support through groups and therapy can allow patients the confidence to stick to a treatment plan. Also, she believes that through behavior modification and therapy, people with bipolar disorder can learn to channel their extreme moods. As an alternative to medication, she has recommends behavior modification which includes positive reinforcement to achieve desired behaviors and avoidance of negative consequences. She feels that along with natural remedies such as fasting to detoxify the body, exercise, good sleep patterns, and a good support system of family or friends, patients with bipolar disorder can achieve a more fulfilling treatment plan which they are more likely to stick to. As far as the future of bipolar disorder, she feels that stem cell research may hold some promising answers.

Cecilia's interview provides some encouraging news about the different possible treatments that people can use for bipolar disorder. Also, hearing encouraging stories like the ones from others who have learned to deal with and even conquer this illness can shed some light on an otherwise burdensome topic. Knowing that the extreme moods provided by bipolar disorder can be channeled into creative and healthy outlets could be enough to creative more fulfilling lifestyles of patients suffering from the disease. In the next half of this paper, you will read about the positive effects of non-medicinal methods such as exercise, life coaching, dieting, herbal supplements, hobbies, and support groups. A combination of these activities/actions can create a more livable environment for these patients and their families, it will also allow new patients to seek comfort that there is still a promising future ahead despite the current hurdles they face. One hurdle that has added to the difficulty of healing or even coming to terms with mental illness is the stigma that comes along with the diagnosis.

No quote can quite summarize the feeling brought on by being stigmatized as one made by an anonymous person who said "mental illness is the only disease which you can be diagnosed with and get yelled at for having." Even today with access to abundant resources and convenience, people with mental illnesses find themselves facing difficult times receiving help, empathy, and resources to ease their problems. For as long as mental illnesses have been around, these types of patients have been stigmatized. People fear them as if they might harm themselves or others at any moment just because they do not understand the mental illness. Many people feel that the solution to this problem is education. While some public figures have become directly involved with patients others educate their audience by taking part in interviews about their own diseases. Either way, they share a common thread in their messages to the world; education is key to our solution.

Stigma is something that has developed through fear while fear is derived from a lack of knowledge. This fear has cost many people with mental illnesses their friends, job opportunities, and even relationships. A recent interview with Carrie, a 30 year old patient with bipolar disorder type I, states her family has decided to turn their backs on her because they “could not deal with her.” She was diagnosed four years ago and has been titrating with her medications ever since. Carrie states that although her family denies their help, her support groups have been a blessing in lending some comfort and relief when she feels herself on the cusp of mania or depression. She believes her family may have chosen to sever their involvement with her because they fear her illness is contagious. What is more likely to be the case is that they don’t want to be around her because they may recognize common characteristics of their own undiagnosed mental illnesses in her, which is a reality that is easier to deny than accept. It is likely that fear of being stigmatized by their own issues has led them to shun her. This is a common situation that supports that stigma of mental illness and prevents many patients to accept what they are going through and seek help.

Whether on a large or small scale, it is imperative that people be educated on these mental illnesses. On a large scale, many figures in the public eye advocate the importance of educating people on mental illnesses. Senator Edward M. Kennedy remarked “the Surgeon General's report makes two basic points. Mental illness is a national crisis and our treatment of the mentally ill is a national disgrace.” (Miepvideos.org, July 2011) Other public figures who would agree with this statement and work to raise awareness for mental illnesses such as bipolar disorder are actors like Joe Pantoliano, Catherine Zeta Jones, and Maurice Benard. Each of these people personally experience difficulties from their own mental diseases and have spoken out to others to let them know they are not alone.

Joe Pantoliano founded a non-profit organization called “No kidding?! Me too.” to help encourage more public figures to come out about their mental illnesses in order to remove the stigma that comes with it. To spread the word, he created a documentary titled “No kidding?! Me too.” where he states “our goal is to obliterate the discrimination and stigma against mental disease providing all of us a reason to get better.” Throughout the film, he travels to psych hospitals to encourage the patients to share their various stories of how they’ve experienced discrimination for having their disease. He encourages the patients to be honest with their feelings and encourages them to cry, yell, talk; whatever will help them release their feelings and relieve their frustrations. These exercises encourage them to feel comfortable speaking about their problems to allow them to heal and grow in the process. He wants people to know that this is a chemical and physical reaction occurring in the body and that we need to create more understanding environments for these types of patients to feel comfortable enough to communicate with others about their illness. Other actors who are included on the board of advisors for Joe’s organization are Jeff Bridges, James Cameron, Rachel Leigh Cook, Patricia Cornwell, Matt Dillon, Robert Downey, Jr., Laurence Fishburne, Harrison Ford, Samuel L. Jackson, Pat O'Brien, Montel Williams, Robin Williams, and many

others. Hopefully, with Joe Pantoliano spreading encouragement to patients and the myriad actors that advocate awareness with him, people will become more empathetic towards people with mental illnesses.

Like Joe Pantoliano, Catherine Zeta Jones decided to raise awareness by going public about her mental illness. Earlier this year, she announced her own diagnosis of bipolar disorder II in hopes that it would “dispel some of the myths and fears about mental illnesses.” (Msnbc.com July 2011) She feels hopeful and refuses to let her mental illness hinder her life and wants to encourage the same feelings of strength and hope in other people who are dealing with bipolar disorder. Similarly, Maurice Benard, a popular character from the television show “General Hospital”, has also been an advocate for raising awareness for bipolar disorder since his own diagnosis in 1985. He became a spokesperson for Mental Health America “a nonprofit organization located in Alexandria, Virginia, dedicated to helping all people live mentally healthier lives, especially individuals living with mental illnesses.” (Wikipedia July 2011)

All these celebrities and public figures share a common thread in their belief that education will abolish stigmas for having a mental disease. Using their popularity can be an effective way to reach a large audience but we still need this kind of support on a smaller scale as well. People need to know that there are places in their own community where they can seek comfort and support at any time. In my research, this is an area that I find holds high demand. Carrie has reported that one of the most helpful parts of her journey through finding her happy medium is her support group while Beth feels there are not enough places to find help. There is a service group in Massachusetts that tries to supply people with ‘round the world support through their educational materials.

The Mental Illness Education Project, Inc. sells videos that serve as self-help workshops and give advice on how to cope with mental illnesses. These videos are helpful for use by individuals, support groups, or training physicians. They offer other tapes that show patients struggling with their illness and how to “recover” from each one. They feel that through viewing these “genuine and touching portrayals of individuals with mental illness in the context of their whole lives-personal and family relationships, communities, treatment, recovery, and work... it will [open] hearts and minds”(Miepvideos.org July 2011) This type of support is one of many that could help mentally ill patients open up about their disease and feel more secure that they are not alone. They can also serve as teaching aids for alternative options for mental healthcare professionals to offer. These videos can also show loved ones how to offer their support to struggling family members, partners, or loved ones. But most importantly, these videos can serve as an advocate to all those legislators, employers, and educators that can make the most effect on these people’s lives by making education more available.

Introducing sensitive subjects to people as early as possible has usually been the best way to gain the most understanding on any topic. Psychology classes should become a yearly mandatory course in all public schools. If psychology classes were taught on a yearly basis the way fundamental courses like math are taught annually and

built upon, than everyone would gain a general knowledge of how mental illnesses work by the time they reached middle school. From there, each year, psychology teachers could expand upon what was taught the year before. As the child matures s/he would gain a better perspective on mental illnesses and would know to be supportive and sensitive to those seeking help rather than being fearful and unsure of what to do. From learning how to treat mentally ill people with patience and care, people would become more patient and understanding with each other as well. As a result, it is possible that we could find ourselves with a more peaceful world altogether.

Although psychology courses are usually offered to students once they've reach high school level and psychologists are required to be on staff for most schools, it is not enough. People who fear being stigmatized will not voluntarily participate in these activities when they feel they might be discriminated against for it. Legislators need to get involved in helping the mentally ill. They need to make psychology mandatory in schools and develop more programs to help support those seeking help. With enough advocates, education, and understanding towards those who are mentally ill, these types of patients can be sure that one day their stigma will be lifted and they will be heard by an open-minded world.

While education and awareness is important many times it is what the patient does for him/herself that will gain the best results. There are many daily factors that might contribute to a mental illness, simply improving or adding something can make a world of difference. Sometimes all a person needs to uplift his/her spirit is to balance out his/her hydration levels and diet while others use aroma-therapies, herbal supplements, or exercise. One of the best non-medicinal alternative medicines is sleep regulation. Sleep is essential to our survival; it allows us to regroup, rebuilt, and relax, without it life can become a nightmare. Irregular sleep patterns are an ongoing problem with many people including patients who suffer from bipolar disorder. Whether in the midst of a depressive phase or a manic phase these patients will find themselves oversleeping on a daily basis or experiencing insomnia as a result of their disease. Regulating their sleeping patterns could be a key solution to many of their problems.

“According to psychologist and sleep expert David F. Dinges, Ph.D., of the Division of Sleep and Chronobiology and Department of Psychiatry at the University of Pennsylvania School of Medicine, irritability, moodiness and disinhibition are some of the first signs a person experiences from lack of sleep.” (Apa.org July 2011) After that initial stage of fatigue, if a person continues to experience to experience sleepless nights s/he will then become sleep deprived. This is when “the person may...start to experience apathy, slowed speech and flattened emotional responses, impaired memory and an inability to be novel or multitask.” (Apa.org July 2011) After a long enough period without the proper amount of sleep, a person can totally lose his/her focus and even start to nod off despite being in the middle of an activity. This is how many accidents are caused; by people falling asleep at the wheel or even while they are

operating heavy machinery. Once a person has been totally sleep deprived for long enough, they can experience “hypnagogic hallucinations” or, as defined by Wikipedia, “the transitional state between wakefulness and sleep...[where]..mental phenomena...occur...includ[ing] lucid dreaming, hallucinations, out of body experiences and sleep paralysis.” (Wikipedia July 2011) For anyone who has never experienced insomnia, the image above is an excellent display of how it feels. To lose even one night’s sleep is upsetting but losing multiple days can be damaging to a person’s mental well-being. “When you have insomnia, you’re never really asleep... and you’re never really awake.” (Imdb.com July 2011) Your brain becomes fuzzy your ability to focus becomes a challenge.



Insomnia affects the Mind by - insomnia81

"The best bridge between despair and hope is a good night's sleep."
(Youmeworks.com 2011) Sleeping too much can lead to lethargy and fatigue while a lack of sleep can make us vulnerable to anxiety and stress. When we lose sleep our body produces extra cortisol which is the hormone that is released during times of stress. This hormone suppresses our immune system, increases blood pressure, and decreases healthy bone density. This can branch off to create many issues in our lives by effecting our job performance and involvement in important relationships. A good example of this is to look at Karen, a 49 year old bipolar patient who is single, lives

alone, and has been having trouble finding a job. She has been laid off for a year and finds that even when she thinks about going on an interview she becomes very anxious and fears the worst case scenarios. Her sleep patterns are indicative of this kind of behavior. During our interview, Karen reported that throughout any given week she fluctuates between not sleeping at all and sleeping too much. Since she does not have a job she finds herself feeling restless and unable to fall asleep on occasion. She will stay up doing random tasks like organizing her closet, rearranging furniture, or “Facebooking” until she is exhausted. Then she will eventually go to sleep around 5:00am and will not wake up until 3:00pm which only leaves her feeling groggy and tired. Karen’s irregular sleep habits are what is preventing her from rejoining society and finding a job. The more she alienates herself from society the more anxious she is about reconnecting with the world. She notes that when she used to exercise she was much more focused and productive, she also found that sleep came to her much easier but lately she has had a lack of motivation to exercise.

After asking her to try some herbs and aroma-therapies for a few weeks, Karen happily advised me that taking an herbal supplement called Valerian root everyday allowed her to feel more relaxed and caused her to fall asleep closer to a normal time. Also, since she has always found solace in a great bath, I asked her to switch her normal bath scents of eucalyptus and spearmint to something more appropriate for insomnia. She used chamomile oil mixed with lavender scented bath salts and found that she was more relaxed and rested after her baths than she normally was. The reason her old oils did not work was because while using the eucalyptus and spearmint made for a fragrant bubble bath it was not meant to relax her. “Eucalyptus oil, which is stimulating, removes exhaustion and mental sluggishness and rejuvenates the spirits of the sick.” (Organicfacts.net July 2011) Similarly, spearmint oil can be used as an energizer and an antibacterial aid but it will not distress its user. When Karen was taking her baths to calm herself at night the oils she used were waking her up and energizing her instead. Hopefully Karen can stick to these methods to have a more peaceful sleep on a regular basis. With a consistent regimen of relaxing baths and herbal supplements she may soon feel relaxed enough to join the workforce.

Karen’s niece, Beth, has had similar issues dealing with irregular sleep patterns. She is 28 years old, single, living alone, and also suffers from bipolar disorder. Unlike her aunt, she has held the same job for seven years but is finding that she is becoming very restless in her current position. While Beth does love a good bath to calm her nerves, she does not have access to a tub and finds that simply lighting lavender candles is not enough to help her sleep. Like her aunt, she notices that she can skip an entire night of sleep however she will feel so tired the next day that she actually falls asleep at her desk. Also, when she has had a day off she finds she has often slept the entire day away. This was very upsetting to her since she only gets one day off per week. On her own, Beth decided to add a rigorous workout to her day. For the past two months, whether in the morning before work or the evening after work, she made sure she did not miss one workout. She combined yoga, spin, or rumba classes with at least 45 minutes of cardio work on the treadmill or elliptical. She noticed an improvement in her sleep patterns immediately. To date, she has not had as much

trouble keeping her sleep patterns regulated, she also states she feels more energized and less stressed during her workday. Exercise can be a great way to get rid of excess energy and can help encourage meditation and sharpen focus.

Although some people are naturally able to obtain sleep without external aids, people like Karen and Beth need to make conscious efforts to keep their sleep patterns regulated. Through the use of alternative medicine, bipolar patients can find relief from their disease without adopting difficult drawbacks that come with taking prescription medications. It would be wise for physicians to begin looking at alternative treatments such as sleep regulation, herbal supplements, aroma-therapy, and exercise so they could provide their patients with a more extensive treatment plan. Really focusing on the small details that fill up each day can make a huge impact on our lives.

While herbal supplements, therapy, hobbies, and exercise can do wonders for depression, a person really needs motivation to utilize any of these to make an impact on his/her mental health. While I have interviewed a wide range of people; young to old, employed to unemployed, graduate level to less than a high school diploma, I have noticed one important characteristic that binds them together. Every one of my interviewees living with Bipolar Disorder greatly lacks self-esteem which holds them back from experiencing life to the fullest. They feel like the things they want to accomplish are way beyond their scope of possibility when in reality they are only a small amount of effort away. This is a feeling many bipolar patients go through, as Jimi Hendrix said "Manic depression's touching my soul. I know what I want, but I just don't know how to go about getting it." He shares the same feelings about his desires as my two interviewees; Karen and Beth.

Karen dreams of writing a novel and owning her own bakery. She has been a cook for years but always under the employment of other people. Her fear has held her back from opening her own restaurant in the past. Now that she is unemployed she has started to bake and has really been enjoying herself. She has excelled greatly at the art of baking in a very short amount of time; there is not doubt that she has a natural talent for it. She also is a well-spoken, brilliant, articulate, and spunky person. Just based on the emails she has written during our correspondence, I know that if she were to pursue a career in writing that she would become a best-seller very quickly. I would recommend she write a recipe book for the cooks/bakers of the 21st century. She's got one guaranteed reader in me and I have no doubt that others would love her writing style and imaginative ideas. However, though she has dreams and goals in mind, her attitude towards the subject is not encouraging. When I asked her why she hasn't pursued either goal, she responded by saying that she is "terrified" of what could happen. She has too many questions weighing down any ambition to pursue them; what if she lost all of her money? what if no one liked her products? She states that she would feel even worse if she failed than if she never tried. But like one of my favorite teachers once told me, "it is better to set the bar too high and fail than to set the bar too low and succeed" because if we are always pushing ourselves than we are bound to end up somewhere

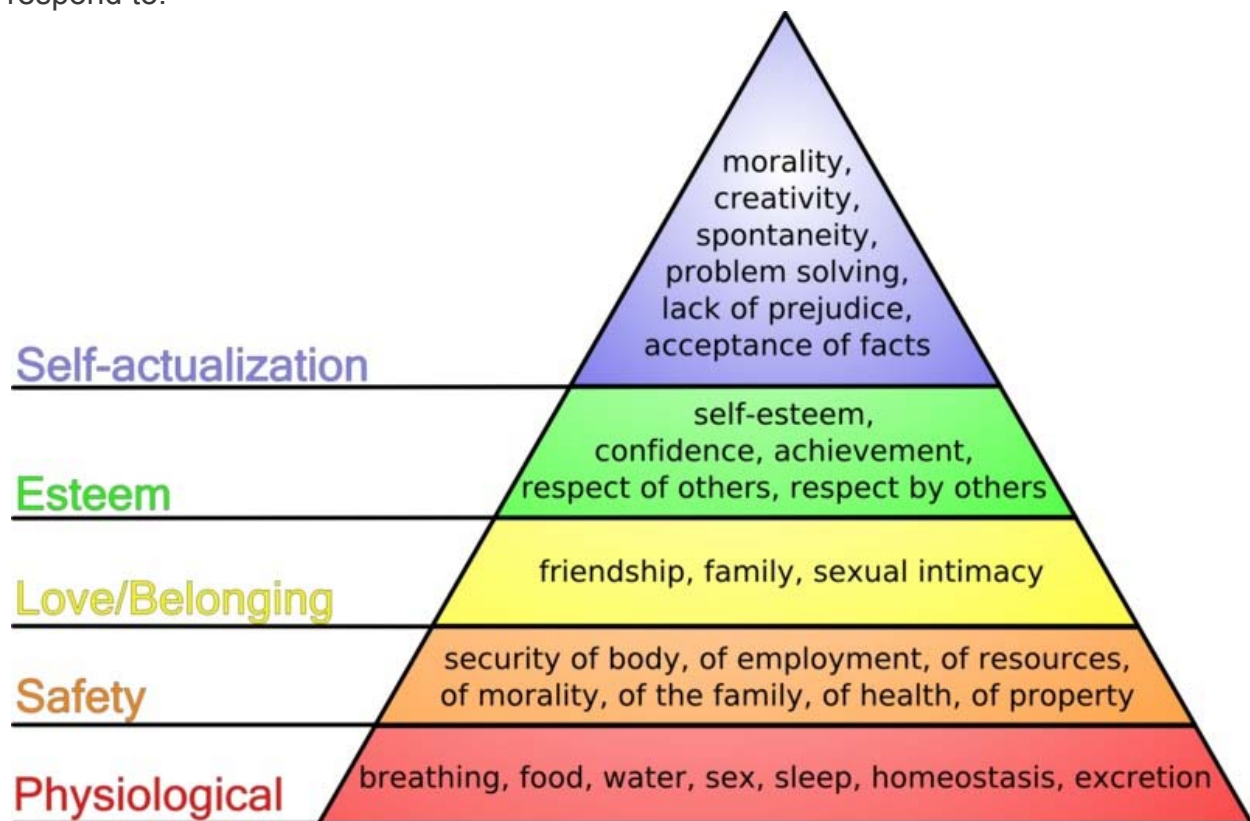
unexpectedly wonderful. Karen lets her fear and apprehension stop her from pursuing goals that she feels could truly bring her happiness.

While Beth, Karen's niece, is younger, employed, and has a master's degree from a prestigious college, she has the same type of reaction to towards her personal goals. It could be a coincidence or a family trait, but it is most likely a symptom of the mental illness they share. Although she has accomplished so much, Beth finds trouble tackling even small tasks that will bring her to her ultimate goals. For instance, like most recent graduates, Beth has set out to find herself a job where she can utilize her educational background. For this, she needed to create a resume and cover letter expressing her goals for employment but she finds herself dragging her feet. Although she graduated nearly two months ago, she has just finished writing a resume in the last week and she is dreading writing her cover letter. Despite the encouraging words, advice, and help offered to her, she still has a poor attitude towards her future endeavors and feels that her efforts are going to waste. She refuses to accept help because she does not want to become burdensome on other people. It is upsetting to hear such an intelligent and accomplished young woman be so negative about her future. While there are no studies that conclusively show why bipolar patients seems more likely to sabotage their happiness than mentally stable patients, there might be some activities the patient can take to alleviate their low self esteem and prevent them from obstructing their own happiness.

Eleanor Roosevelt once said "you gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You must do the thing which you think you cannot do." The above quote by Eleanor Roosevelt is a mantra that needs to be repeated as much as possible to those people that feel they cannot accomplish what they want. Those who heard it during our interviews felt inspired and agreed that if they heard or read it at least once a day, they might feel ready to take on the world. Today we have an overabundance of options, many people find themselves not knowing what they want at all. If you are the type of person who has a goal then you should put all your effort into accomplishing it. Chances are you won't fail and even if you do, you'll be doing something that is as close as possible or even better than what you imagined. Everyone doubts their abilities at some point in their lives but letting those doubts defeat you is an injustice to yourself. It seems like these two women need to simply be told exactly what to do and that will alleviate their problem because if they fail at their goals at least they could blame someone else. But letting someone else tell them how to run their lives would make their accomplishments less fulfilling. It would be as if they didn't accomplish anything, as if they were just the puppets that succeeded because their master knew what strings to pull. What might be better is someone to give them a nudge in the right direction.

A life coach is the person for that job. As opposed to a therapist, who would address the patient's issues, develop goals, and assess the patient on a regularly

scheduled basis, the life coach would take a more aggressive approach towards fulfilling the patient's goals and building self-esteem. "Life coaches help clients establish priorities, set goals and construct concrete plans to achieve those goals. As clients then work toward the goals, coaches hold them accountable and help them monitor their progress, including handling setbacks." (ehow.com July 2011) Studies have shown that life coaching can "indeed enhance goal attainment, well-being, resilience, and reduce stress, anxiety and depression." (Suite101.com July 2011) This is something that would be more than pertinent towards the treatment of patients with bipolar disorder. While therapists can guide their patients, their treatment usual ends when the patients leave their office but life coaching work by holding their clients responsible. They create positive and motivating environments for their clients to succeed. "Positive Psychologist Kim Conner, in a presentation to the International Positive Psychology Association (IPPA, November 4, 2009) indicated that all life forms have built-in mechanisms of growth in response to positive environments." (Suite101.com July 2011) Looking at the Maslow's Hierarchy of Human Needs pyramid below, we can see that once the first three fundamental necessities of life are met, next comes the needs a life coach would respond to.



"Statistics from the American Society for Training and Development...indicate that a person's probability of achieving a goal increases from fifty percent to ninety-five percent when the plan for goal attainment is committed to another person and there is a specific accountability appointment with the person to whom the commitment was made." (Suite101.com July 2011) While making the person more accountable, this

solution will also release the burden off of a bipolar patient's family to observe them, which was standard practice. Therefore, the family will benefit while the patient fulfills his/her goals.

While participating in hobbies, going to support groups, exercising, or doing crafts can be a rewarding activity on a day to day basis, nothing really alleviates depression as well as feeling motivated, being productive, and gaining a sense of accomplishment. The older methods of treating bipolar disorder with medication would level out the madness but it would also remove any feelings of creativity, motivation, and productivity. Without medication, life coaches can inspire these feelings by helping people access the most fulfilling areas of their lives. I recommend that life coaching be added to the treatment plan of patients who are diagnosed with bipolar disorder. Once a patient is diagnosed, the doctor should prescribe a combination of activities and supplements such as daily exercise, herbal supplements such as St Johns wart, sleep regulation, therapy, life coaching, aromatherapy, and a dieting plan including fasting when appropriate. With a combination like this, a patient might feel overwhelmed at first but will see that through time having many different options makes their treatment less redundant and more rewarding.

Bibliography

- "Answers.com - What Year Was Manic Depression First Diagnosed as an Illness." WikiAnswers - The Q&A Wiki. Answers Corporation. Web. 01 June 2011.
<http://wiki.answers.com/Q/What_year_was_manic_depression_first_diagnosed_as_an_illness>.
- Beth. "Interview with Graduate with BD." E-mail interview. 12 July 2011.
- "Bipolar Disorder - PubMed Health." PubMed Health. A.D.A.M., Inc., 21 Mar. 2010. Web. 17 May 2011.
<<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001924/>>.
- "Bipolar / Manic Depression Quotes | My Feelings Aren't Always My Reality." *My Feelings Aren't Always My Reality. | All about Bipolar*. Wordpress.com. Web. 07 Aug. 2011. <<http://awkwardambivalence.wordpress.com/favorite-inspirational-quotes/>>.
- "Bite 84: Jackson Pollock - Autumn Rhythm (No. 30), 1950." *Reality Bites*. Ed. Paul Stevens. Paul Stevens, 2010. Web. 21 June 2011.
<<http://realitybitesartblog.blogspot.com/2011/04/bite-84-jackson-pollock-autumn-rhythm.html>>.
- Brownson, Tim. "A Life Coaching Case Study | A Daring Adventure." *Life Coach & Life Coaching : Tim Brownson : A Daring Adventure*. Harrisonamy, 2011. Web. 25 July 2011. <<http://www.adaringadventure.com/life-coaching/a-life-coaching-case-study/>>.
- Carrie. "Interview with 30yo BD Patient." Personal interview. 9 July 2011.

- Childs, Bob. "Braids On The Wall - Shhh, No Talking! Publications." *Bipolar Poetry, Bipolar Art, Bipolar Disorder Writings, Poetry Book For Sale, Dark Poetry*. Bob Childs, 2005. Web. 08 June 2011. <<http://www.shhhnotalking.com/braidsonthewall.php>>.
- Dube, Rebecca. "Zeta-Jones 'brave' to Reveal Bipolar Disorder - TODAY Health - TODAY.com." *TODAY.com: Matt Lauer, Ann Curry, Al Roker, Natalie Morales - TODAY Show Video, News, Recipes, Health, Pets*. MSNBC Interactive., 14 Apr. 2011. Web. 12 July 2011. <http://today.msnbc.msn.com/id/42589427/ns/today-today_health/t/zeta-jones-may-help-dispel-stigma-bipolar-disorder/>.
- "Edgar Allan Poe: "The Happiest Day"" *Poetry Lovers' Page*. Poetryloverspage.com, 1995. Web. 21 June 2011. <<http://www.poetryloverspage.com/poets/poe/happiest.html>>.
- Emily, Age 12. "More Literary Works by Our Young Authors | Child & Adolescent Bipolar Foundation." *Home | Child & Adolescent Bipolar Foundation*. Child & Adolescent Bipolar Foundation, 2011. Web. 14 June 2011. <<http://www.bpkids.org/learn/library/more-literary-works-by-our-young-authors>>.
- Feldman, Marc D., Jacqueline M. Feldman, and Roxenne Smith. "Philosophical Dilemmas." *Stranger than Fiction: When Our Minds Betray Us*. Washington, DC: American Psychiatric, 1998. 152. Print.
- Harrison, Hayley. "Job Description of a Life Coach | EHow.com." *EHow | How to Videos, Articles & More - Trusted Advice for the Curious Life | EHow.com*. Demand Media, Inc., 2011. Web. 25 July 2011. <http://www.ehow.com/facts_5745514_job-description-life-coach.html>.
- Hill, Jason D. "» Bipolar, Lithium, Suicide and The Lost Years of My Life by Jason D. Hill Short Stories, Flash Fiction and Creative Writing Online." *Short Stories, Flash Fiction and Creative Writing Online*. Backhand Media, 2009. Web. 14 June 2011. <<http://www.backhandstories.com/non-fiction/bipolar-lithium-suicide-and-the-lost-years-of-my-life-by-jason-d-hill/>>.
- Insomnia81. *Insomnia Affects the Mind*. 2011. Photograph. *DeviantART*. DeviantART, 25 Feb. 2011. Web. 19 July 2011. <<http://insomnia81.deviantart.com/art/Insomnia-affects-the-Mind-198875546>>.
- Johnson Lewis, Jone. "Eleanor Roosevelt Quotes." *Women's History - Comprehensive Women's History Research Guide*. About.com. Web. 25 July 2011. <http://womenshistory.about.com/cs/quotes/a/qu_e_roosevelt.htm>.
- Joseph. "Joseph." E-mail interview. 25 July 2011.

- Karen. "Interview 49yo." Telephone interview. 20 July 2011.
- *Life Coaching for Personal and Professional Empowerment*. Carmine Leo and LifeCoaching.com, 2008. Web. 25 July 2011. <<http://www.lifecoaching.com/>>.
- Lopper, Jerry. "Is Business Executive, Life Coaching Effective?: Psychology Studies of Executive Coaching, Life, Wellness Coaching | Suite101.com." *Suite101.com: Online Magazine and Writers' Network*. Jerry Lopper, 8 Nov. 2009. Web. 25 July 2011. <<http://www.suite101.com/content/is-business-executive-life-coaching-effective-a166861>>.
- "Maurice Benard." *Wikipedia, the Free Encyclopedia*. Wikimedia Foundation, Inc., 24 May 2011. Web. 12 July 2011. <http://en.wikipedia.org/wiki/Maurice_Benard>.
- "The Mental Illness Education Project, Inc." *The Mental Illness Education Project, Inc. Home Page*. The Mental Illness Education Project, Inc., 2000. Web. 12 July 2011. <<http://www.miepvideos.org/understanding.html>>.
- Nabili, MD, MPH, Siamak. "Insomnia (Difficulty Sleeping) Causes, Symptoms, Diagnosis, and Treatment on MedicineNet.com." *MedicineNet.com*. Ed. Melissa Conrad Stoppler, MD. MedicineNet, 2011. Web. 19 July 2011. <<http://www.medicinenet.com/insomnia/article.htm>>.
- *Nkm2.org*. Nkm2. Web. 12 July 2011. <<http://nkm2.org/>>.
- Purse, Marcia. "Bipolar Disorder - I'm Bipolar - a Psychiatric Biography - Newly Diagnosed." Bipolar Disorder Symptoms, Diagnosis, Medications, Treatment - Coping With Bipolar Disorder. About.com, 20 May 1999. Web. 01 June 2011. <<http://bipolar.about.com/library/weekly/topicsub-whatme.htm>>.
- Shakespeare, William. *King Henry*. *Readbookonline.net*. Readbookonline.net. Web. 19 July 2011. <<http://www.readbookonline.net/read/401/9669/>>.
- Soreff, Stephen. "Bipolar Affective Disorder." Medscape Reference. 16 May 2011. Web. 18 May 2011. <<http://emedicine.medscape.com/article/286342-overview#showall>>.
- Staff, Mayo Clinic. "Bipolar Disorder: Symptoms - MayoClinic.com." *Mayo Clinic*. Mayo Foundation for Medical Education and Research, 2011. Web. 08 June 2011. <<http://www.mayoclinic.com/health/bipolar-disorder/DS00356/DSECTION=symptoms>>.

- Vanisky, Cecilia. "Interview on Bipolar Disorder: Physician's Perspective." Personal interview. 27 June 2011.
- "Why Sleep Is Important and What Happens When You Don't Get Enough." *American Psychological Association (APA)*. American Psychological Association, 2011. Web. 19 July 2011. <<http://www.apa.org/topics/sleep/why.aspx>>.
- *YouTube - "No Kidding, Me 2!" (first 7 Minutes of Movie) - Directed by Joe Pantoliano*. Perf. Joe Pantoliano. *YouTube - Broadcast Yourself*. Nkm2, 9 Oct. 2009. Web. 12 July 2011. <<http://www.youtube.com/watch?v=wHckgHleAkk>>.
- *YouTube - Stigma of Mental Illness - "No Kidding, Me 2!"*. Dir. Joe Pantoliano. Perf. Joe Pantoliano. *YouTube - Broadcast Yourself*. Nkm2.org, 6 Oct. 2009. Web. 12 July 2011. <<http://www.youtube.com/watch?v=4FsYUDM6UE0>>.