

## **A Delicate Fire: managing the highs of bipolar disorder creatively**

Picture a group of people sitting around a table. They are animated. They are conspiring with their eyes, then all laughing at the same unspoken joke. It makes perfect sense, and that fact seems hilarious. There is no prejudice where typical learned social concepts would usually be in place. It is a world in which this momentary reality feels sacred, because these people around the table are manifesting their reality, they understand each other. Perfectly. The problem is – no one else does. *Literally*.

The obvious treatment of medication, by professionals, for the manic high, is for many an effective way for bringing the peak of mania back to a relative norm. But without other methods of prevention, coping skills and management, the high is made more dangerous and frustrating, and may, I believe, also be prolonged.

Holistic management during the high times, is important, to avoid other problems that may stem from the experience – not least being a resistance to get help in the future.

Sedating medications, and the repeated phrase ‘calm down’ are often the only tools given. The nature of the illness means caregivers or professionals are often patronising. The feeling of being stifled, or having needs ignored, can result in a further resistance of sensibility, and an even stronger desire to rebel, and stay high. The after-effects of being treated solely with medication can leave a feeling of being greatly misunderstood. Individuals may also be embarrassed or ashamed of their behaviour, there may be a feeling of having wasted time whilst being ill, interrupting what semblance of life there is to go back to. This can be frustrating and contribute to a sense of helplessness and low self esteem, ultimately making the recovery process harder.

Just as a routine helps eliminate mess in day to day life, instruction and direction helps a person with an overwhelming sense of ideas and notions, to narrow their focus, and feel calm for a moment – almost as if retraining the brain to concentrate and still the inner drive. It is not easy for ‘normal’ people to understand the insatiable drive to compulsively ‘do’ things when you are manic.

Because of the excessive need for some bipolar people to create, therapy such as fine arts, or music can be beneficial. Many can play or respond brilliantly to music. In an inpatient facility, a planned and practised concert may give focus to patients, where co-operation, listening and a chance to express are involved. Knowing that they will get their turn to speak or perform will be enough incentive to sit and listen for a matter of time. Helping prepare meals on a daily basis is a tool which is essential for life, and encouragement to participate in normal activity. Keeping the hands busy can allow the mind to slow. Rolling clay whilst discussing interesting topics, is a simple but effective meditation, for someone who cannot stop moving or talking. Doing nothing whilst being manic, especially in the company of others suffering from psychiatric illnesses, only serves to intensify delusions, where the creative mind has no other option but to over use an imagination which is already out of control! Giving patients things to do passes the time constructively and decreases aimless and destructive behaviour. It helps the patient to feel they had some control and choice in their recovery, limiting feelings of helplessness, giving them a sense of worth.

I have been extremely high with mania, and several times it has continued for more than eight weeks. Much of this time has been spent in psychiatric institutions, both public and private, adolescent and adult, where being treated for mania has at times been terrifying, complicated, and often more confusing than the illness itself. While in the grip of a manic episode, although the symptoms may offer a feeling of euphoria, it is also excruciating and frustrating to be high. You know you are unwell, but you cannot filter what’s real or what’s not. You cannot control your behaviour, or stop saying or doing inappropriate things, and you are left to watch yourself from the inside, as though you are trapped behind your own mirror image – it’s you, but it’s not.

If a manic person is having delusions, allow them to discuss it openly with you. Let them feel safe to tell you, without the fear of fierce rebuttal. However, gently discuss the logical reasons why their chosen delusion is not actually fact. It may be helpful for that person to have a list that they can develop with you,

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about their fears and worries, and to write down anything that can easily be dismissed. They are then able to read it back to themselves, giving clarification and positive affirmation, dismissing needless worries: i.e.: "I am not on the radio. I am not being stalked. I am safe in my home, etc." This may be useful in a group situation as well. Traditional group therapy may not be helpful to manic people, but specifically discussing their illness together may help them identify that they are not the only ones facing the symptoms of their illness. It could even help resolve some delusional behaviour.

For someone with bipolar, the greyscales of life, (between the despair during depression and the drama of mania) can appear bleak at the best of times. Because of this, that manic feeling although ultimately destructive, is at times welcomed, and run with like holding the string of a kite... *because it feels so good, to fly, just for a little while, it can't be so harmful can it?* Boredom and depression itself can be a trigger to a bipolar high, whereby the sufferer feels that they will be better off seeking that elusive high, and go on a lifestyle bender. This may include ceasing medication, drug abuse, promiscuity, dangerous behaviour and consequent mania. If the increasingly manic behaviours are not immediately addressed, the manic person *becomes* the kite, oblivious of the fact that it will ultimately crash back down to earth. Therefore, treating depression with a proactive lifestyle is just as important as the focus on the manic side of the illness.

So in a situation that seems hopelessly complicated, it is with some irony that I suggest that balance is the simple key.

Setting routines that are dependable for oneself, a budget, and/or keeping a diary eliminates clutter in the head, and leaves space to focus on other relevant activities. Some regular routine in day-to-day activity is also imperative for maintaining stability. Regular sleep and eating routines contribute balance and health to a person physically and mentally, and they are a must for bipolar sufferers. Continued contact with a professional such as a psychiatrist or counsellor is recommended, and is also very helpful. Far too often, the spiritual and emotional aspects of a person with bipolar disorder become neglected, and are not treated with the same importance or dignity as for 'normal' people, because so much focus goes on the mental and physical side of staying well. Yet it is just as important to continue with regular activity that satisfies these needs, and to develop some structured or social routine in which one's guard can be let down and the mind's emotions can slow, and relax in a comfortable environment. Again, some direction is always helpful where concentration and focus may be lacking, so structured classes are a good idea.

The steps leading up to a full manic phase may seem scary to some. It can be difficult to approach a person who is becoming increasingly aggressive, defensive, or delusional. The usual questions, such as 'Have you taken your medication?' may be met with hostility, and the situation can slide out of hand very rapidly. Therefore, it is important for carers and family to discuss warning signs, and agree on a plan of action, should one become ill. Write it down. A great deal of tact is required when dealing with a manic person. One should expect that the closest person to the bipolar sufferer will be the recipient of the most aggressive and defensive behaviour.

Often in the early stages of mania a person may go and seek help, but be turned away because of the very fact that they recognise their sliding sanity. An insane system indeed. Prevention is the best alternative!

Importantly, it is imperative for someone with bipolar disorder to remember that 'staying well,' means more than just, 'not being ill, depressed or manic', but enjoying an active and balanced life, and having the choice to be fulfilled.

There is something to be learned from bipolar disorder. Everyone experiences extremes of personal thoughts and feelings. But in mania, people's stories, thoughts and feelings offer a glimpse into the extremes of the human psyche, they do and say things we may think and feel, but never actualise. If we listen, we may bridge the gaps in understanding. We may then watch the kite fly, but guide it so it does not crash.