MANANA BUSSE
ID: UB41518HPS50284

PSYCHOLOGY

BIPOLAR DISORDER

ATLANTIC INTERNATIONAL UNIVERSITY

Table of Contents

1.0 INTRODUCTION 3
1.1 Case Presentation 3
1.2 Mental Illness, Origins and Development 4
1.3 Case Presentation. Follow Up 5
1.4 Ancient Roots and Gradual Development 6
1.5 Case Presentation. Follow Up 6
1.6 Case Presentation and Follow Up 7
1.7 Case Presentation and Follow Up 8
1.8 First Fighters of Human Rights 9
1.9 Sigmund Fraud and Psychoanalysis 9

2.0 Classification of System on Mental Illnesses 9
2.1 Case Presentation and Follow Up 10
2.2 Emil Kraepelin and his Innovative Differences on Mental Illness 10

3.0 Bipolar Disorder 11
3.1 Case Presentation. Follow Up 11
3.2 General Overview and Symptoms of Bipolar Disorder 12

3.3 Types of Bipolar Disorder 12
3.4 Case Presentation. Follow Up 14
3.5 Hide it or Speak it out loud? 14
3.6 Statistics on Bipolar Disorder 15
3.7 Case Presentation. Follow Up 16

4.0 Bipolar Disorder, Education and Treatment 16
4.1 How we Introduce the Bipolar Person 17

5.0 Case Presentation and Follow Up 18

6.0 CONCLUSION 19

7.0 BIBLIOGRAPHY 21

1.0 INTRODUCTION

1.1 Case Presentation

"Yet why not say what happened?" Lowell R. American Poet (1917-1977).

Statement of the sibling of patient K at the psychiatrist office. Patient K is 49 years old female and under treatment for 4 years:

"This is her fourth episode in last 4 years and I am frightened for my life and for my child's life. We are her disease, her aggression, her hate, her target. When she is "high", she goes to the police station reporting that her little sister and her niece are kidnapped. K misses me as her young sister and her images of me are from the past. She labels my old photos with the title the "Real Sister". Sometimes she does realize who I am and unfortunately I am her worst enemy

blaming me for all her unhappiness. K's episodes last for couple of hours and they usually occur once a year but if not caught on time, she is willing to hurt the universe if allowed. My pain has no limits and it became the part of my existence."

Patient K is 49 years old female, never married, no kids. She successfully graduated in Bachelor's degree in Philosophy and in Master's degree in Arts; very gentle, generous, attractive, extraordinary, smart, lived and studied in foreign countries for many years, writes poems, used to publish articles for popular fashion magazines, excellent in languages and especially in French. Writes only in French when feeling "high". Her native language is Georgian. Adores her young sister and her unique niece. Currently lives in her native small town with her elder mother and aunt. No job, away from society.

Patient K had her first episode four years ago. Diagnosis was unknown for three years, currently is diagnosed as bipolar I, she is on constant medication. Lithium is to be considered as a future treatment.

Sibling of patient K., 47 years old female, happily married, has one baby girl, successful in her career as the dance teacher, well established in hotel business too, striking as described by her spouse R, impulsive, over protective, however, tends to feel hopeless easily, afraid of radical changes during the life events, difficult to adjust to a new environment, known as a "fixer" at

work and in everyday life too. Adores her older sister, not ashamed to talk publicly about patient K's condition when needed, official guardian of patient K.

Described sisters are well known for exceptionally positive bonding.

Above stated characteristics are taken from various medical reports about this particular case. Text is paraphrased. Diagnosis is provided from medical reports; other medical terms are omitted.

1.2 Mental Illness, Origins and Development

When referring to any type of anxiety or mental illness, Sigmund Freud (1856-1939), an Austrian neurologist and the founder of psychoanalysis, would call it as an “ego’s struggle”, sensation that is felt very deeply and expressed in a very tense, painful way.

“It is based upon an increase of excitation which on the one hand produces the quality of unpleasure and on the other finds relief through the channels of discharge.”

Freud, Sigmund. Inhibitions, Symptoms and Anxiety. Read Books Ltd.

“Excitation” or “discharge” are human actions enunciated either in normal or in unusual, abnormal behavior. One might believe that every human is a person of moods. We all feel “high” when in love by taking in everything that surrounds us, we all experiment inexplicable pain and interior cracks when our loved ones are gone. We all get anxious when attending a job interview or when our credit card bills are pending. Do all the humans express themselves and “discharge” themselves in the same quality? Is the human capability of accelerate the pulse the same for everyone?

“You have your way. I have my way. As for the right way, the correct way, and the only way, it does not exist.” Friedrich Wilhelm Nietzsche, a Prussian philosopher (1844-1900).

However, and as sad as it might sound, there are boundaries and one might sense where is “The sight, sounds and smells of insanity.” Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness. Vintage.

English sociologist and psychologist, Francis Galton published his papers “Measurement of Fidget” in 1855 where he outlines an obscure fragments of human personality. Human characteristics and differences were one of his strongest “obsessions” among his career. Galton gave a very specific importance to how human personality run in families producing the genetic behavior. Because “There is also always some reason in madness.” Friedrich Wilhelm Nietzsche.

1.3 Case Presentation and Follow Up

Patient K is in mental institution, still feeling tremendously full of pleasure and the flow of her thoughts are vividly expressed in fast talking making sense only to her. Medical chart is opened. One of the main questions follows: do you have any family history? Sibling of the patient K replies: Yes, my uncle from the paternal side is suffering from clinical depression and my aunt from the maternal side is suffering from schizophrenia. Silence. Like all the answers are already there, like "reason of the madness" has been already discovered.

One might agree with "There are no facts, only interpretations." Friedrich Wilhelm Nietzsche. But facts were there, apparently genes never leave us."

"Personality traits have a heritable component. However, it cannot be all there is to the story. When behavior geneticists estimate the size of this heritable component, they conclude that it is around 50 per cent."

Nettle, Daniel. Personality: What makes you the way you are. Oxford Landmark Science. Page. 210. OUP Oxford.

Can anyone determine if the patient K belongs to the heritable side of 50% or to an opposite side where the past life experiences, unknown physical illnesses, school life, friends, or social environment are also actively involved? Or perhaps the patient K took a bit of both from two estimated 50%?

1.4 Ancient Roots and Gradual Development

In Ancient Rome and Greece, any irrational human behavior, hallucination or anger were not considered as something to worry about. Those times were basically based on believes and spiritual communication with the gods provoking humans to act in different ways.

William Harris, Professor of History at Colombia University is well known for his meticulous

studies dedicated to Ancient History and human characteristics or believes.

Mental Illness existed since recorded human history and the most designated terms when characterizing psychological or behavior illnesses were “mad”, “crazy” or “hysterical”.

As Maher and Maher (1985) explained, “The old terms meant pretty much the same thing as the new terms replacing them.”

Hergenhahn, B. R.; Henley, Tracy. An Introduction to the History of Psychology. Page 465. Cengage Textbook.

New definitions replacing the old ones are Psychopathology, Abnormal Behavior, Personality Disorders etc. However, the decades would pass until discovering, determining or adapting to new scientific terminology.

Early approaches to mental illness distinguished three elements:

- Biological (when abnormal behavior is caused by medical reason, by malfunctioning of some body organ).

1.5 Case Presentation and Follow Up

Various tests have been conducted after the patient K’s first episode. Brain scan showed recently occurred, mildly marked brain strokes. Sibling of patient K recalls her sister’s constant complaints about heavy headaches.

,

- Psychological (when psychological factors such as stress, disappointment, grief, drastic

change, fear or guilt are involved).

1.6 Case Presentation and Follow Up

Sibling of Patient K is called to the psychiatrist office. She is the only family of the patient K and she is requested to answer some questions:

“My wedding day was one of the happiest days of my life, but I cried…my marriage would separate me from my sister. She was the star, I was her shadow, she was the bright one, I was her imitation. However, I do remember the times when our relationship became somewhat distant. And maybe I skipped something, maybe I relaxed too much. I blame myself for that. I did not alarm well enough when my sister’s fiancé broke the engagement, never even giving her the reason. It was 2007. I remember seeing my sister. She would watch but not see, she would hear but not listen. However, I never noticed anything unusual. We talked over and over about her ex fiancé, how sad and confusing their ending was but the past is indeed the past and I reminded her how pretty and young she still was!

When having her second episode, K never stopped talking about her ex fiancé, like she was living the moment again, glowing, full of warmth and joy. She was living the past.”

- The Supernatural Approach (when diabolical power dominates the human body creating an illness and in order to liberate the body, very primitive treatments were used, such as rituals and so called magic, or sometimes the exorcism.

“Bleeding a patient or removing a section of his or her skull were also widely used to allow evil spirits to escape from the body. Thousands of prehistoric human skulls have been found throughout the world with man-made openings in them. These skulls display an opening made by chipping away at it with a sharp stone, a procedure known as trepanation.”

Hergenhahn, B. R.; Henley, Tracy. An Introduction to the History of Psychology. Page 469. Cengage Textbook.

The 18th and beginning of 19th centuries were times when physicians and scientists were making their first scientific and medical attempts to explain the phenomenon of “madness”. Work of Philippe Panel (1745-1826), French physician with the collaboration of Joseph Daquin (1733-1815) is the remarkable prove of this.

Daquin believed that mental illness had a natural quality to be treated with natural science.

Panel dedicated many articles fighting for human rights for mentally ill people. In 1793, he became a director of Bicetre Asylum, the mental institution where inmates were chained and strictly guarded. Under Panel’s orders, all inmates were gradually unchained and released. Panel made an enormous effort to treat mentally ill people like human beings even creating various recreational activities for them.

1.7 Case Presentation and Follow Up

Patient K is in mental institution. This is her first episode and her sibling’s first visit to the mental establishment:

“I was not able to drive myself and asked a friend to take me there. Already feeling emotionally drained and frightened for the fact that my only sister voluntarily or involuntarily left the reality, I felt shocked when finally reaching the right building. It certainly should have been a building at some point, but the picture I was seeing was the remote resemblance to the building, it was basically an old construction. I bribed the guard so he would let me in and rushed into black, moisty hallway looking for some light or for the right ward. And there she was… sleeping among 12 patients in fairly big room with no lights or heating, Soviet style blanket over her head. And I cried…out loud “discharging” my pain by seeing 12 mentally ill patients sleeping in these conditions.   And this is 21st century. I would find out only the next morning that there was a small, private mental clinic in the city with 5 wards only and with astronautic fee per night. My sister has been transferred there. But how about 11 patients left in the darkness?

1.8 First Fighters of Human Rights

Pioneer and outstanding fighter of human rights was Benjamin Rush (1745-1813), referred as the first American psychiatrist and one of the original signers of Declaration of Independence. In 1812, Rush published his book "Inquiries and Observations Upon the Diseases of the Mind", outlining many rights of mentally ill people such as minor activities, fresh air, sunlight, right medication and human treat.

1.9 Sigmund Fraud and Psychoanalysis

When reviewing early theories on mental illnesses, it is hard to ignore Sigmund Fraud (1856-1939), Austrian neurologist and founder of psychoanalysis. Fraud was specialized in nervous disorders and dedicated many groundworks to the subject.

"Freud made a huge and lasting contribution to the field of psychology with many of his methods still being used in modern psychoanalysis."

Freud, Sigmund. Inhibitions, Symptoms and Anxiety. Read Books Ltd.

One of Freud's first psychiatric experiments performed on his own, was on Frau Emmy Von N., 40 years old female suffering from hysteria accompanied with severe physical pain, anxiety, sleepless, fears, mood swings and melancholic depression. Using the hypnosis method, Freud discovered that all Emmy's interior and exterior destructions were caused by the past traumatic experiences. Being under the hypnosis, Emmy released all negative and tragic memories kept inside of her during most of her life, "Day by day to resolve and get rid of whatever that particular day had brought to the surface."

Breuer, Joseph; Freud, Sigmund. Studies on Hysteria. Page 90. Basic Books.

2.0 Classification of System on Mental Illnesses

In spite of numerous research written by humanity geniuses, unfortunately there is still a great lack of information on various mental conditions with many how's and why's. This confusion or uncertainty often creates an overlooking of some mental disorder and as a result, we have the wrong diagnosis or misleading treatment.

2.1 Case Presentation and Follow Up

Statement of sibling of patient K:

"When she disappeared leaving behind a short note with the taxi driver after throwing her cell phone into Mtkvari (river in Tbilisi, Georgia), five endless days would pass while her friends, coworkers, her priest and police were looking for K everywhere. However, she maintained e-mail communication only with me addressing me by a different name. E-mails were short, only three or four words, but full of hate.

She returned home after a week, all her "highs" were gone and she looked at me like never knowing what was going on. I would find out only later that she remembered everything, but had no explanation of her behavior.

While looking for my sister, I remember going through her things hoping that I would find some clue to her attitude and I found incredible poems and writings on her desk written right before she left. And I broke into tears again…she was doing two things at the same time: "killing" herself and creating "the beauty of words" on the paper."

2.2 Emil Kraepelin and his Innovative Differences on Mental Illness

One of the most influential figures of his times, German psychiatrist, Emil Kraepelin (1856-1926), took magnificent steps regarding the classification of mental illnesses and on differences between schizophrenia and manic depressive psychosis. Kraepelin did not create this classification, but indeed unified the model in such a way that it is valid even today.

It is believed that manic depressive disorders have been described for the first time in the 2-nd

century by Greek physician, Aretaeus of Cappadonia.

"Kraepelin divided mental illnesses into exogenous disorders, which he felt were caused by external conditions and were treatable, and endogenous disorders, which had such biological causes as organic brain damage, metabolic dysfunctions, or hereditary factors and were thus regarded as incurable."

Retrieved from the website: www.britannica.com

By 1899, Kraepelin started to publish series of studies, psychiatric textbooks, making differences between manic depressive psychosis and dementia praecox (called schizophrenia nowadays). Based on his textbooks, manic depressive disorders are manageable and can be treated while dementia praecox is a severe permanent illness impossible to treat.

Manic depressive disorder is also called a bipolar disorder.

3.0 Bipolar Disorder

"Bipolar disorder is a treatable illness marked by extreme changes in mood, thought, energy, and behavior. Bipolar disorder is also known as manic depression because a person's mood can alternate between the "poles"—mania (highs) and depression (lows). The change in mood can last for hours, days, weeks, or months."

Retrieved from the website: www.bphope.com

3.1 Case Presentation. Follow Up

Statement of the sibling of patient K:

"I was completely shocked when hearing K's diagnosis for the first time: the bipolar disorder. I knew I had it somewhere in my remote conciseness but still had no clue what it meant and I felt ashamed of myself. I must mention that the term itself, the bipolar disorder is still not a very common term used in Georgian society unless you have a medical education. Many people with

mental disorders including K are called simply "crazy" or "schizophrenic" and it is almost a physical pain for me."

3.2 General Overview and Symptoms of Bipolar Disorder

Bipolar disorder is a mental condition consisting of depression and mania developing in person suddenly or gradually.

- Depression. Bipolar person in depression, or being in "low" phase is sad, empty, away from reality, speaks and moves slowly, has no energy, has decreased appetite, feels shy, guilty, tired, desperate, suicidal and suffers from disturbed sleep.

"When you look into an abyss, the abyss also looks into you." Friedrich Nietzsche.

- Mania. Bipolar person in mania feels immense physical and mental energy, exaggerated self-confidence, unusual optimism and happiness, irrational thoughts and plans about the

- future, distracts and irritates easily, "is prone to grandiose notions", retrieved from the website: www.britannica.com, can be aggressive and violent toward others.

"I was running fast, but slowly going mad. My illness seemed at first simply to be an extension of myself."

Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness Vintage.

3.3 Types of Bipolar Disorder

It is believed that there are different types of bipolar disorder:

- Bipolar I. This type of mental disorder is known mainly for two cycles: depression and mania. Person who experienced at least one manic episode is considered as bipolar I. Person can belong to bipolar I when facing mixed situation with depression and manic episodes at the same time. Bipolar I is considered as one of the most sensitive and complicated disorders to diagnose and it is also known by severe and extreme manic bursts.

- Bipolar II. This type of mental disorder is known at least for one major depression cycle plus hypomania (slightly expressed manic episode). In most of the cases, patients are not even aware if they had a manic episode because being "high" can go unnoticeably. "They've got more energy than usual, they're more creative than usual, but they're not experiencing it as a problem," clinical psychologist Eric Youngstrom says. Retrieved from the website: www.bphope.com

- Cyclothymia. This type of mental disorder is defined as less severe mental condition consisting of minor hypomania episodes plus less severe depression periods. However, mild signs can experience changes over the time.

- Not Otherwise Specified (NOS). There are several cases when patient is not falling into any pattern of bipolar disorder. For instance, patient might live with hypomanic episodes but without expressed depression cycle, or if expressed, it is less intense.

- Rapid Cycling. Patient usually experience four or more hypomanic episodes or depression cycles during 12 months of period. This pattern can fall into any category of bipolar disorder and it also can be a temporal condition in person's life.

We all are people of moods. Are we capable to carry high spirits all the time? Impossible. Are we sad all the time? Also hard to believe. Question is when we should be alarmed between too much happiness and irrational sadness? How we make a difference among the regular mood swings and the mental disorder mood swings?

There are three main elements helping to make this variation:

Intensity. Bipolar disorder mood swings are much more rigorous than the regular mood swings.

Length. Regular mood swings usually are gone in couple of hours or in couple of days. Bipolar mania and depression can last for weeks, months or years, and going from one mood extreme to another is accelerated.

Interference with Life. It is almost impossible to be functional and to deal with everyday life or working events when living mania or depression.

It must be unbearable when the bipolar patient is under the depression cycle and tries to remember the details of the manic episode, or so called the life event with the great loss of one's self. Hundreds of unanswered "why" s come to the mind.

"It is an illness that is biological in its origins, yet one that feels psychological in the experience of it."

Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness Vintage.

3.4 Case Presentation. Follow Up

Statement of sibling of Patient K:

"I remember talking to K trying to make sense of something, of anything out of her recent episode. I did not even know how to act, tell her what she has done, or to try avoiding details. Suddenly K interrupted me and I saw unspeakable sadness in her teared eyes when she said: M, there won't be another episode, I won't let it happen, I'd rather end my life. I think a little piece of me was dying gradually with each episode of her and I was frightened to death telling someone about her dark thoughts. I did not know by then that the connection between bipolar person and the risk of suicide is so strong."

3.5 Hide it or Speak it out loud?

Most people are ashamed to expose their personal problems or struggling, it also depends on the country you live in, on the culture you are part of and on your personal life principals. You keep your problems to yourself. Society hears this statement all the time, in childhood, while being an adolescent, or when already an adult. How much we should keep inside and how much we should let out?

"One is what one is, and dishonestly of hiding behind a degree, or a title, or any manner and collection of words, is still exactly that: dishonest."

Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness Vintage.

Should society, family members, coworkers or friends hide the bipolar person? There are great testimonials of many bipolar individuals coming out from the darkens willingly, and it is admirable and equal to being a hero:

https://youtu.be/6L6STi6bbUE

Either you are Patrick J. Kennedy, American politician and mental health advocate, or patient K,

a bright, generous person from the small town in Georgia, it is essential to believe, "Truly understand and accept that you are not defined by your diagnosis and this is the key to staying strong while living with bipolar." Retrieved from the website: www.bphope.com

3.6 Statistics on Bipolar Disorder

Apart from already known (genetic or environmental) and still unknown reasons why bipolar condition can be developed in individual, it is believed that this specific mental condition can be carried by anyone "in all ages, races, ethnic groups and social classes". (National Institute of Mental Health).

5.7 million individuals are affected by bipolar only in USA and one patient out of five commits suicide. It is the catastrophic number giving an alarming signal not only to scientists and medical researchers, but to every single person of this universe.

Bipolar disorder is the sixth leading cause of disability in the world. (World Health Organization).

However, many controversial theories have been developed lately when it comes to statistics.

"Are patient statistics or persons? Are calculations and statistics creating their own convenient fiction and average person? Statistical patients don't exist, individuality and uniqueness do exist." Leon Pomeroy, Ph.D. American Clinical Psychologist, author of "The New Science of Axiological Psychology".

3.7 Case Presentation. Follow Up

Statement of the sibling of patient K:

"K has no formal and paid job at this moment. Her diagnosis is known and accepted by very closed circle of her family members, friends and doctors whom I will be grateful eternally. She is not a member of active social life because our society in Georgia is not educated enough to

recognize, cooperate or support her mental condition. She is not “a functional person”, she is “one of the statistics” with the following label: “crazy”. I am her only “person” and at the same time the trigger of her mania.”

“Insanity in individuals is something rare - but in groups, parties, nations and epochs, it is the rule.” Friedrich Nietzsche.

4.0 Bipolar Disorder, Education and Treatment

There are various methods how to educate the society about the bipolar disorder, but individualism and uniqueness still have to be counted when talking about it, and each approach might be different. Bipolar education also depends on culture, traditions, religion points of view, legislation and mentality of each country.

However, human common sense is supposed to be the same everywhere and numerous brochures, magazines, articles, books, published personal experiences, testimonials, websites, forums, social media are out there for everyone to read and stay up to date. Even if we have to go from door to door explaining everyone that bipolar individuals are differently…but absolutely functional people, so it be!

“With the help of modern science, support, willpower, and belief that the disorder can be won, the condition will soon become a thing of the past.” Levell J. Bipolar disorder: The complete Guide to understanding bipolar disorder, managing it, bipolar disorder remedies, and much more! Kindle Edition.

Apart from various medical advises in order to carry the balanced life (right medication, good sleep, correct diet, exercise etc.) the main treatment that we, as a society can provide is our unconditional love and support.

4.1 How we Introduce the Bipolar Person

"Unfortunately I have this story to tell. Fortunately, I know how to tell a story."

Ralphe S. My Bipolar Backpack: To The Bottom of Mental Illness and Back -- A Memoir Page 207.

It is essential to know how to introduce the bipolar person to society, because the knowledge is our only weapon to stay close to bipolar people. It is equally important to listen to bipolar individual, believe and accept him/her into our lives. Numerous positive advises have been provided in recent psychological researches such as:

Living in hiding is the first enemy for the person with this condition, it cannot be the secret. The first relief happens when telling the story and basics of bipolar disorder to family members, friends, neighbors, loved ones or coworkers by providing the general picture of the occasional messed up behavior and medical condition.

Will everyone understand? Most probably not and being patient plays a crucial role for future balanced life.

Keeping a positive outlook of the bipolar disorder can affect the condition itself in a good way, because the coin has two sides and positive side of bipolar individual is being different in an extraordinary way. "Many are among the most imaginative and gifted that we as a society have." Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness. Vintage.

5.0 Case Presentation and Follow Up

Statement of the sibling of patient K:

"2016 is the first year K did not have the manic episode, although from time to time, we fight together with her depression and fears about her next manic episode. K is on constant medication

and she is well aware of her condition, also very well informed. It took her some time until she registered herself on various social media and forums and now she has couple of bipolar online friends. Runs the house and takes care of our elder mother and aunt. Used to go to aerobic classes twice a week but unfortunately the instructor moved out and there is not another fitness center in town. Started to improve her English by taking online English classes. Reads, writes wonderful poems, collaborates occasionally with local charity association "Believe Foundation". We are in touch 24/7. She is my lovely and very sweet sister and I am very proud of her.

Taken in August, 2016. K is my star, I am her shadow, she is the bright one, I am her imitation."

All the information provided on patient K is with her full consent and agreement, all rights are reserved and patient K can be contacted any time if needed. Photo is provided personally by K.

6.0 CONCLUSION

Every human body has this amazing three-pound organ brain that controls and governs human body and all its functions, mind and soul. No matter how deeply the human brain is explored from the scientific point of view, or how many billion nerve cells and neurons can fit in, no

matter how identical humans can be anatomically speaking, every single individual express

him/her self in one and only way.

The research shows that this exclusivity became the part of the human nature even 500 million years ago when humans first started developing the complex skills to learn, to express themselves or to think with flexibility. It is also believed that this gradual mental improvement became a direct trigger of creating the origins of various brain diseases.

“Scientists believe that the same genes that improved our mental capacity are also responsible for a number of brain disorders.”

Retrieved from the website: www.sciencedaily.com

Wild human behavior, physical illness or unreasonable actions were not always framed into serious medical condition. Instead, they were caused by supernatural influences as a result of the spiritual connection with gods. Recorded history outlines ancient Rome and Greece for such an approach.

However, the same Ancient Rome and Greece gave the humanity genius philosophers like Plato and Aristotle who made the first scientific entry regarding the mental impairment. Aristotle wrote extensively about the mental illness admitting at some point the possibility of

psychological and environmental factors that would explain mental illness, but this possibility was rejected by himself, still believing in disturbances in the bile.

Many years later, Sigmund Freud would develop Aristotle’s basics regarding the human “Impulses and urges within the human mind”. Retrieved from the website: www.explorable.com.

Freud investigated types and symptoms of hysteria for many years and concluded that it would be impossible to identify the source of any mental illness unless the patient was under hypnosis. “Each individual hysterical symptom permanently disappeared when we had succeeded in

bringing to light the memory of the event by which it was provoked."

Breuer, Joseph; Freud, Sigmund. Studies on Hysteria. Page 6.

The first formal categorization of mental disorders was made by German psychiatrist, Emil Kraepelin. He also defined the differences between schizophrenia and manic depression psychosis also named as a bipolar disorder. Those were great scientific times when various mental conditions started to shape into different medical terms and names.

Bipolar disorder is a mental condition affecting thoughts, moods and behavior of an individual, it is also characterized by extreme mood swings.

Three main type of bipolar disorders are:

Bipolar I, Bipolar II and Cyclothymic disorder.

Symptoms can vary depending on individual's personality, on environment, on financial conditions, on experienced traumas, on never "discharged" pain, on genetic family history and on many still unknown reasons.

- "My body is uninhabitable."

- "Manias— destroyed things I cherish, pushed to the utter edge people I love, and survived to think I could never recover from the shame and guilt."
- "If I can't feel, if I can't move, if I can't think, and I can't care, then what conceivable point is there in living?"
- "Owing life to pills."
- "It was like going on an archaeological dig through earlier ages of one's mind."
- "I heard each note alone, all notes together, and then each and all with piercing beauty and clarity."

- "I went from cut to cut, album to album, matching mood to music, music to mood. Soon my rooms were further strewn with records, tapes, and album jackets as I went on my way in search of the perfect sound."
- "I screamed at the top of my lungs."

Above described feelings are symptoms for both conditions, depression and mania as well.

Retrieved from Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness Vintage.

People with mental condition require the correct diagnosis to begin with. Once bipolar disorder is diagnosed by physiatrist or by mental health expert, long, most probably lifetime medical treatment is prescribed even when the patient is under "relief" period. But no medication will replace the support and love the patient must receive from family, friends, psychologists, social workers and most of it, from the society where he/she lives in.

In order to reach such a positive attitude towards bipolar persons, the same society has to be well educated about the condition itself, the same society has to treat these individuals equally and the same society has to care about them.

"He who has a why to live can bear almost any how." Friedrich Nietzsche.

7.0 BIBLIOGRAPHY

Breuer, J.; Freud S. Studies on Hysteria. Basic Books.

Carrey J. Bipolar Disorder. The complete Guide to Understanding Bipolar Disorder, Managing it, Bipolar Disorder Remedies, and Much More! Kindle Edition.

Freud S. Inhibitions, Symptoms and Anxiety. Read Books Ltd. Kindle Edition.

Freud S. The Ego and the ID. Kindle Edition.

Hergenhahn, B. R.; Henley, Tracy. An Introduction to the History of Psychology. Page 465. Cengage Textbook.

Jamison, Redfield R. (1996) An Unquiet Mind: A Memoir of Moods and Madness Vintage.

Kraepelin E. Manic-Depressive Insanity and Paranoia. Kindle Edition.

Nettle, Daniel. Personality: What makes you the way you are. Oxford Landmark Science. Page. 210. OUP Oxford.

Quotes. Friedrich Nietzsche.

Ralphe S. (2014) My Bipolar Backpack; To The Bottom of Mental Illness and Back-A Memoir. CreateSpace Independent Publishing Platform.

Singh A. Bipolar Disorder Guide. Kindle Edition.

Stanford Encyclopedia of Philosophy.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3811086/

www.britannica.com

www.bphope.com

www.theatlantic.com

http://www.dbsalliance.org/site/PageServer?pagename=education_bipolar_types

www.psychologytoday.com

www.explorable.com

www.sciencedaily.com

https://youtu.be/6L6STi6bbUE

http://www.dbsalliance.org/site/PageServer?pagename=education_bipolar_types