

What does “crazy” mean? Why do people call each other “crazy”? I want to understand what happens in the insane mind. People with mental illnesses have complex minds. What causes people to have a mental illness? What does the illness do to them? Can one control their mood swings or do moods control them? Can bipolar disorder and all its effects be positive?

What goes wrong in an “insane” person’s head? The brain plays a big role in maintaining our mental health. Imbalances in brain chemicals are the main factor in bipolar disorder because the brain doesn’t have the right amount of certain chemicals to understand what’s going on within itself. Change in size and shape of the actual structures of the brain can also contribute to certain mental illnesses. That’s an example of how there’s a big overlap between the symptoms of neurological and psychiatric illnesses. Most mental illnesses can be hereditary, biological, and can also be caused by psychological trauma. If someone in your family has some sort of mental illness, you’re not going to positively inherit the illness, but it could be triggered by trauma, abuse, loss, or neglect. According to webmd.com, mental illness (for example, bipolar disorder) happens neurologically because of the imbalance of neurotransmitters like serotonin, and dopamine, neurons, and brain circuits. Neurotransmitters are the circuits that help your brain communicate within itself. This imbalance makes it hard for the brain circuits to work normally and the brain misunderstands everything the senses tell it and it sends the wrong response message to body.

How is bipolar disorder perceived? In 1980, the term “bipolar disorder” replaced the term “manic depression.” Bipolar disorder is a biological illness that affects your ability to regulate your moods. In ancient times, people were sent to nature springs to treat emotional problems. Many famous people have had bipolar disorder; for example Edgar Allan Poe, Vincent Van Gough, Ernest Hemingway, Frank Sinatra, Kurt Vonnegut, Kurt Cobain, and Beethoven. These people have had much talk about them being “crazy” or their work being crazy; they seemed to use their work as a form of “release,” according to healthline.com. Their work came to them through productivity during manic episodes. Bipolar disorder is commonly misdiagnosed as ADHD (attention deficit hyperactivity disorder) or schizophrenia. There are many common misconceptions of it; for example, people think individuals cause their disorder or that bipolar disorder is a split personality. Some believe that receiving medical treatment is worse, that bipolar is easy to diagnose, and one can control the mood swings; but in reality, bipolar disorder can wreck havoc on someone’s life. People who experience bipolar disorder say it’s not a weakness to them; others use it to their advantage at times, and they think of it as a blessing, because it makes them creative, wise, and driven, depending on how they handle it. Patients say there could be advantages and disadvantages to the mood swings and symptoms, but they just have to keep a balance between their moods.

What is considered to be bipolar disorder? According to the authors of “Bipolar Disorder: a Guide for the Newly Diagnosed,” there are two categories of bipolar disorder: manic and depression. They vary in effects according to each person. When someone is having a manic episode, they’re in an elevated or irritable mood, with at least four or more symptoms, and it lasts at least a week or more. Mania is the “highs” in bipolar disorder. During mania one will have symptoms like an increased self-confidence, decreased need for sleep, talkativeness, poor judgment, racing thoughts, distractibility, increased goal directed behavior, psychomotor agitation, excessive involvement in pleasurable activities, and in some extreme cases, psychosis. Hypomanic episodes are basically the same thing as manic, but with fewer and less intense symptoms for a shorter amount of time...at least four days. Depressive episodes have a presence of five or more symptoms of depression, and they don’t always have to be sad, it can be a sense

of emptiness or lack of emotion. Symptoms of depression are changes in eating habits and sleep, feelings of worthlessness or guilt, distractibility or indecisiveness, psychomotor agitation or slowing (which would be the pace at which you are moving under an extreme change), fatigue or lack of energy, and suicidal thoughts. A mixed episode would be basically being manic or major depressive episodes nearly every day during a one-week period. Bipolar 1 disorder consists of at least one mania episode through a lifetime, like hypomania. While bipolar 2 disorder consists of having had both a hypomanic and a depressive episode. Cyclothymia is a pattern of chronic and frequent mood changes; the diagnosis for this is based on how many changes in mood are present.

Is there a difference in bipolar disorder through different age groups? According to psychcentral.com, bipolar disorder usually starts in the adult life before the age of 35; it's rare in kids but happens in teens and can begin with manic or depressive symptoms. Mania for teens would include symptoms like severe mood changes compared to other kids, high self-esteem, talkativeness, distractibility, high energy, and risk-taking behavior. And their depressive symptoms would be disinterest, low energy, poor concentration, physical illness, and a change in sleeping and eating habits. Warning signs could be things like rapid mood shifts, reckless behavior, aggression, intense giddiness or silliness, and long bouts of crying and outbursts of explosive anger.

What else can happen when someone has bipolar disorder? Two or more disorders at the same time are known as "co-morbid disorders." When this happens with bipolar disorder it just makes it harder to manage. More than 50% of people with bipolar disorder have severe anxiety, 60% of people are addicted to drugs and alcohol. ADHD (attention deficit disorder), PTSD (post traumatic stress disorder), social phobia, anxiety, substance abuse, or physical health problems like heart disease, high blood pressure, and elevated cholesterol often occur in common with people who have bipolar disorder. In strong cases of bipolar disorder, people report psychotic features, which involves hearing things, and having beliefs that aren't supported by facts; sometimes hallucinations and delusions happen throughout a manic or depressive episode and then disappear when the episode passes. Schizoaffective is somewhere between schizophrenia and bipolar disorder; it has the mood swings of bipolar disorder and the psychotic symptoms of schizophrenia. The symptoms for it include everything that makes up bipolar disorder and also other things like paranoid thoughts and ideas, speaking in a way that people wouldn't normally understand or can't really follow, disorganized thinking, and hallucinations and delusions. Treatment would be basically the same as it is for bipolar disorder. Emil Kreplin, the father of biological psychiatry, noticed psychotic phases were similar, and people with psychosis seemed to fall under one of two long-term disease courses. He noticed one would slowly disconnect from their life completely, and over time, he called it "dementia praecox." We call this "schizophrenia," while others wouldn't disconnect and would only go in and out of a psychotic phase, and he called it "manic depression." Bipolar disorder and schizophrenia are most commonly misdiagnosed for each other because of all their similarities. Bipolar disorder and schizophrenia share cognitive difficulties, meaning they have trouble identifying facial expressions, emotions and facial gender; because of this, they face challenges in social settings. Depression between the two is almost exact; they're tired, irritated, and even suicidal. Bipolar disorder patients have it as part of depressive episodes while schizophrenics have it almost always. Hallucinations are another big similarity between the two, even though hallucinations are uncommon for bipolar disorder patients to have, some have hallucinations when they are manic is very intense and can be very problematic. They are more likely to be diagnosed with

schizophrenia.

How do patients get better? There are many forms of treatment for bipolar disorder, some more favored than others; and a few are conflicting for many people. Hospitalization, initial treatment, continued treatment, and substance abuse treatment are the steps taken. Talking to doctors would probably be the main concern because patients would be trying to find which medicine works best for them and what dosage would work for them. People should see a doctor when any symptoms show, even if they don't feel unstable. Usually, cognitive behavioral therapy is used, but there are other methods like psychotherapy, psycho education, family therapy, group therapy, electroconvulsive therapy, and interpersonal social rhythm therapy. Cognitive behavioral therapy can educate patients and loved ones about the disease; it helps patients detect symptoms before they escalate, helps control negative emotions and thinking, and helps them stick to treatment, manage stress and solve life problems. And interpersonal social rhythm therapy (IPSRT) helps patients by having interpersonal psychotherapy, social rhythms, and educates them. Electroconvulsive therapy is the one people are most conflicted about using. Electroconvulsive therapy is supposed to help with the depressive episodes, but it doesn't make them go away completely, only for a short period of time. It also makes patients lose their memory for a while and that's why so many people are against it. Psychotherapy is used to treat bipolar disorder and schizophrenia; it helps guide patients through their thoughts, and helps them talk about everything going on with them. Communication is an important factor, for families sit in and talk about how they feel about the patient and they can learn about the illnesses. Psychotherapy can have its obstacles. When patients don't accept their diagnosis they just avoid talking about it, and think things like "nothing is wrong with me," "I'm not crazy." They can't resist the "good" parts of mania, like being really productive. They ignore it until they "crash" and feel worse; and they make excuses for their mood swings and blame it on their daily activities. According to helpguide.org/mental/bipolar_disorder_medications.htm, sometimes medicine can make some symptoms of bipolar disorder even worse than how they originally were, so some of the medication comes in pair with others. Lithium is a basic mood stabilizer; it's not as effective as it is for rapid cycling or for mixed episodes and it takes about one to two weeks to reach its full effect. Its side effects include weight gain, drowsiness, tremor, thyroid problems, memory and concentration problems, weakness and fatigue, excessive thirst/urination, stomach pains, nausea, and diarrhea. Other medications patients would have to take include things like benzodiazepines, anticonvulsants, anti-psychotics, anti-depressants, and symbyax. Anticonvulsants are mood stabilizers; they are meant for rapid cycling, mixed mania, mania with hallucinations, and this medication is best if you can't handle the effects of lithium. The effects of some anticonvulsants like Valproic acids are drowsiness, dizziness, diarrhea, weight change, tremor, and nausea. Antidepressants should be used very cautiously because they don't work very well with bipolar depression and can trigger mania in people and increase the mood cycling. Antipsychotics are usually mixed with a mood stabilizer, and can have side effects like drowsiness, sexual dysfunction, constipation, dry mouth, blurred vision, and weight gain. Benzodiazepines are a different kind of medication barely given out as much because they're highly addictive; they are for people who are still getting used to their medication. Patients can make changes in their daily lifestyle that would work as well as if they were taking medications; doing things like acupuncture, yoga, massage therapy, eating healthily, exercise and sleep help; also taking things like omega 3 fatty acids, magnesium, and St. John's wort, SAMe, and herbal combinations. Blood levels are a big part on how their dosage is measured, so they should really watch their blood levels and try to avoid weight change, caffeine, dehydration, sodium in diet,

seasonal changes, menstrual/ pregnancy hormones, and health changes—especially to kidneys and heart.

According to some patients, “Bipolar disorder is like driving a car without a steering wheel, eventually you’ll crash but it’s a matter of what you’ll crash into. For example, you can be in a great mood and make a million goals for yourself and spread yourself too thin so you crash and go into a depressed episode.” So many people don’t actually know anything about any mental illnesses; they think it’s just people being “crazy,” but in reality, they can’t control how they actually act. The definition of “crazy” means being mentally deranged, manifested in a wild or aggressive way. People are scared of what they don’t understand. Getting a better understanding of the most complex minds would make it easier to understand how people think altogether.

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