HILARY SMITH

WELCOME TO THE JUNGLE

EVERYTHING YOU EVER WANTED TO KNOW ABOUT BIPOLAR BUT WERE TOO FREAKED OUT TO ASK

PRAISE FOR *WELCOME TO THE JUNGLE*

“Hilary Smith brings to light what those with bipolar already know: that just because you've bee diagnosed with a mental illness doesn't mean you've lost your insight, intelligence, or playful (an often self-mocking) sense of humor. *Welcome to the Jungle* astutely captures the roller coaster o emotions that accompany bipolar—from trenchant despair to uproarious mania—and does so in way that never alienates the reader, but rather sucks you in and keeps you wanting to go along for th ride. Writing with a wisdom and faculty well beyond her years, Smith had me laughing out loud—no at her, but with her. Whether you're a teen for whom the diagnosis of bipolar is as raw and fresh as snipped nerve, or in your twenties struggling with the disease for what seems like decades, *Welcom to the Jungle* is the quintessential young person's companion.”

—Malina Saval, author of *The Secret Lives of Boys: Inside the Raw Emotional World of Mal Teens*

“Hilary Smith's wise, hilarious, and candid book is a veritable lifesaver not only for those sufferin from bipolar disorder, but for those struggling to keep their sanity while loving them. Maybe becaus the author suffers from the disorder herself, her book is an actual survival guide, brimming wit insight, anecdote, and tough love. Recovery was never so inspiring.”

—Allison Burnett, author of *Undiscovered Gyrl*

“By far the best, most comprehensive self-help book out there about bipolar disorder. Hilary Smith incredible sense of humor, candor, and wit make her guide easy to read, a pleasure, and a laugh rio Every person with bipolar (or family member or friend) should read this book as soon as possibl This book will save lives.”

—Andy Behrman, author of *Electroboy: A Memoir of Mania*

“Funny, smart, and unflinchingly astute, *Welcome to the Jungle* is exactly the guide you want on you journey from chaos to stability as you learn to manage bipolar disorder. Smith's sure voice is welcome companion over some hard road, and her wry wisdom lights the way. Indispensable.”

—Marya Hornbacher, author of *Madness: A Bipolar Life* and *Wasted: A Memoir of Anorexia an Bulimia*

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INTRODUCTION

This is a book about bipolar disorder. Or if you're a free spirit or an R. D. Laing enthusiast wh doesn't believe in a pathological explanation of your extreme mood states, it's a book about livin with the highs and lows everyone else in North America is calling “bipolar disorder” (the punks! I'm supposed to use this introduction to tell you my personal story about being bipolar, but that ca wait.

Right now I've got a hankering to write about shin splints.

I got shin splints when I was thirteen. They hurt. My Anglophilic boarding school made everyon participate in enforced jaunty after-school sports (and, every spring, supposedly jaunty sniper dril on the lawn). After a single week on the cross-country running team, jogging along behind the meaty calved senior boys, my shins started to feel weird. Little shoots of pain sprang up each time my shoe hit the pavement. It really hurt, but I winced and kept running. If I ignored the problem, it woul probably fix itself. Four practices went by. I limped along. During the fifth practice the coach (o whom I was terrified) rode up behind me on a bicycle and shouted, “Stop running! You're limping Go to the infirmary!”

Confused and embarrassed, but relieved, I turned around and walked to the schoo physiotherapist's office, where a team of smokin' hot sports therapists treated me for shin splint Going to physio was fun and cool: there were always tons of people there getting their ankle wrapped or their sprains ultrasounded, or just hanging out in the whirlpool drinking from sketchy looking Nalgene bottles. The physiotherapists teased me about letting my shin splints get so ba without asking for help. I did the stretches and exercises, got a better pair of running shoes, an eventually started running again.

Total days of pain: less than five.

Social approval of shin splints: high.

Overall experience with shin-splints diagnosis and treatment: supercool!

Six years later, I was a junior at the University of British Columbia, majoring in English literature No more sports, no more sniper drills. This was the West Coast, baby—poetry readings, pot, an rainy-night house parties. I lived in a funky old house in Kitsilano that had a rich history of studen debauchery and was known to several generations of UBC students as the place to go for anythin involving mint juleps and knife throwing. Six of us lived there, and it got *loud*.

In January of that year, I started having trouble sleeping. Writing it off to the constant noise an stimulation in the house, I didn't pay much attention. By February I couldn't sleep at all, and my min was swimming in thoughts and rhymes. Box! Fox! Haha!

In lectures, I either scribbled furiously in the diary I carried with me everywhere, recording m urgent insights (“He was an ornithologist. He was bornithologist into it!”), or I stood up abruptly t leave partway through and weep in the bathroom or wander in the forest that surrounded the campu At parties, I would give my phone number to several different guys, then panic and jog home throug the night, all the way from East Van to Kitsilano. At my part-time job as a bagel-stand cashier, would prop my ever-present diary over the cash register and worry about the people who came to bu bagels: whether they knew what I was thinking, if they might be interested in coming to a fabulou party I was planning. At night, I would lie down in bed as a formality, then spring back up te minutes later when sleeping didn't work out. Eventually, the mental chatter in my mind intensified s much that it felt like there were “four of me” whose constant arguments and repartees wer alternatingly sinister and hilarious.

It really hurt, but I winced and kept going. If I ignored it, it would probably fix itself. Time passed I limped along. Even though whatever was wrong with me was more pronounced than a physical lim and should have been more obvious, there was no coach to ride past on a bicycle and shout, “Sto running!”

So I didn't.

I felt like a ceiling light whose switch was stuck in the on position. Whatever I did, I couldn't tur myself off. Confused and tormented by my condition, I nevertheless strode through the days, handin in essays, going on dates, and calling my parents long distance for normal, how's-the-weathe conversations. Even though I was falling apart inside my head, I wasn't *doing* anything that ha enough obvious craziness to attract anyone's attention. Not running down the street in my underwea Not trying to convince the bank teller I was Jesus. Just wandering around having thoughts that wer off like sparklers and a body that had forgotten how to fall asleep.

When I finally went to see a doctor at the walk-in clinic down the street, it wasn't because I wante to help myself or because I thought I might have a medical disorder. It was out of shame. I ha started crying and rambling in front of my roommates one night because I couldn't sleep, and I felt s embarrassed for crying in front of them that I was determined to get sleeping pills so it wouldn happen again. I waited in the exam room, feeling guilty for taking up the doctor's time when ther were three-year-olds with runny noses waiting to be seen, and when the doctor came in, I starte crying all over again. When she asked what was wrong, I blurted, “I can't do this anymore!”

That's when someone finally said, “Stop running.”

Over the next few weeks, I went through the usual mental-illness maze of being misdiagnosed wit unipolar depression, becoming hypomanic (again) from antidepressants, being rediagnosed wit bipolar II, and choking down a series of different antipsychotics and mood stabilizers until I hit on combination that didn't make me want to bury myself in a hole. I spent a lot of time in the waitin room of the UBC hospital, which was neither fun nor cool, because everyone there either had an STI or a mental illness and there was no freaking whirlpool.

Total days of pain: lots and lots.

Social approval of bipolar: not obvious.

Overall experience with bipolar diagnosis: kinda really bad.

My dad flew out from Ontario to see how I was doing and make sure I wasn't completely crazy We blasted through the Chapters bookstore in downtown Vancouver, and he bought me every bipolar related book on the shelf. We made a stop at the Starbucks. As we were power walking down th street, my dad hailed a taxi midsentence, hopped in, and rushed off to catch his flight back to Ontario I stood on the sidewalk with a bag of bipolar books in one hand and a half-finished Green Te Frappucino in the other.

The party was just getting started.

In the days that followed, I returned most of the bipolar books and used the money to buy poetr books—not because I wasn't interested in the former, but because they made me feel tainted an messed up. They were too adult, too clinical, too alarmist, clearly written for family and caretakers a their wits' end, and designed to look authoritative and medical. They didn't answer any of th questions I had about bipolar, and I felt like a huge tool for even having them in my room, their ALL CAPS titles blaring out at the world. I thought there should be a book that was a little more honest, little more badass, and a little more sympathetic to the average teen or twenty-something's firs experience of the mental-health system.

So here's that book.

This book is mainly about how to live with bipolar, but it's also about how to *think* about bipola
Sure, you can think of bipolar as a chemical imbalance in your brain, but you can also imagine it as
video game, a shamanic journey, a crash course in existentialism, or a plain old pain in the ass.

If you're reading this book and you've just been diagnosed with bipolar disorder: welcome to th
jungle. Hope you brought bug spray, ’cause the spiders in here are as big as your face. Taken you
meds? Good.

Now let's get started.

WHAT JUST HAPPENED?
LIFE BEYOND THE DIAGNOSIS

How did it happen?

Maybe you were doing a research project on the Beatles, and by the end of the term you thoug you were one of the Beatles. Maybe you were trying to find a girlfriend, and at the end of a futile yea of looking you were trying to die. Maybe you were having a perfectly happy summer that turned int an ecstatic summer or a winter sadness that never lifted when spring came. The sun was shining, ca were honking, the radio was playing something catchy. You were toasting a bagel, playing Xbox talking to your best friend about the afterlife, or tuning your guitar.

Then the mothership landed.

You were diagnosed with bipolar disorder. This big whale of a diagnosis slid over the sun, an your world was suddenly held hostage. A hatch slid open and out came doctors, psychiatrists, pills hospitals, and self-help books. They strapped you to a gurney and scrawled “bipolar” on your chest i permanent marker. “I'm not bipolar!” you shouted, struggling in your restraints. “She's bipolar! He bipolar! Anyone but me!” They gave you two Depakote and a glass of water. “Misdiagnosed!” yo snarled, gulping it down.

Eventually, the mothership flew away, but left its cargo behind. Medication, doctors, and bipola were here to stay. You picked your way out of the rubble, the last one standing after an earth shattering encounter. You're alive, but now you have bipolar. Your ray gun is strapped to your side your freshly acquired jar of anti- psychotics and mood stabilizers is on your other hip. You step ou of the doctor's office.

WHAT JUST HAPPENED?

Dealing with a bipolar diagnosis can be just as hard as the unfettered depressive or manic episode that led up to it. It's like you've been hit by a truck, only to be told at the scene of the accident tha you're going to be hit by several more trucks of steadily increasing size over the course of your lif (have fun with that). For a while, it's hard to think about anything else but the fact that you're screw enough to be considered mentally ill, and especially hard to accept a diagnosis of mental illness i you've always considered yourself a happy, healthy person. The diagnosis looms over your life, an you just want to rewind to a time before it happened. *Can anything be the same again? How did the even decide I was bipolar?*

Being told you have a serious mental illness is a colossal mind fuck. What does “bipolar” eve mean? And what does it really say about who you are? This chapter is about understanding what th people in white coats were thinking when they made the diagnosis. Even if you hate everything to d with jargon and psychiatry and labels like “bipolar,” you should know this stuff so you understan what (and who) you're dealing with'because, after all, there's a good chance you are going to b dealing with it for the rest of your life.

BIPOLAR? SAYS WHO?

Your doctor didn't just look at you and decide you had a bipolar face. Unfortunately, there's no bloo test for bipolar disorder, but there are fairly rigorous guides in place to reduce the odds of bein misdiagnosed (though people get misdiagnosed all the time). Doctors try to avoid a misdiagnosis b

ruling out all the other possible causes of your symptoms before making a diagnosis of bipolar.

There are four things a psychiatrist takes into account before making a diagnosis of bipola disorder: your current symptoms, your medical history, your family history, and your psychiatri history. Doctors see hundreds and hundreds of people and know what to look for. They look fo patterns ("Wow, that guy talks in a constant stream without any pauses, and he hasn't slept for week. And his uncle is bipolar, and he's taken four jobs") that are consistent with bipolar. You, o course, are a beautiful and unique snowflake, but like it or not, there are a number of classi behaviors and indicators (big and small) that people experiencing mania, hypomania, or depression i our culture tend to present. Quibble over details all you like, but if the shoe fits in five places, they' sticking that sucker on your foot. P.S. Hope you like Velcro.

THINGS THAT GO INTO A BIPOLAR DIAGNOSIS

1. CURRENT SYMPTOMS

Do you *seem* depressed or manic? Have you mentioned being unable to sleep, unable to thin straight, or crying all the time? Are you talking fast? Of course, *you* may feel that you are actin normally, but it's very hard to reflect accurately on yourself. Over time, a psychiatrist will be able t compare your "manic" or "depressed" behaviors to your "baseline." (For example, the psychiatris might figure out that you *just* always talk fast. It's just who you are, no big deal.) But for a firs diagnosis, the only thing they can really compare you to is the general population.

2. MEDICAL HISTORY

Do you have another disease, like epilepsy or diabetes, that might be causing your symptoms? Ar you on crack? Pregnant? Have a brain tumor? Or are you just hungry? Many medical conditions shar symptoms with bipolar. You want to rule these out as possible causes before deciding the diagnosis i bipolar.

3. FAMILY HISTORY

It's taken as a given that your uncle Bernie is off his rocker, but has anyone else in your family bee diagnosed with a mental illness? Have any of your relatives been hospitalized for depression, mania or psychosis? Anyone receiving counseling or taking meds for a psychiatric disorder? Bipolar has strong genetic component, and bipolar in the family can predict bipolar in you.

4. PSYCHIATRIC HISTORY

Did you get diagnosed with unipolar depression three months ago, and now you have so much energ you can't sleep? Have you ever been diagnosed with another psychiatric disorder? The doctor wi want to rule out unipolar depression, schizophrenia, and other possible psychiatric causes for you symptoms. The doctor might ask you to draw a "mood chart" of the past twelve months or severa years. (I know, he's lame, but he can probably help nonetheless.)

"BIPOLAR" IS A WORD FOR A PATTERN

You didn't get diagnosed with bipolar because you're ugly or because the doctor doesn't like you Let's face it—he's uglier, and his personality needs improving. You got diagnosed bipolar becaus your symptoms more or less fall into a common, distinct pattern, observed in millions of peopl We're currently calling that pattern "bipolar" and treating it with pharmaceuticals and talk therapy. I the past, the same pattern has been called by a different name (hello, "hysteria") and treated b different means (like lots of cold showers). In the future, it will undoubtedly be called something els

entirely and treated with mind melding and cosmic nanoprobes. In other cultures, what we ca
“bipolar” has other names and other symptoms and explanations entirely.

Psychiatric illnesses aren't like herpes. You can say, “You have a cold sore, therefore you have ora herpes,” but you can't say, “You have insomnia, therefore you are bipolar.” Insomnia can b explained by a hundred different reasons; cold sores are always due to herpes.

A bipolar diagnosis doesn't extract something hidden in you and reveal it (“All along she was mutant!”); it merely describes what's already there (“Ah, these symptoms are part of the bipola pattern.”). Being diagnosed bipolar doesn't change you and make you into something you weren before; it just says, “Hey, you're a person who could probably benefit from taking mood stabilizers!”

Thinking of your diagnosis this way is much less painful than thinking of it as a life sentence or siege on your identity. No matter what the psychiatric community wants to call it, you're still you– whether you have bipolar, hysteria, a wandering womb, or just plain sand madness. Everybody els changes their mind about what to call it, so there's no reason why you can't too. Don't think “bipolar is an accurate description of your experience? How about Chronic Sleep Taxationitis or Acute Por Star Overidentification Syndrome? No matter what you call it, no matter how you think about it, n matter how you treat it, you're a person—not a collection of symptoms or an entry in the *DSM-I* (the hefty diagnostic manual produced by the American Psychiatric Association that you've probabl seen lurking under your psychiatrist's desk). Nothing can change that. Don't dwell on whether or no “bipolar” is the perfect way of describing your condition; just consider whether the solution available for bipolar are helpful for you.

DEALING WITH THE DX

Being diagnosed with bipolar disorder is akin to waking up after a wild night of intoxication t discover that at some point during your (fuzzily remembered) antics, you went and got a tattoo o your bicep. Not just any tattoo'you got a big old snake-eating-a-unicorn tattoo. That sucker's si inches high and three across. It's kind of badass, kind of hideous. You stare at it in shock. You vaguely remember going to the tattoo parlor, *but why?!* You frantically think back to the chain o events that might have led up to you getting a tattoo of a snake eating a unicorn. You feel guilt anger, embarrassment, denial, nausea—the whole ride. Eventually you realize you're going to have t live with this thing for the rest of your life, and from here on, your attitude towards your new tat i entirely up to you.

WORDS, WORDS, WORDS

The field of psychology has words for everything. It has a word for when you talk too fast. A wor for when you talk too slow. A word for when you smear your feces around your bedroom.

It even has a word for your reaction to being diagnosed. Reject the diagnosis? You'r “underidentifying” with being bipolar. Want to make sweet love to it? You're “overidentifying” with your bipolar characteristics (“Ha ha, that was just soooo bipolar of me”). The endless labeling i alienating, but since you're going to run into it, you might as well be prepared.

THE SNAKE-EATING-A-UNICORN GUIDE TO OVER- AND UNDERIDENTIFICATION

So you wake up with this tattoo/diagnosis. How do you react?

Underindentification: “Ho ho ho! This is surely but an amusing temporary tattoo placed on me as prank. It will certainly wash off in the shower.”

Medium-Low: “The tat is real, but I'm going to wear long-sleeved shirts for the rest of my life t

cover it up."

Middle: "Living with this tattoo is going to be a bitch and a half, but it's also kind of dope."

Medium-High: "Short sleeves for me, baby."

Overidentification: "This tattoo defines me, man. I'm going to tattoo the rest of my body wit snakeskin and have a horn surgically implanted on my head."

THE NON-METAPHORICAL GUIDE TO OVER- AND UNDERIDENTIFICATION

When you underidentify with your diagnosis, you reject it and don't want to integrate it into you identity. You might think there's been a mistake. Or you might accept that you have a disorder calle "bipolar," but don't want it mentioned ever again.

When you overidentify, you attribute too much of your identity to bipolar disorder. Maybe you g over your past with a fine-toothed comb, ferreting out clues that everything you've ever done was result of having bipolar genes. Or you drop all your other activities and spend all your time o bipolar message boards, interpreting everything anyone says in terms of GABA receptors.

Many people experience the full spectrum of under- and overidentification over the course of th first year, or several years, of being diagnosed with bipolar disorder. One day you accept you'r bipolar, the next day you weep bitterly over it, the next day you don't even think about it. Eve though I was diagnosed with bipolar disorder several years ago, there are still mornings when I wak up and say, "Really? *Really?*" Then my boyfriend rolls over and says, "Really." And I say, "Oh yeah."

LET'S TALK ABOUT FEELINGS

However you're feeling about your diagnosis, there's someone out there feeling the same way. There another newly bipolar skater punk grieving over her "lost self," another type-A personality feelin guilty for "screwing it all up," and another nerd who's done his research (helloo, Medline) and wh feels that in his professional opinion, the doctors are right, but more research needs to be done in th area of gabapentan interceptors. You might even have every one of these feelings at different point throughout the year and throughout your life:

"There's no way this can be true."

"Finally, an explanation!"

"This is a mistake."

"This is my fault."

"This is so cool."

"It's my parents' fault!"

"I should have been stronger/smarter/more careful."

"This makes sense."

"I can't believe this is happening."

"Is my life ruined?"

"Can I still graduate/be a poet/find a boyfriend/have a career?"

"Am I going to die?"

"I wish I could turn back time."

"I shouldn't have dropped so much acid."

“I shouldn't have left the church.”

“This feels like a dream.”

“This is completely ridiculous.”

“I can't tell anyone.”

“Bipolar's for pussies. Real men/women don't have bipolar.”

“Bipolar's not a real disorder. Psychiatry is a conspiracy.”

“What the hell?”

“Scientology! Kaiieee! Kaieeee! Take me, Lord Xenu, I'm a level one clear!”

“I guess the only thing I can do with my life is become a belligerent hobo.”

“I was already a belligerent hobo.”

“What am I going to do with my life?”

“I can't live with this.”

“Why didn't someone tell me sooner?”

“Will people just shut up about this?”

“Am I going to be on meds my whole life?”

“Does this mean I'm crazy?”

“This is unbearable.”

“This doesn't really make a difference.”

“So what?”

“What a blessing!”

You're going to go through long stretches of your life when the fact that you have bipolar disorde never crosses your mind—and there will also be the odd stretch when you can think of nothing els Trust me: you'll get used to it.

WHY DO I HAVE BIPOLAR?

You didn't get bipolar because you're weak, lazy, bad, or because Zeus wanted to smite you (though meditation instructor I talked to claimed bipolar was due to bad karma from a previous life; peopl don't step on ants!).

You probably got bipolar because you were genetically predisposed to it, and something triggere those particular genes to light up howling. The triggering of that genetic time bomb is called “onset. The age of onset for bipolar disorder is generally between the late teens and late thirties, thoug nowadays kids and old people are getting diagnosed too.

If you're feeling guilty about developing bipolar, don't: there's really nothing you could have don to avoid getting it, short of strangling yourself in the womb. Some people who have the geneti potential never develop bipolar (just like you can have a family history of breast cancer withou developing it yourself). If the sucker happens to break out, well then, you did nothing to cause except simply be alive.

People who have bipolar always have a certain narrative about how it developed: “I'd just gotte my first job and my first girlfriend, my parents divorced, and I started going crazy.” “I was stayin up late, listening to a lot of Marilyn Manson, and shit just started getting weirder and weirder.” Fo one thing, humans love to tell stories. It makes much more sense to place bipolar disorder in th context of certain events, rather than having it come out of nowhere. Though the environmenta

triggers of bipolar disorder are not well understood, one thing many accounts have in common is period of lifestyle change, stress, or major life events (both positive and negative). Real specifi huh? Try naming a time in your teens and twenties when you're not going through a period of stres lifestyle change, or major life events!

In other cultures, narratives of mental illness sometimes focus on spiritual matters ("he is bein haunted by ghosts!") or family relations rather than biochemistry. Our Western narrative might b scientifically accurate, but it is not necessarily the most useful or compassionate way of imaginin mental illness. If "haunted by ghosts" feels more meaningful and accurate to you than "haunted b misbehaving neurotransmitters," then please, tell your own story!

Otherwise, it's you against the mothership. Lock and load, lock and load. . . .

PROGNOSTICATING (E.G., "AM I SCREWED FOR LIFE?")

I get a Google news feed about bipolar disorder: any news article with the word "bipolar" gets sent t my inbox. Every day I get several police reports about missing persons who are "diagnosed wit bipolar disorder and thought to be off their meds," as well as a rash of news pieces about murders an suicides involving people with bipolar disorder. Now look me in the eye. Do you have bipolar? Yes Are you, personally, going to become a missing person or a murderer? Probably not. There are thing in life you can control and things you can't, but if you get your act together as much as possibl given your personal circumstances, and do it *early*, then your chances of having a wonderful, happy interesting, completely Google-news-feed-unworthy life are great.

While everyone's prognosis is different, it generally boils down to this: if you have bipola disorder, your life is going to include some periods of crushing depression, some periods of whacked out mania or hypomania, a whole lot of meds, perhaps a psychotic episode here and there, and mayb a hospitalization or two (or ten). You can experience all those things and still have a fun, meaningful productive life.

Look at it this way: you're building a cabin in the woods, but a hurricane comes through and whe it's over all you have is a few measly planks of wood, a saw, and some nails. Do you set the wood o fire, step on the nails, saw off your legs and cry about it, or do you chop yourself some new wood build yourself a cabin, and have a great life? Everything is up to you. You have exactly the sam power over your destiny as you did before you had bipolar—now you're just working with a differen set of materials.

All you have are the fabulous resources of your own mind to realize your potential. Bipolar or no you still have choices to make, and you're the only one who's going to be making them.

EIGHT WAYS TO PROVE YOU'RE NOT BIPOLAR

1. Keep a straight face and neutral affect at all times. This will demonstrate how completely stable your mood is.
2. Whenever you hear something about bipolar disorder on the news, laugh loudly and say, "Ho, ho ho, I'm so perfectly twitterpated to not be affected by such a foreign and fearsome affliction as that!"
3. Paint rabbit faces on your meds so they look like recreational drugs. Wear furry clothing and plastic beads so people think you're a raver.
4. When you get hospitalized, tell everyone you know you're an "investigative journalist" doing an exposé of what it's "really like" to be hospitalized.
5. Hire a look-alike to impersonate you at social events when you're too depressed to go out.

6. Surround yourself with people who are more extreme than you (drama students, nonrecovering addicts, circus people). In contrast, you will look totally un-bipolar.
7. Start a fake blog about your completely normal, nonbipolar life. Include entries such as, “Fun da at the mall!” and “New kitty is cute!”
8. Get a high-powered career that could never be held by a person with a mental illness. That will show them!

MANIA, DEPRESSION, PSYCHOSIS, OH MY!

A WHIRLWIND TOUR THROUGH THE EPISODES OF BIPOLAR DISORDER

Sometimes, crazy people have crazy emotions. A lot of the time, crazy people have completel normal emotions. This section discusses the technical definitions of mania, depression, psychosi rapid cycling, and mixed states, and also discusses what they aren't. After all, it's crazy to attribute a your emotions to having bipolar.

I'M NOT MANIC, I'M JUST HYPHY

Before we get into all this bipolar stuff, let's talk about hyphy. Hyphy is a Bay Area hip-hop styl characterized by people dancing or acting in a hyperactive, ridiculous manner. You put on you stunna shades, get blasted, and “go stupid.” One particularly prestigious way of “going stupid” is t put your car in neutral and dance on the hood while it rolls forward without a driver; this is calle ghost-riding the whip. E-40 and Mistah F.A.B. wrote entire songs about ghostin'.

Now, when you think about it, all this going stupid sounds a lot like a manic episode: substanc abuse, hyperactive speech and dancing, risky and grandiose activity—feelin' like a star. Ye thousands of otherwise sane, asymptomatic ballers get hyphy every day, and nobody accuses them o having bipolar disorder. What's the difference between being manic and plain old gettin' hyphy?

MISTAH F.A.B.'S GUIDE TO THE *DSM-IV*

Hyphy	"Dude, Bro, let's ghost-ride your car then put it on YouTube, Bro, ha ha ha. Babes will dig it. Wooooo!"
Hypomanic	"Dude, bro, stop the car, we're going to ghost-ride the whip right-now. Yeah yeah, stop the car. We need to do it right now right now right now, ha ha ha!"
Manic	"I *am* Mistah F. A. B. I'm the hyphiest motherfucking ghost-rider in West Oak. I'm gonna buy this Lexus with my credit card and ghost-ride *that*."
Psychotic	"A tribe of angels is watching me ghost-ride the whip, and Satan is broadcasting the lyrics to *Ghost-Ride It* directly into my brain."
Unhyphy	"Dude, I just wanna park somewhere and get a Slurpee."
Depressed	"Watching YouTube videos of people ghostin' makes me incredibly sad."
Hella Depressed	"I haven't gotten out of bed in a week because all I can think about is how horrible my life is compared to Mistah F. A. B.'s."
Suicidal	"I've said goodbye to my family and friends and am actively seeking out people to roll their car over me as they dance on the hood."

As you can see, there's a broad behavioral spectrum to ghost-riding the whip, and in this case, I'v categorized behaviors as "manic" or "depressed" based on how far they deviate from the hypothetica Mistah F.A.B.'s normal hyphy or unhyphy mood states. In the following section, I'm going to b discussing the criteria physicians use to identify the different aspects of bipolar disorder as outline in the *DSM-IV*, that big fat book published by the American Psychiatric Association that contains th diagnostic criteria for all the psychiatric disorders our society currently believes in. Like the songs i a jukebox, the stock of "mental disorders" in the *DSM* changes all the time—up until 197 homosexuality was listed as a mental disorder (message to APA pre-1973: y'all must have bee tripping *hard*). It hardly needs saying that the *DSM-IV* is not a perfect guide to mental illness, an that some of the "illnesses" that have been described there in the past are no longer considere illnesses at all. Unlike pregnancy, you can't pee on a stick to find out if you have bipolar disorde Definitions evolve over time, and in a hundred years, the category "bipolar disorder" might be a antiquated as the category "hysteria" is today. The purpose of the following section is to discuss th common symptoms of mania, hypomania, and depression and what they can feel like—and also t help you resist the urge to dump every experience in your life into one of those categories.

NORMAL HAPPINESS AND NORMAL ENERGY—HUZZAH!

When you've just been diagnosed with a major disorder like bipolar, you might have the urge t reinterpret *everything* in terms of either mania/hypomania or depression. But honestly, not ever moment in your life is depressed or manic: much of the time, you're just plain old you. Norma happiness and energy are just that—*normal*. You don't need to pathologize your enthusiasm for flyin

kites or attribute your last romantic success to hypomania. You're probably a charming, loveable energetic person in "real life"—good for you! You can be ambitious, adventurous, and fun lovin outside of mania. The key difference between a "normal" state and a manic or hypomanic state i whether or not your perceptions of reality and your own abilities have shifted, and whether this shi messes up your ability to relate to other people or get your work done. If you're normally a beast o the dance floor who loves to hook up with hot strangers, good for you (enjoy herpes)! If you're lifelong wallflower who is suddenly electrified with the belief that you're Justin Timberlake bringin sexxy back—well, maybe that's not normal. Let's be perfectly clear: you're allowed to grow an change, try new things, whatever. If done with a clear mind, almost any action you undertake can b considered normal. You should worry about it only if you start basing your actions on unusual logi or logic radically different than your default setting, or if people around you start noticing a marke departure from your usual behavior.

Going skydiving because you think it's cool = normal. Going skydiving *because you temporarii believe you're an invincible god* = not normal. Being a talkative person = normal. All your friend ar staring at you because you've been talking like an auctioneer all day = not normal.

MANIA

All ghostin' aside, what is mania, and how can you or other people tell if you're manic? You're mani if your belief about your own capacities expands drastically, if you start engaging in activities tha are drastically out of character, making plans drastically out of sync with reality, or behaving in a overblown, irrational, out-of-control manner. It can be hard for you to tell if you're manic, at leas immediately, but it's pretty easy for other people to tell. You think you're a celebrity, believe you ca walk in front of traffic, and obsessively call the Federal Reserve to tell them your brilliant solution t the economic recession. You feel like you don't need to eat or sleep, and feel a vast and poten connection to complete strangers. Words tumble out of your mouth in a great flood. You start takin your job as a mall cop too seriously and stay up all night drafting a new and improved plan for ma safety, which you work on tirelessly with no breaks for several days. *It's the key, the key. Peopl spend all their time in malls, right? Safety is key, right? Mall safety, that's where it's at, that's wher it's at*. Your friends and family notice a difference and try to talk you down. "Dear, can we not tal about the menace of escalators tonight?"

Technically, mania is defined by the DSM-IV as "a distinct period of abnormally and persistentl elevated, expansive, or irritable mood, lasting at least one week (or any duration if hospitalization i necessary)." Therefore, drinking too much coffee and running around like a ferret for *one* day doesn qualify as a manic episode (unless you get caught by animal control and hospitalized for it). Th *DSM-IV* lists seven symptoms of mania, at least four of which are usually present in a full-blow manic episode:[1]

1. *Inflated self-esteem or grandiosity*
   You (mistakenly) think you're famous and important or think you have special powers. You suddenly realize you're a better painter than anyone else in your art class, and start plotting an elaborate gallery opening at the Museum of Modern Art, featuring your work next to Van Gogh' Your teacher is confused because this represents a major change from your normally humble personality.
2. *Decreased need for sleep*
   You keep coming home from the bar at 3 a.m. Tonight you take a one-hour nap, then go for a ru paint the house, and organize a dinner party for all your friends. Sleep is a bad word.

3. *More talkative than usual*
   You have pressured speech (the sensation that you need to be talking) and a flood of ideas you need to express. Friends and teachers ask you to slow down and explain your thoughts, but it's to hard.
4. *Flight of ideas, racing thoughts*
   Your mind is like a speeding train, or several speeding trains on different tracks. You can't slow down your thoughts, and your ideas fly to their wildest conclusions. You might enjoy the sensation of being flooded with ideas at first, but later become overwhelmed and terrified by it.
5. *Distractibility*
   What?
6. *Increase in goal-setting activity or psychomotor agitation*
   You're working on a very important project and realize there are three other side projects you should be doing to really get it working. You check twenty books out of the library and start researching every aspect of your subject area. You don't understand why other people can't see the importance of your project. You feel the need to move around a lot.
7. *Excessive involvement in pleasurable activities (such as buying sprees, sexual indiscretions, or foolish business investments)*
   You run to the bar and make out with three different people over the course of a Rihanna single. You buy everyone a round, then flag down a taxi and give the driver a $100 tip for driving you home. You want to buy expensive presents for everybody you know.

The *DSM-IV* definition goes on to state that the above symptoms should not be the result of illega drugs and must be severe enough to really wreck havoc on your normal life. Psychosis is sometimes feature of manic episodes, too.

Everyone's experience of mania is different. Some people experience it as a fabulous period o elation, while other people get extremely agitated and experience no pleasure at all. Mania is on continuum—it takes your normal behaviors and personality and amplifies them. A manic episode ca lead to hospitalization or self-harm, and the tomfoolery you get up to while manic can demolish you savings, land you in prison, and make you feel embarrassed later on. Mania can also give you unique drive and a window into realms of the mind that are inaccessible to most people. In othe cultures, mania might be given a different name and be seen as a religious experience. The importan thing isn't definitions, which change over time, but *effects*, which vary from person to person. Fo some people, mania has the effect of a revelation or mystical experience, while for others it onl causes misery.

PUTTING IT ALL TOGETHER

Here's how mania might look. The numbers below refer to the symptoms listed on pages 34 and 35.

Let's say you work at a call center for IBM. You spend all day on the phone to customers, helpin them fix their computer problems. You're also in charge of logging their questions and complaints i a database. Over the course of a week, you start to notice connections between calls that you neve noticed before (4). You realize there's a pattern to the database that could revolutionize the future o IBM (1). You start staying at the office long past closing time, working on solving this pattern fa into the wee hours (6). Solving the pattern is more important than eating or sleeping (2). When yo tell your coworkers and supervisors about the pattern you discovered, they seem confused, thoug you talk about it incessantly (3). You get frustrated because nobody else can see how important an revolutionary your discovery is. Even your girlfriend doesn't understand your great discovery, but sh wants you to tell Dr. Brunner about it because she thinks he will.

HYPOMANIA

For hypomania, take the mania section and turn the volume down several notches. You talk faster walk faster, and think faster—enough for other people to comment. Maybe you start writing a novel building a sailboat, and recording an electro album all on the same day. Or you join a rock-climbing gym because you "suddenly" realize you'd make a fabulous rock climber. It's hard to sleep and hard to sit still and listen when someone else is talking. Other people seem to be talking and moving incredibly slowly. Sitting in class is torture because it seems to drag on for hours and hours, and you've got more important things to do! You might be agitated and elated at the same time, the life of the party, but your engine's running a little hot. You dance down the street, filled with this wonderful sense of how happy the world is, or flit around your room like a trapped fly.

The *DSM-IV* definition of hypomania includes the same seven symptoms as for mania, but the difference is that the episode is not severe enough to land you in the hospital or make it impossible for you to get through a normal day at work or school. It also notes that a change in your mood and behavior should be observable to other people (i.e., that your parents or friends notice that you're talking faster and making uncharacteristic judgments). A hypomanic episode marks a distinct change from your usual self, and the elevated, expansive, or irritated mood should last for at least four days. Hypomania usually isn't accompanied by psychosis, and it doesn't count (at least, not to the guy in the white coat) if your symptoms are due to your taking a drug like ecstasy.

There have been a few books published recently that discuss the advantages of hypomania. *The Hypomanic Edge* by John Gardner and *Finding Your Bipolar Muse* by Lana Castle both discuss how one can safely harness hypomania to increase one's productivity, creative output, and potential to become a railway tycoon, dominatrix, or Zamboni driver. (OK, I made up the last three, but if I wrote a book about hypomania, those would get at least a chapter each.) Hypomania can imbue you with wonderful feelings of confidence, talent, creativity, self-esteem, charm, and intelligence, all of which can help you achieve great things. It can also feel distinctly uncomfortable and irritating—sometimes both at once. When I'm hypomanic, I love to go running because the pleasure of flying over the pavement is enhanced a million percent. But sometimes underneath the pleasure there's the churning of this desperate engine that wants to go ever faster, and I can't always keep up.

HOW MIGHT MY FRIENDS REACT TO MANIA OR HYPOMANIA?

A good way to gauge whether or not you're acting abnormally is to pay attention to your friends' and family's reactions. Sometimes, nobody will realize you're manic until it's too late. But people who know you can usually sense when something is a little off. From a friend's perspective, your "perfectly reasonable" obsession with the pattern in the IBM call database is *not* perfectly reasonable. A friend can have good insight even when you've lost it. Here are some comments friends might make if you're acting unusually, even if they don't know you have bipolar disorder.

"You're acting really intense."

"You've been working on that project nonstop for a week. Don't you ever sleep?"

"Are you high?"

"What are you talking about? You're not the CEO of Microsoft!"

"Slow down, you're not making sense."

"Are you drunk?"

If friends *know* you have bipolar disorder, they might give feedback like:

"You're getting a bit speedy."

"Have you been sleeping?"

"This is really out of character for you."

It can be really annoying to hear these comments, especially if you feel strongly that you're *no* manic or hypomanic. But it's worth being patient with them, because a trusted friend's insight ca help you stop an episode before it gets out of hand.

DEPRESSION AND SADNESS: WHAT'S THE DIFF?

A bunch of nerds had a conference in Las Vegas. After enjoying steak and strippers, they define clinical depression as having a handful of symptoms that persist for at least two weeks and represe a change from your regular functioning. If you've experienced depression, you can probably list th symptoms yourself: a sad, depressed mood for most of the day; a loss of pleasure in activities yo normally like; changes in eating and sleeping; crying a lot; fatigue; recurring thoughts of death. A the extreme, people can become catatonically depressed: too depressed to move or speak. Th symptoms of depression overlap with conditions such as vitamin deficiencies and chronic fatigue. S it's important for doctors to rule out other factors when making a diagnosis. Unfortunately, man people with bipolar disorder experience more depressive episodes than manic or hypomanic episode in their lifetime. How do doctors differentiate between depression and normal sadness or grief? Bac to the *DSM-IV!*

1. *Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)*
   You feel sad, down, and empty. Maybe you cry a lot. This feeling persists from day to day.
2. *Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)*
   You don't feel like going out with friends, doing your laundry, calling your girlfriend, or going t the gym. Activities you normally enjoy feel sad or painful to you.
3. *Significant weight loss when not dieting or weight gain (e.g., a change of more than 5 percent of body weight in a month), or a decrease or increase in appetite nearly every day*
   You find it hard to eat, or you eat a whole box of ice cream just to distract yourself from the sadness. Your body feels strange and makes different hunger demands than usual.
4. *Insomnia or hypersomnia nearly every day*
   You have a terrible time getting or staying asleep at night. Or all you want to do is sleep—you start sleeping twelve hours a day, every day.
5. *Psychomotor agitation or retardation nearly every day (observable by others, no merely subjective feelings of restlessness or being slowed down)*
   You look and feel like you're moving through molasses. It takes you thirty seconds to take your bowl of oatmeal out of the microwave. Your friends get impatient because it takes you forever t put on your jacket. Or you feel agitated and move around like an angry old man.
6. *Fatigue or loss of energy nearly every day*
   You dread the time between periods when you have to walk from one lecture hall to the other. You feel really tired—too tired to do the things you normally do.
7. *Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)*
   You feel extremely guilty about being a terrible friend or being a bad person, for no apparent reason. You feel like you have no worth as a person.
8. *Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by*

subjective account or as observed by others)

~~You can't make decisions or prioritize tasks. Thinking about whether to go to the bank or the~~ library first nearly kills you. You can't concentrate on a dinner menu, let alone your thesis.

9. *Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specif plan, or a suicide attempt or a specific plan for committing suicide*

   You can't stop thinking about all things death related. Even if you don't want to commit suicide, you can't stop thinking about how you would do it.

The *DSM-IV* goes on to note the same "ruling-out" clauses as for mania and hypomania: that you symptoms aren't better accounted for by drug abuse, a medical condition like hyperthyroidism c chronic fatigue, or bereavement following the death of a loved one. The depressive symptoms mus represent a marked change from your regular functioning and persist over at least two weeks.

The key words are "change from your regular functioning" and "persistent." If you feel like th world has become inherently more depressing and your prospects in life fundamentally bleaker—an these feelings last for a long time and deplete your functioning—it might be depression. If you're jus having a bad day and temporarily feel down on yourself, it's probably run-of-the-mill sadness. I you're just not hungry one day, it's probably nothing. But if you lose all desire to eat, have sex, or g outside for two weeks, that's depression. Sometimes you might have a couple days of real depressiv symptoms, but manage to pull yourself up before they develop into full-blown depression (tips o doing that later!). In some ways, depression is like the common cold: You can feel it coming on an try to stop it from developing if you catch the symptoms early enough. But once it sinks its teeth in it can stick around for a long time.

Just like mania, depression can make you do stupid things. On one end of the spectrum, there suicide, which we'll talk about later. Way on the other end of the spectrum are the stupid thought you have when you're depressed. During my last depressive episode, I burst into tears at the sight of normal white fence and insisted to my boyfriend that it was the saddest fence I'd ever seen in my life (If you want to see the world's saddest fence for yourself, it's located at 2761 West Seventh Avenu in Vancouver, British Columbia.)

Like hypomania, depression can be harnessed for good. Maybe you take advantage of your reduce energy to spend time reading, or maybe your experiences with depression lead you to write grea poetry. Or maybe you embark on a mission to catalogue the world's saddest fences. Who knows?

TRIPPING THE LIGHT PSYCHOTIC

When I first told one of my friends I was taking anti- psychotics, she smirked and said, "Oh, you're psycho- path?" Psychosis and "psychotic," its accompanying adjective, are some of the most misuse mental-health words out there. First of all, antipsychotics are commonly used for reasons other tha psychosis (such as sleep and mood stability), so don't be freaked out if you get prescribed a antipsychotic if you've never been psychotic. Secondly, being psychotic is a totally different thin from being a psychopath. "Psychopathy" means the tendency towards violent, antisocial behavio Psychosis is when you have delusional beliefs and hallucinations; it can range from experiencing completely different reality from other people and having no insight, to experiencing voices an visual hallucinations and having some insight into the fact that this experience is not being shared b people around you. Psychosis is on a continuum: some experiences are very close to "normal" realit and some are quite far away.

HALLUCINATIONS

Hallucinations can be auditory, visual, tactile, or even olfactory. You might see people who aren't really there or hear voices giving you commands. Hallucinations can be more or less scary, and the can also be caused by lack of sleep. Like the other aspects of psychosis, hallucinations are on th spectrum of normal human experience and can range from interesting to terrifying and dangerous.

DELUSIONS

Delusions are tricky, because there is such a fine line in our society between which beliefs ar considered acceptable and which are considered insane. For example, millions of people hold th same "perfectly normal" religious beliefs that would be considered bizarre and outlandish if the were held by a single person. The *DSM-IV* defines a delusion as "a false belief based on incorrec inference about external reality that is firmly sustained despite what almost everybody else believe and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. Th belief is not one ordinarily accepted by other members of the person's culture or subculture." A goo example of a delusion is the belief that you're being help captive by kidnappers, when really th "kidnappers" are your stoner roommates who wouldn't even notice if you left the house. If you'r delusional, it can be hard to believe friends who tell you your delusions are false. You might believ they're lying, thereby interpreting their comments in a way that confirms your version of reality.

THOUGHT DISORDER

Thought disorder is easiest to identify in a person's speech or writing. It's characterized by a perso not making sense from one sentence to the next or making associations that don't make sense t anyone else. For example: "The plane left the airport at three o'clock, and therefore the daisies in th bowl were put there by the dragon."

LACK OF INSIGHT

In psychiatry, insight means the ability to recognize when your behavior and thought patterns ar coming from your mental illness as opposed to your regular self. For example: "I realize that th voices in my head aren't coming from real people, even though it really feels like they are."

Insight can vary drastically in psychotic episodes. A person experiencing a full-blown episode o psychosis may not realize that the person sitting next to them on the bus can't also see that the bus i being driven by the Hindu deity Ganesh. Another person experiencing psychosis might slip in and ou of insight, alternately realizing that their reality isn't shared and believing that it is. A third perso might be aware the whole time that nobody else can see what they're seeing.

In some cultures, what we call psychosis is associated with shamanism and celebrated as connection with the underworld. I'm just sayin'.

Like with any other aspect of bipolar disorder, the boundaries of what we call psychosis are no firmly defined; what matters most is not how your experience is categorized by the *DSM-IV*, bu whether it's having a positive or destructive effect on your life. For example, a lucky person with great amount of insight, self-discipline, and support from friends and family might be able to trea psychosis as a spiritual experience. For a person who has no support system, no insight, and comorbidity like substance abuse, psychosis might just be a hellish experience.

OTHER ASPECTS OF BIPOLAR DISORDER

RAPID CYCLING