**Life Experience with Bipolar**

Your Name

School Name or Class

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*“Which of my feelings are real? Which of the me's is me? The wild, impulsive, chaotic, energetic, and crazy one? Or the shy, withdrawn, desperate, suicidal, doomed, and tired one? Probably a bit of both, hopefully much that is neither.”*

 **― Kay Redfield Jamison**

Throughout our lives, we learn about a myriad of diseases and disorders, through print, social media, and by listening to the personal experiences of our acquittances. Such disorders talk nonstop about depression, AHD, hoarding, bipolar, and multi-personality disorders, and the list goes on and on. However, the disorders and psychological complications always seem like some thriller stories until you experience them by yourself or your near ones get affected by them. The same phenomenon happened to me; prior to spending time with my cousin, I considered bipolar disorder as a fabricated intricacy that only exists in books and movies. I am a vivid reader and have read “Catcher in the Rye” and “Perks of Being a Wallflower,” but I comprehend the stress and underlying supposition of both books after dealing with the gradually worsening condition of my cousin. Nevertheless, the flashback of all the incidents and associated realization was a nightmare for all of us, but it also has a silver lining that gives hope to the people in the same condition that they can improve.

It was three years back when my cousin (for this experience sharing purpose I am giving her a fictional name; Sophie) came to live with us with her mom because of saddening suicidal demise of uncle. At that point, no one was aware of the mental health issues my uncle was suffering from. Naturally, we all felt sympathy and compassion for Sophie as she was just 21 years old and had experienced the greatest mental disturbance and tragedy in such a vibrant era of her age. In the start, I tried to establish a convivial and friendly connection with her, but her expression never seemed steady. Sometimes she acted distantly and whatever I said or done did not evoke any response in her; for instance, while watching most enthralling TV series, she used to stay blank and detached from the scenario. Initially, I thought that she is in a mourning state, but then I explored her other side. One day she was utterly gloomy, and the next day she was cackling in the backyard; that day she was in her high spirits and insisted to go outside, somewhere for shopping. Throughout the shopping, she kept hopping and chattering continuously that even I started to feel bored and exhausted. At that event, I also noticed that she is buying unnecessary stuff without a second thought. We belong to a middle-class family and generally spend amount by careful planning in buying mandatory and feasible shopping list, but the shopping attitude of Sophie was utterly freaky. She even tried to buy the most expensive make-up kit of Bobbi Brown from which I stopped her with exacerbated struggle. On other occasions, I noticed several other abnormalities in Sophie’s behaviour; she got handily enraged if I tried to prove myself right even during a board game. Sometimes she joyously attended and greeted visitors and neighbours; meanwhile, the other day, she slammed the door of her room to avoid any communication or interaction with anyone. In other instances, Sophie acted more nonchalantly and recklessly that even on a chilly winter day, she jumped in a cold swimming pool; and once she climbed and stood on the edge of the roof. All of her demeanours were either so mature and wicked or so childish and inconsiderate.

I have mentioned that I am a dedicated reader and I read books, magazines, journal articles, and informative news etcetera regularly, in the light of my knowledge and awareness I truly felt that there is something wrong with Sophie. It was not only the grieving from her father’s untimely and unnatural death, but it was also something else that was deeply rooted. Initially, I felt uneasiness and worried for Sophie, but by every passing day, I determined to do something about two extreme behaviours of Sophie which keep taking turns. I encouraged myself, pushed my hesitation aside and talked to the auntie from this matter the first time after many months. On my questioning and concerns, aunty became intensely alarmed and told me that her husband had almost similar mood swings and used to move from a peaceful world to a detached sphere in a matter of days. She also reflected that before his suicide, the uncle was suffering from undefinable depression and despair. By knowing this I realized that the issue is more severe than I perceived and with the assistance and approval of my aunty I called our family doctor to seek any advice in such situation; doctor referred us to a renowned psychiatrist.

Because of Sophie’s mental situation, aunty and I were not convinced to take her to the doctor directly; therefore, we get appointed to take the briefings. Psychiatrist attended us with appreciable elegance and patience and listened to all the details we needed to relay. Moreover, the psychiatrist provided us with a form to fill for the symptoms and abnormal behaviours of Sophie; I jotted down all the anomalies I could remember, I have enlisted them in the following as well.

* Two extreme personalities: a happiest and energetic Sophie and the most miserable and gloomy Sophie
* A lot or no sleep at all
* Becoming overly ambitious out of nowhere
* Trying to do reckless and irrational things such as non-stop shopping, sitting on the edge of the roof, jumping in cold water in extreme chilled weather
* Getting irritated quickly over a failing argument and considering herself the most important person on the planet
* Some days she talks, talks and talks with all body language, jumps and weird movements
* Inconsistent behaviours with neighbours and visitors
* Stark wretchedness and hopelessness some days
* In her worst day, Sophie even does not show any facial expression, just a blank face.

Subsequently, the psychiatrist read the enumerated symptoms of Sophie by taking a considerable and thoughtful time. Finally, he asked if anyone in our close relatives or ancestors had similar issues. The question made the aunt uneasy and apprehensive at the same time, and she told about the suicidal demise of her husband. At this revelation, the psychiatrist gave a knowing nod and asked us to bring Sophie for a thorough check-up in her both juvenile and sombre days; and diagnosed her with bipolar disorder. The realization of accepting that some of our nearest ones have mental illness was an intensely unsettling phenomenon for us. By observing our hesitation, the psychiatrist assured us that mental illness is not a stigma or anything to be wary about; such disorders are always existing around us, but the main problem arises when we deny to attend and accept them. He also asserted that disorders such as bipolar etcetera have tendencies to be reduced through cautious care and persistent medicines. At the end of our meeting, the psychiatrist supplied us with some published literature and asked us to study the symptoms, causes and other elaborations on the matter because according to him, Sophie needed our awareness and patience to get back to the healthy track.

That night I turned on my laptop and sat at a peaceful corner to collect all the information I could from the psychiatrist-provided literature and authentic mental healthcare sites and forums. I wanted to know definition, scope, and reasons that caused such dilemma and in our case, to a young person that distracted all her life to a great extent. According to the medical definition, bipolar disorder is also called as manic depression and a certified mental illness that causes extremely high or extremely low swings in an individual’s mood and alters their sleeping patterns, energy levels and concertation and behaviours all along. I came to know that bipolar as it is evident from the term, is a phenomenon that belongs to two most opposite poles of attitude that are sadness and elation. The scope of this disorder explicates that people suffering from bipolar depict the signs of either hypomania or intense depression; I could not agree more. While searching for the causes of bipolar disorder, I felt heartbroken and thought that maybe Sophie would never get healed and treated because the roots are deep and not that easy to be nipped. Yet I reminded myself about the positivity and optimistic perspective of the psychiatrist and motivated myself to stay strong and playing my most supporting role for my dearest cousin and my aunt. The causes of the bipolar explain that genetics factor is integral in this regard, and such disorders might be subject to convey through an elongated genetic chain of ancestors. I thought about the uncle and assumed that maybe the poor man rendered the disorder from his forefathers and died in desolation without getting timely help. On the other hand, the research on the subject said that some biological factors also provoke the chances of elevated symptoms of bipolar in an affected person. For example, imbalances in brain chemicals play a vital part in disturbing the mood proportion and might trigger bipolar behaviour; similarly, the hormonal problems and imbalances are also an active agent in this context. It is also affirmed that external environmental aspects such as significant loss, unmanageable mental stress, any physical or psychological abusive exposure or any considerable trauma can evoke critical signs of bipolar in sufferers. In Sophie’s case, the causations were both internal and external; her father was a victim of bipolar, and his macabre death was a significant loss that activated similar dysfunctions in Sophie.

Moreover, to comprehend the intensity and any other behavioural problems regarding bipolar, I searched for elucidated symptoms of both hyper depression and hypomania. The thorough understanding of symptoms of such disorders is imperative for the relatives of the patient because it increases the predictability of the patient’s behavioural issues. According to medical research and evidence-based studies, it is extracted that bipolar individual encounters an impaired and blurry sense of judgment regarding their actions or the people and happenings around. Furthermore, in such cases, the distraction and notion of boredom take charge, and the patient starts overlooking even menial routine responsibilities such as homework and other domestic chores (it was impossible to convince Sophie even to wash a tea cup when she shows sign of delusion). The worst part is the fabricated illusions that make Sophie believe that she can touch the sky while she was not even moving her finger for doing anything reasonable. At the times of hypomania, patients firmly believe that everything is perfectly all right and nothing can go wrong ever. The interlinked euphoria compels the bipolar patient to take perilous initiative and to do the most adventurous and risky things that sometimes include suicide as well. The underlying and overwhelming sense of being in control boosts the feel of self-esteem and confidence, and in the oblivion state, bipolar patients keep chattering for hours and become aggressive on minor issue or disagreements. The maniac whim makes them buy nonsensical stuff without considering the reason or rationale behind buying decisions and sometimes the combination of lethargic lifestyle and lunatic shopping habits turns bipolar disproved into severe hoarding disorder.

Contrarily, during depressive times, the patients move from the happiest extreme to the saddest pole and shut themselves from the outer world. The substantial emotions of gloom, dismay, hopelessness, and darkness enwrap them for no solid reason and gulp down their sleeping contentment by permeating insomnia. Guilt, anxiety, fatigue, lack of interest in anything, the feeling of being useless, an urge to end up the misery by leaving this world to become eminent is this phase. I also read the true story of a woman who was suffering from bipolar and got that from her father, who committed suicide. However, she told that compassion and patience support of her near ones brought an evident betterment in her life. Now she is living almost a normal life with the help of medicine and unconditional kindness of her loved ones.

The dark side of untreated bipolar and the story of the treated and improved woman motivated me, and I decided to do whatever I can to save the life of Sophie and save the aunt from another irrecoverable tragedy. Afterwards, Sophie visited the psychiatrist on a frequent basis, and we got all the helping advice and other relevant information in this regard. The psychiatric admired that we already have passed our tests in increasing our knowledge about bipolar and its backdrop, scope, signs, and aftermaths, secondly, we had convinced Sophie to visit the psychiatrists that were equal to surmount the mount Everest, seriously. Now we had to show our all understanding and patience regarding ever-shifting moods of Sophie that was also not a piece of cake, believe me. Now Sophie has improved a lot, and her condition is getting stable, though she needs her medication maybe for entire life that is better than seeing her going away with her illness.

The experience with Sophie and the catastrophic end of her father taught me that bipolar disorder is a real illness like other diseases such as fever, cough, or typhoid and therefore needs experts’ supervision and medical treatment. On the other hand, the mental disorder has nothing to do with the deliberate intention of the patient and therefore, should not be taken as stigma or something to be ashamed. It was not Sophie’s fault the way she behaved or that she has bipolar disorders it is genetic and environmental factors that are the underlying causes of such disorders. The most important or take away lesson is that the patient can feel better, it can be treated the abnormal behaviours can get healthy, but a perpetual medication and unstoppable support of near ones are indispensable otherwise the consequences of such mood swings can be disastrous. People out there need to understand that mental illness are not fabricated or fictional; they are real and require immediate preventive measures. Any lack of understanding, procrastination in visiting and consulting the experts, and overlooking the problems will not mitigate the social stigma. Instead, any slacking in tackling the problem can take the life of your family member, and many generations will follow the pattern.