

The nature of bipolar disorder psychology essay



**ASSIGN
BUSTER**

This paper will study the nature of bipolar disorder, and the affects that it has on families. This paper will also review the clinical definition of bipolar disorder as well as the more frequently used terms that define extreme personality swings that alter one's ability to cope with life's day-to-day stressors. The paper will also discuss how family members are able to react effectively to a family member with bipolar disorder and ways the disorder can ultimately affect children, parents, siblings and other members of the family. Together with other serious illnesses, bipolar disorder can be challenging for spouses, family members, friends, and others that provide care.

Relatives as well as friends often have to cope with the person's serious behavioral problems, such as wild spending sprees during mania, extreme withdrawal during depression, poor work or school performance. These types of behaviors can and will have lasting consequences. Family members are often the ones dealing with the emotional and medical needs of their loved ones. As caregivers, they also have to deal with how this affects their own personal health. The conclusion of this paper will look into how family members respond to a member with bi- polar disorder

Psychology- Bi-polar Definition

History

The current term “ bipolar disorder” is of a recent origin and refers to the cycling between high and low episodes or poles (Weiten, 2008). A relationship between mania and melancholia has been observed and the basis of this current conceptualization can be traced back to a French psychiatrist in the 1850's. The German psychiatrist Emil Kraepelin coined the

<https://assignbuster.com/the-nature-of-bipolar-disorder-psychology-essay/>

term “ manic depressive illness” in the late nineteenth century. Initially, this term referred to all kinds of mood disorders. German psychiatrist Karl Leonhard finally split the classification again in 1957 using the terms unipolar disorder and bipolar disorder (Weiten, 2008).

Ray Bradbury once said, “ Insanity is relative. It depends on who has who locked in what cage.” That particular statement could very well have been coined specifically for people who sufferer from bipolar disorder. Bipolar disorder is known as a manic-depressive disorder and is a psychiatric diagnosis that covers a plethora of mood disorders. Bipolar is defined by the presence of one or more episodes of abnormally elevated moods, clinically referred to as mania or (if milder) hypomanias (Weiten, 2008). Bipolar disorder affects both men and women. Researchers have theorized that the first episode of bipolar disorder may possibly take place during adolescence. It must be understood that bipolar disorder is not just a sign of weakness; it is a serious medical condition that requires treatment.

Bipolar disorder is considered to be one of the oldest known illnesses. Bipolar symptoms have been mentioned in the earliest medical records as far back as the second century. In fact, Aretaeus of Cappadocia, Turkey, first recognized the symptoms of mania and depression and discovered the link between them. His findings were unnoticed and unsubstantiated until discussed in “ The Anatomy of Melancholia” by Richard Burton in 1650. Burton focused specifically on depression and his findings are still used today by the mental health field. He is often credited with being the father of depression as a mental illness (Angst & Sellaro, 2000)

Many other researchers added to Burton's findings. Most notably, Jules Falret and Francois Baillarger furthered the diagnosis of bipolar with findings of their own. Jules Falret coined the term "folie circulaire" (circular insanity) in 1854 while establishing a link between depression and suicide. It was his work that finally led to the term bipolar disorder, as he was able to locate a distinction between moments of depression and heightened moods. His findings, recorded in 1875, presented the idea that the disorder was found in certain families creating a genetic link and hereditary inheritance of the disorder (Angst & Sellaro, 2000).

Stats

Statistics regarding bipolar disorder among adult American adults is disturbing. There are agencies set up across America to address the needs of citizens diagnosed with this disease. According to statistics from the NIMH (National Institute of Mental Health), the median age of onset for bipolar disorder is 25 years of age. Additionally, within a 12 month span 2.6% of the adult American population was diagnosed with bipolar disorder with 83% of cases being severe. In agreement with this data 49% are currently in treatment (www.nimh.nih.gov)

The Problem

The problem with bipolar disorder is that it is sometimes under diagnosed, yet also an equal if not greater problem exists with over diagnosis. Knowing the validity of the diagnosis for bipolar disorder is imperative. Each person diagnosed with bipolar disorder should have professional and professional assessment for proper treatment. What is known is that some people have the diagnosis but do not have the disorder; similarly, some people have the <https://assignbuster.com/the-nature-of-bipolar-disorder-psychology-essay/>

disorder, but not the diagnosis. How is it that you can tell? This is what ultimately matters.

Why It Interest

Bipolar disorder is a term that never actually meant much of anything to me. Sure, I had seen a few commercials here and there, but I never really had a real concern to want to know what it was about either. That was until about 7 years ago, when I met my now husband, but boyfriend at that time. The young man that I met then was a sweet and innocent-looking soul. Yet, I could tell that there was something more to him by his very quiet and soft-spoken demeanor. Little did I know that his mother was also bipolar. A woman I would soon find out was not only diagnosed bipolar, but also manic-depressive and schizophrenic.

Before meeting my mother-in-law, my husband had told me small bit and pieces about her. From what he had told me, I was a little apprehensive about meeting her. I was told she was mean and somewhat crazy as well as she was a former officer and chaplain in the Navy Reserve. Because of what I had heard of military people when growing up, I was expecting to meet a loud, rude, cursing woman, who was ready to chew my head off. The first time my husband mentioned to his mother that he was dating, it was done over the phone. We were riding in the car to get a bite to eat and the phone rings.

My husband looked over down at the phone, looked over at me to say, “ It’s my mom”. I looked at him as he answered the phone, and when he answered the phone, his voice changed. I was somewhat confused because I had never

heard him answer the phone with this particular accent. Though all he said was hello, it quickly struck a chord with his mother.

She immediately asked him who was he with? His response was, “ My girlfriend Jennifer.” The conversation continued but was short, and she talked loud enough for me to be able to hear and understand everything she said to him. My husband asked her if she would like to speak with me because she was under the impression that I was from New Orleans, due to the accent her son had answered the phone with.

She did not like this because she did not want her son to date a young woman from New Orleans. He had to explain to her more than once that I was born and raised in Houston. At this point I was thinking, “ Maybe I shouldn’t meet her”. Her reply of course was no, and with that, she told him that she was getting off the phone now because she had a bad headache.

Moreover, to think, this can of bipolar worms was being opened on me. I have left out a few minor details, but I just wanted to paint a picture of what I would soon be dealing with, without initially knowing my mother-in-law was suffering from bipolar disorder. There are so many different episodes that I have not only heard about but have witnessed, that I am quite sure I could actually write a book. However, I am choosing to write briefly about a few episodes that I am now able to identify as symptoms and signs of bipolar disorder.

Early on in the dating stage of my relationship with my husband, it came to the point where I was to meet his family, mainly his mother. It was around Christmas time, and he and I decided to make the drive to his hometown of <https://assignbuster.com/the-nature-of-bipolar-disorder-psychology-essay/>

Gulfport in Mississippi. The drive from Texas to Mississippi was lengthy, so by the time that we arrived into town, it was late, almost midnight. Once we made it to his mother's house, she invited us in and I noticed she was wide-awake and up cleaning. She stopped for a moment to say that she was not going to sleep because she was an insomniac. She said she had been taking sleeping pills prior to that day because she had not been able to sleep.

According to research, (Cloe, 2011), a common side effect of bipolar disorder is insomnia, which is what my mother-in-law was experiencing.

She left the room and returned to start talking about what seemed to be everything on her mind. Of course, I was puzzled and did not know what was going on, who the people were she referred to, or the things she was talking about. She went from one thing to the next. She talked about her job, the government, her church, the neighbors, any and everything. This went on for over an hour, maybe even over two hours. Here again we see symptoms associated with bipolar disorder. As theorized by Dr. Harold L. Burke, of the Brain Therapy Center, excessive speaking and talkativeness is commonplace with this disorder (Burke, 2009). However, there was a point during her conversation that I remember her mentioning that she was supposed to take her medicine but she didn't need it because she was just fine.

Over the years, I learned of other incidents that happened, ones that would not be considered normal. My mother-in-law told me of when she learned of being pregnant. She explained to me that her husband had been in the military and was overseas, while she was left in California to stay with his family. She said it came a point during the pregnancy that he called her from overseas to say that he no longer wanted a family.

She said no sooner had he told her this, that she told herself, “ Okay, you don’t want a family anymore, that’s fine”. She said she made up in her mind that she would just self-abort the child, and in order to do so, she drank a fifth of Tanqueray every day. She said that she continued this for a while, and finally went to the doctor. While visiting the doctor, he informed her that what she was doing was not going to self-abort the baby, but rather cause him to be born with many problems.

As a result, she told me that my husband was born with a rash that they could not diagnosis, and he was deaf until the age of three. I myself after learning of this believe that my husband may have also suffered from fetal alcohol syndrome as well. Knowing that this disorder is genetic, it has been brought to my attention that my husband displays signs of bipolar disorder. Many people diagnosed with bipolar disorder feel that they are normal, when in reality; their cognitive functions are in a sense slowing down.

According to researchers, bipolar disorder occurs in cycles, so knowledge of patient history is important. Additionally the elimination of other possible causes of bipolar symptoms may be necessary. For example, a patient might be diagnosed with another chronic illness, which might require prescription medication (Burke, 2009).

Genetic

Promising research is being conducted through the Human Genome Project relating to behavioral genetics. The Human Genome Project was instituted by the U. S. Department of Energy in 1990. The main purpose of this project is to identify all genes in human DNA, determine the 3 billion base pairs,

store information, and improve, transfer and address ethical legal and social issues connected with the project. Behavioral genetics is research involving variations in the human body, and reviews environmental conditions as it relates to genetics in human behavior.

Genetic studies have identified many chromosomal regions and candidate genes appearing to relate to bipolar disorder's development. Meta-analyses of linkage studies detected reveal either no significant genome-wide findings or, using a different methodology, only two genome-wide significant peaks, on chromosome 6q and on 8q21. Neither have genome-wide association studies brought a consistent focus. There are specific genes connected with mental illnesses such as schizophrenia and bipolar disorder. According to information from the Human Genome Project there have not been significant information that clearly defines exactly what genes can be directly associated with this disease. However, there are specific behaviors, as I have already mentioned, that accompany the disorder. According to the research project, what scientists do know is that an extra chromosome 21 can be linked to mental retardation and Down's syndrome ([www. genomics. energy. gov](http://www.genomics.energy.gov)).

Environment

Evidence suggests that environmental factors play a significant role in the development and course of bipolar disorder and that individual psychosocial variables may interact with genetic dispositions. There is fairly consistent evidence from prospective studies that recent life events and interpersonal relationships contribute to the likelihood of onsets and recurrences of bipolar mood episodes. Research has discovered that environmental factors have

<https://assignbuster.com/the-nature-of-bipolar-disorder-psychology-essay/>

had an adverse effect on those diagnosed with bipolar disorder. For instance, the loss of a parent, employment, or any stressful situations might further complicate or increase symptoms of bipolar disorder (www. genomics. energy. gov).

Ecological

Studies pertaining to the ecological aspects or precursors to bipolar disorder indicate a higher precedence of bipolar disorder among minorities in foreign countries and the United States. The reasons for this occurrence is not clear and further studies are being conducted. However, some incidents can be tied to stressors like unemployment, socioeconomic disparities, and sub-standard education. In Houston, Texas, MHMRA (Mental Health & Mental Retardation Authority), have offices in three major low to middle class neighborhoods, serving predominately Hispanics and African Americans, which is an indicator of great need (www. mhmrharris. org).

Symptoms & signs

Typical signs and symptoms of bipolar include increased energy, activity, restlessness, excessively high overly good, euphoric moods, extreme irritability, racing thoughts, talking very fast, jumping from one idea to another, poor judgment, spending sprees, increased sexual drive, abuse of drugs particularly cocaine, alcohol and sleeping medications, provocative, intrusive, or aggressive behavior, difficulty concentrating, remembering, making decisions and restlessness or irritability (Weiten, 2008).

Depressive phase

Signs and symptoms of the depressive phase of bipolar disorder include persistent feelings of sadness, anxiety, guilt, anger, isolation, or hopelessness; disturbances in sleep and appetite; fatigue and loss of interest in usually enjoyable activities; problems concentrating; loneliness, self-loathing, apathy or indifference; depersonalization; loss of interest in sexual activity; shyness or social anxiety; irritability, chronic pain (with or without a known cause); lack of motivation; and morbid suicidal ideation. In severe cases, the individual may become psychotic, a condition also known as severe bipolar depression with psychotic features. These symptoms include delusions or, less commonly, hallucinations, usually unpleasant. A major depressive episode persists for at least two weeks, and may continue for over six months if left untreated (www. mayoclinic. com 2010).

Manic phase

While modern clinical definitions of bipolar disorder are clear in medical and psychological literature, the descriptions of behaviors associated with what we commonly think of bipolar are as old as classical civilization. The medical writers of ancient Greece conceived of mental disorders in terms that sound surprisingly modern. They believed that melancholia was a psychological manifestation of an underlying biological disturbance, specifically a perturbation in brain function.

In documents dating back to the fifth and fourth centuries BC, Hippocrates described melancholia as a condition “ associated with an aversion to food, despondency, sleeplessness, irritability, restlessness and they stated that fear or depression that is prolonged melancholia (emphasis added).

<https://assignbuster.com/the-nature-of-bipolar-disorder-psychology-essay/>

Obviously bipolar disorder is not a new phenomenon but a serious mental disorder is that we now understand is more common than previously thought.

Mania is the signature characteristic of bipolar disorder. Mania is generally characterized by a distinct period of an elevated mood, which can take the form of euphoria. People commonly experience an increase in energy and a decreased need for sleep, with many often getting as little as three or four hours of sleep per night (Cloe, 2011), while others can go days without sleeping. A person may exhibit pressured speech, with thoughts experienced as racing. Attention span is low, and a person in a manic state may be easily distracted. Judgment may become impaired, and sufferers may go on spending sprees or engage in behavior that is quite abnormal for them. They may indulge in substance abuse, particularly alcohol or other depressants, cocaine or other stimulants, or sleeping pills.

Their behavior may become aggressive, intolerant, or intrusive. People may feel out of control or unstoppable, or as if they have been “chosen” and are “on a special mission” or have other grandiose or delusional ideas. Sexual drive may increase. At more extreme phases of bipolar I, a person in a manic state can begin to experience psychosis or a break with reality, where thinking is affected along with mood. Some people in a manic state experience severe anxiety and are very irritable (to the point of rage), while others are euphoric and grandiose.

To be diagnosed with mania according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), a person must experience this state of

elevated or irritable mood, as well as other symptoms, for at least one week, less if hospitalization is required. Severity of manic symptoms can be measured by rating scales such as self-reported Altman Self-Rating Mania Scale and clinician-based Young Mania Rating Scale ([www. genomics. energy. gov](http://www.genomics.energy.gov)).

Sleep disturbance is the most common prodromal symptom; mood, psychomotor and appetite change, and anxiety can occur up to three weeks before a manic episode develops.

Rapid Cycling

Rapid cycling is instability in mood and energy experienced by patients diagnosed with bipolar disorder. Symptomatology might include changes in energy and mood, spurts of creativity, tearfulness or sorrow. Sometimes they might experience uncontrolled laughter or extreme anger over situations that might be deemed unimportant or uneventful. These symptoms may occur in succession or cease without warning and repeat (Phelps, 2006).

Treatment

There is no known cure for bipolar disorder; however, treatment methods are being developed to help the patient have a better quality of life. A treatment plan might include proper medication, ongoing psychotherapy, methods to prevent relapse and a major focus on reducing symptoms. Medical treatments for Bipolar I include a Lithium Carbonate management regime, anticonvulsants, electro-convulsive therapy, and behavior modifications. The single most important process of the treatment stage is the sharing of

information on the condition and the compliance of the patient in proper use of medication. Anti-depressants should never be used in the treatment regime as it may precipitate a manic episode.

Conclusion

In conclusion, bipolar disorder not only affects the patient but the family as well. Consequently, family members should be included in treatment and care. As mentioned earlier, consequences surrounding a diagnosis of bipolar disorder may mean disruption of any socialization with family and friends. Often therapy includes sessions that involve family. When deciding what treatment is best, health care workers should always have access to the patient's history.

Since there is no known cure for this disorder, extended family members such as myself, must continue to seek education and understanding of the disease to help our loved ones. The stress that caregivers are under may lead to missed work or in the case of children missed school, lost free time, and strained relationships. Bipolar disorder may cause physical and mental exhaustion, which is often misunderstood by friends and family. Stress from care giving can make it hard to cope with a loved one's bipolar symptoms. It is important that people caring for those with bipolar disorder also take care of themselves and maintain their mental stability.