OBSERVATIONS FROM MY BIPOLAR MIND

BY JOHN POEHLER
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CHAPTER 1

BIPOLAR DISORDER, WHAT DOES IT REALLY MEAN?

INTRODUCTION TO BIPOLAR DISORDER

Since I created and started The Bipolar Battle, I have received a few inquiries as to the definition of bipolar disorder. I decided to use this post to dive into some of the main points.

Everybody experiences fluctuations in their mood and energy. Those who have bipolar disorder, a mental illness, experience extreme disabling lows that fluctuate to sometimes psychotic manic highs. The illness brings on extreme changes in mood, sleep, energy, and overall activity levels. The ability to carry out everyday tasks can be adversely affected.

MAIN TYPES OF BIPOLAR DISORDER

BIPOLAR TYPE 1

This is the textbook version of bipolar disorder. An individual afflicted with type 1 experiences manic and sometimes psychotic highs. My doctor told me in the beginning “Whatever goes up, must come down”. She taught me, and I have experienced myself that the more intense the manic high, the more intense the disabling low. The two poles alternate between mania and depression.

BIPOLAR TYPE 2

Those with type 2 are like type 1. They have not experienced a full-blown mania but instead a hypomania. A person fluctuates between their two poles of depression and hypomania.

BIPOLAR TYPE 3

There is also another type. Type 3 N.O.S. is short for not otherwise specified. This is not common, but I have known a few people who have received this diagnosis.
DEFINITIONS

DEPRESSION

Depression is often characterized by:
- A loss of interest in what the patient used to enjoy
- Being withdrawn
- A loss of hope
- Feeling sad or down
- Oversleeping
- Weight gain or loss
- Loss of energy

The lower end of the bipolar spectrum is also often characterized in extreme cases, with the individual having ruminating thoughts of death and possible suicide attempts. If you or someone you know is struggling emotionally, call The National Suicide Prevention Hotline (24 hours a day) at 1-800-273-8255. You can also text “TalkWithUs” to 66746.

MANIA

Mania is often characterized by:
- Racing thoughts
- Pressured speech
- Elated mood
- Grandiosity
- Inflated self-esteem
- Disorganized thinking
- No need for sleep
- Increase in goal-oriented activity
- Hypersexuality
- Hyperactivity
- Psychosis

HYPOMANIA

The symptoms are like mania. Hypomania is just a dialed down form of mania. The difference: There are never any psychotic symptoms and delusions.
MIXED

A mixed state is described with symptoms of both depression and mania at the same time. I have heard many medical professionals state that this could possibly be the worst-case scenario for a patient with bipolar disorder. Their reasoning: An individual in a mixed state can be depressed and suicidal with the manic energy and irrational thinking to follow through on their suicidal desires.
CHAPTER 2

WILL THE REAL JOHN POEHLER PLEASE STAND UP?

In the past, I felt ashamed and only spoke about my illness to a handful of people. Those days are over! I no longer sit in the shadow of fear and uncertainty.

I was diagnosed with bipolar disorder, type 1, in 1999. I know most folks are in denial when they find out. Not me! I was elated and ecstatic. For the first time in my life, a name was given to label my suffering. For me, it brought relief.

It wasn’t all sunshine and butterflies for me. I quickly found several frustrations:

• My energy level was almost non-existent in the beginning. To do anything was a haphazard. Many of the medications I tried kept me tired all the time.

• Some days I was unable to leave my place.

• The side effects of the medications constantly led me to try new ones. Each medication has a laundry list of side effects. I always experienced a handful of them.

• I never took one or two pills, but felt like I had my own pharmacy for the medications I took.

• I withdrew from Colorado State University several times. It took me 6 years to finish my B.S. and it was not even the degree I wanted. During my college career (and some years beyond), I underwent ECTS (electroconvulsive therapy). I always did 3 sessions per week: Mon/Wed/Fri. Short term memory loss is a side effect of this treatment. I forgot everything I had learned for my chemical engineering education and had to switch to a different college degree. To this day, I still do not remember what I was taught in engineering school but hey, at least I have a degree in something right?

• I could be psychotic from one minute to the next.

• My entire life seemed like complete chaos, one pole or the other, no in between.
Why, after I was diagnosed, did things seem to get worse? I decided to be proactive and do everything in my power to get better. To feel better. After all the frustrations came to fruition, I knew me wanting to get better was not enough. I needed to do something more extreme.

After being so frustrated, I decided I needed to do something about my situation. It was important for me to find a way to stabilize quicker than it was happening. When I say stabilize, I wanted my extreme moods to normalize. No more extreme anything.

I wanted to experience a higher level of energy. The change I wanted was control. This is a chemical illness and quite complex from one individual to the next. Biology and chemicals are what dictate and drive bipolar disorder. There were some specific outcomes that I wanted to experience. To change this, I needed control to maintain a stable mood, energy level, sleep schedule and diet.

To try and solve my lack of control with this illness, I began researching and experimenting with ways to solve this problem. One of the first things my doctor told me, after describing my diagnosis to me, was to always take my meds and never go off them.

My doctor had my utmost respect. I made it a priority to find the medication(s) to solve my problem. Week after week, month after month, I became a guinea pig. I tried medication after medication. They either did not work or had intolerable and horrible side effects.

Along my journey, I learned other skills. After I found the right set of medications, I realized they were not going to be the only thing I could count on. I came to this conclusion after I balanced out from being manic. It had been the longest period of stability up until that point in my life. The experience opened my eyes. I could not just look at the chemical part of my illness. I needed to look outside the box.

I discovered the solution after researching and experimenting for nearly a decade. When I say “experimenting”, I basically tried different coping skills collaborated with other abilities to find the optimum level of comfort.

The experience reminded me of trying to find the right medications. I just needed to line things up perfectly. I must admit, the solution I found ended up being my literal salvation.
What was the solution? I found a set of parameters that keep me stabilized. If I follow through and control what is in my power, I’m good. My dad taught me that valuable lesson. The system that I created works!

Today, my life is different because I have control over my destiny!

I am confident and smart about my decisions. I am very careful and follow through when I need to follow through. My energy and mood are stable. I feel normal highs, lows, and everything in between. There is consistency in my life. This is something I never thought possible. The outcome is that I am thriving, not merely surviving.

As I mentioned before, I spent a large amount of time investigating ways to stabilize my bipolar illness.

I had finally found a set of medications. A cocktail of medications is the name for it.

That was the longest period of stability I had up until that point. However, my plans got derailed. I went manic. After further research, I could find a solution to my problem. The system I created works!

What I decided to do was write everything down and explain how you can follow it. I’m in the middle of creating and producing my system. Please sign up for my e-mail course and I’ll make sure to let you know when the product is done!
CHAPTER 3

MEDICATION, THE START OF YOUR ROAD TO SUCCESS

It is imperative that you find a medication, get on it and always take it without fail. I’m a strong believer that our differences will help dictate our overall treatment plans. However, medication is the glue to hold everything together.

One of the things I’ve been thinking about a lot lately, is stigma. If you look at the news, they always report how an individual who has committed a violent crime and having bipolar disorder (or other mental illness), was not taking their medication. I’m not only advocating individuals take their meds for their illness, but to fight stigma. You can read about it on my “About me” page I kept it hidden for a long time that I had bipolar disorder. We need to come together as a human race to fight stigma. Those of us with bipolar disorder can take our medication to fight this stigma. I’m not saying this is an easy process. It took me almost 10 years. My medications must be tweaked multiple times a year.

As a patient with bipolar disorder, I must take my medication every day because I have kids and I am married. I want to be the best father, teacher, and person I can be, to my kids. To my wife, I want to be the best husband, best friend and overall best human being that I can. I want to be the best possible version of myself that I can.

Taking my medication makes me a positive-contributing member of society. I want to be clear that I’m not saying medication is the cure-all for those afflicted with bipolar disorder. Proper pharmaceutical management is one piece to the overall picture. Lifestyle and belief system are two other pieces to this complicated puzzle. I’m merely saying that medication is the foundation that you need, to build from.

It is part of the medical model that any provider can discuss with you. Evidence shows that having a provider (such as a psychiatrist or nurse practitioner) along with a therapist within your treatment, provides for a higher level of success in treating and dealing with this illness. I’ll go further into the discussion of therapy in a future blog post. Bipolar disorder is a chronic illness like any other one. As such, there is no cure (right now) and can only be controlled with the tools we have.
I’d like to end with a cool observation. These meds that we take today for mental illness have literally taken us (those suffering from mental illness) out of mental institutions to live outside their walls and to hope for a better life.
CHAPTER 4

HAVING A THERAPIST IS A POSITIVE AND NECESSARY COMPONENT TO RECOVERY

I spoke about the medical model briefly in the *Medication, the Start of Your Road to Success*. The Medical Model contains not only the medication component, but therapy as well. Finding a therapist can be as easy or as difficult as you make it. The invention of the internet and google has made it easier to find a therapist that meets your every need.

When you start with a new therapist it is important you get honest with yourself and ask some blunt questions. The answers you get from these questions need to point you in the right direction.

You need to feel comfortable discussing very personal material with your therapist. To figure out the person I feel most comfortable speaking with, I ask myself the following questions (remember there is no right or wrong answer, only your heart):

- Is it easier talking with someone who is the same gender or the opposite gender? Does it even matter to you?
- A younger or older individual? Have you given thought to having a therapist who is around your age?
- What credentials matter to you? PhD or LCSW?
- Does this person’s hobbies and interests matter to you?

I once had a therapist that had a few of the same interests as myself. It made all the difference in the world because he could relate his direct experience to mine. I felt more connected to him which in return made me feel more at ease and comfortable.

These next questions are what I ask a potential therapist that I am thinking of hiring:

- What therapeutic modalities do you practice? CBT (Cognitive Behavioral Therapy)? DBT (Dialectical Behavior Therapy)? EMDR (Eye Movement Desensitization and Reprocessing)? Others?
- What are your specialties?
- What other services do you provide?
- How long have you been practicing?
- What are your qualifications? Where did you earn your credentials?
- When I go through an episode, what is communication like with you? For example, what is your support like when I go through mania or depression and then during periods of stability?
• How do you prefer to contact patients outside of therapy sessions? Phone? Text? Does it matter?
• How often should I visit you? How long is each session?
• How much do you charge? What insurance do you accept?

The first set of questions I ask myself to get a feeling for the type of therapist I’d like to hire. You need to be open with yourself because after all, this is your therapy.

The second set of questions builds upon the first set, but are more logistical in nature. They help decide if this therapist is a good fit as part of your support team.
CHAPTER 5

HAVE BIPOLAR DISORDER DENIAL?

Once you have been diagnosed with bipolar disorder, do not live in denial over your diagnosis. If you need to get a second or third opinion, go for it. Do not fall into the trap of telling yourself that you do not have bipolar disorder. When I was first diagnosed, I got several other opinions to validate my diagnosis. Each time, the doctor independently diagnosed me with bipolar disorder.

Another way people live in denial is by downplaying their disorder. I met a guy a couple of years ago who told me he had a “mild” case of bipolar disorder. This is a complete contradiction because bipolar disorder is described as an “extreme” shift in mood and energy. He and his doctor apparently think the only medication he needs to treat this illness is an antidepressant. He stated he only visits with his doctor once a year to monitor his illness and medication. Referencing my post Medication, the Start of Your Road to Success, most people with bipolar disorder take multiple medications. Some of these medications include mood stabilizers, antipsychotic medications, sleep aids and antianxiety medications.

This individual let out a hateful and nearly physical outburst towards me over absolutely nothing at all. This outburst happened in front of 4 children. My son, who was not even two at the time, was in my arms as he came at me. This is just one example of someone living in denial, who is not getting the help or treatment needed.

I ran a group for individuals with bipolar disorder as well as attended many groups as a participant. I have met several hundred, perhaps thousands, of people diagnosed with bipolar disorder throughout the years. Many of these people have dealt with their own anger at some point due to this illness. If you have this illness and are proactive with your treatment, issues of anger, mood instability, etc. can be lessened and/or completely go away.

Take charge of your illness. It does not define who you are as a person. Yes, it is an illness you will have for life, but you can still lead a perfectly normal life. I do absolutely everything I can, within my control, to stay healthy. My health is priority number one and paramount to everything else. If you cannot function then how can you go to work, take care of your kids, or complete any other obligations you may have? See what I am saying?

Remember, bipolar disorder is a treatable illness. There is no reason you cannot be on “the list” of individuals whose bipolar disorder is stabilized. To maintain this stability
in my own life, my entire day is structured in the healthiest way possible. Do not misunderstand me. I am constantly aware that it is an ongoing, daily battle to treat this illness.

I have close to two decades of experience with this illness under my belt. Join The Bipolar Battle Community, so I can help you be proactive with your treatment and feel better.
CHAPTER 6

RELATIONSHIPS CAN SAVE YOU OR DESTROY YOU

Relationships tie directly into your support network. Those in your support network either add or subtract from your support.

THE 2 VARIATIONS:

POSITIVE – INDIVIDUALS WILL ADD TO YOUR SUPPORT NETWORK IN A GOOD WAY.

NEGATIVE – INDIVIDUALS WILL SUBTRACT FROM YOUR SUPPORT NETWORK IN A BAD WAY.

When I was first diagnosed (circa 1999), my medical support network explained the importance of a strong support network.

For some reason, people automatically assume family plays the perfect role of the perfect support. Sometimes family is the last group that should be in your support network. Sometimes family is the first group that should be in your support network. Every person’s situation is completely different to the next.

There are many groups that can take on the job of support:

- Friends
- Acquaintances
- Medical Professionals
- Extended Family
- Partners
- Kids (when they are older)

When you look at the overall picture, you need to see if those who support you are positive or negative influences. Basically, you want to eliminate all the negative influences in your life and cultivate a healthy and harmonious support network with the positive influences.
TRIGGER

It is in your best interest to eliminate anybody who is a trigger in your life. A trigger is anybody or anything that makes your bipolar symptoms worse. In a worst-case scenario, these people or things will initiate an episode.

You probably have met a trigger before. You know what they are like. These individuals create drama in their lives and everyone’s lives around them. Often there is quite a bit of pain that accompanies these individuals. A word of warning: Please be careful!

ELIMINATING TRIGGERS FROM MY LIFE

When I was younger, I thought it was important to have as many people in my support network as possible. It did not matter whether they were negative or positive influences. I did not make the connection, but many of the individuals were contributing to the worsening of my illness. When I got a little older, I learned about triggers. By eliminating these people from my life, I started seeing a positive response. It was not immediate but happened over time. It is not always easy to do the healthy thing.

My symptoms have lessened along with the number of my episodes. I would rather have one person or none in my support network that are not triggers than a whole group who are triggers. Lucky for me, I did not have to break off too many relationships in my life.
CHAPTER 7

THERE ARE NOT ENOUGH PSYCHIATRISTS TO HANDLE ALL THE PATIENTS IN AMERICA

I am noticing more these days that there are not enough psychiatrists to handle the demand of patients. As your income goes down so does the number of options you have for a medical professional to follow your bipolar illness.

BACK IN THE DAY

When I was first diagnosed back in 1999, my doctor had her own private practice. That seemed like the norm for back in my day. Now, several general practitioners work together in a clinic-type setting. Treatment is very limited because these are family doctors. I have known a few private practicing psychiatrists. They either do not take insurance, they only accept cash or they are bad doctors.

NEW WAY OF DOING THINGS

I have been lucky to have the length of time I have had with my psychiatrists. Recently I had to switch providers, and I was not ready for the upturn in the medical community. So, what did I do? I called around and researched for days until I felt like I had the right information in my pocket. Having a medical professional that monitors my medications is of the utmost importance. You can read my medication article HERE. I wrote another article about the types of questions to ask medical professionals. You can read about these questions HERE.

You need to ask these medical professionals questions. After all, you are determining if you would like to hire them on your support team.

Personally, I still like the private practice model when it comes to psychiatry.

MEDICAL PROFESSIONALS

I found two types of medical professionals that do not have an M.D. by their name, but can still prescribe medication and provide awesome, if not better, care than a medical doctor. One is a P.A. (or physician’s assistant) and the other is a psychiatric nurse practitioner.
A nurse can study for their advanced degree to earn their nurse practitioner and even further specialize as a psychiatric nurse practitioner. Since nurses are so patient-centered, I leaned toward a psychiatric nurse practitioner. I do not mean to talk so much about titles, but we really need to if we are going to get the treatment we each need.

As clients of this medical system in America, make sure to educate yourself. If someone does not know the answer to your question, or even if they do, go out and find the answer yourself. Your life is literally in your hands.

If you have a quick second, please sign-up to be a part of The Bipolar Battle Community!
CHAPTER 8

1, 2, 3 AND WHAT?!

I’ve spoken in some generalities about finding something more than just having medicines to get better. To put my ideas and thoughts in a more linear pattern, I decided to break them down into steps. You know, step 1, 2, 3 and what?! Follow along with me and you’ll understand:

Step 1 – you really have no clue what is going on. Your life could be in utter chaos. At this first step, some individuals are already looking for answers. I believe that is how I was diagnosed at such a young age. Not only did I keep prodding for information relevant to my case, I pushed until someone gave me the right diagnosis.

Step 2 – oops, I went too far. This is the step where diagnosis takes place. I accidentally pushed step 1 into step 2. Step 2 is the diagnosis. This is a black-and-white step. You are diagnosed with bipolar disorder, or you are not diagnosed. Either way, life goes on.

Step 3 – this is the guinea pig step. It is here that your doctor will try 1 med or several meds in a cocktail, to stabilize your illness. I wish this step happened quickly, but that is not always the case. I was diagnosed a couple of months before my 21st birthday and did not find the right cocktail of meds until I was almost 30 years old. It took me around 10 years to find what I thought, was going to be my salvation. During this step, I also began experimenting with other ways to help with my recovery. I was proactive from the start of my diagnosis. Since this step lasted so long, it gave me quite a bit of time to find the right protocol in treating my illness.

Step 4 – this is the last of the steps. It is here, after many years of messing around with the variables, that I found an answer. I created a protocol, in addition to medication, that has helped me feel better, happier, healthier, stronger, and a capable contributing member to society. I’m in the middle of putting the information together, so you’ll be able to read about it later. Hopefully sooner and not later.

I’d like to add that some people don’t have 4 steps. I have some friends whose step 1 is my step 2. They had no clue what was going on. Granted, their lives were in chaos, but they didn’t really do anything to find out the root cause. I merely say this to assure you that we are all different.
We have different biology, health, and genetic makeup. You can take 2 people with bipolar disorder and they can present completely different. There are diagnostic criteria for bipolar, but symptomology can vary as much as the individual.
CHAPTER 9

AH-HA AND CLARITY MOMENTS

When it comes down to actual “Ah-ha” and clarity moments most people don’t have many recollections. Having one in the first place is generally a positive experience. Have you ever had that experience where everything fits together and is clear?

For example, let us say you are a dancer and learn a new complicated dance move. If you not only had a learning experience, but had a sense of clarity, it could be termed an actual “Ah-ha” moment.

I’ve had quite a number of these clarity moments. For example:

1) Learning how to ride a two-wheel bike for the first time

2) Driving my Dad’s Red Mitsubishi Eclipse. It was not only my first time learning how to drive a stick shift, but my Dad trusted me to drive his car. That was a huge moment for me!

3) Probably the biggest “Ah-ha” moment occurred when I was diagnosed with Bipolar Type 1. That was ½ of the story. The diagnosis was ½ the story and the other part happened around 10 years later. Let me give you a little background…

For years, my Psychiatrist worked with me to find the right “cocktail” of medicine. I say “cocktail” because my doctor finally found a couple of mood stabilizers, an antipsychotic, and a benzodiazepine. My doctor made sure that all those medicines worked in conjunction with one another.

Towards the end of treating me like a guinea pig, I had the longest road of stability up until that point that I ever had.

However, an event occurred I was not prepared for. I went severely manic. After I balanced out and came down from my mania, the other ½ part of my “Ah-ha” was swift and to the point. I realized that medicine alone would not get me to the spot I wanted. I was going to need something more. I’d have to dig deeper and find other ideas, in addition to taking my medicine.

I had been experimenting with ways to deal with maintaining my health for years before my big epiphany.

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My journey was a science experiment. I switched one variable around at a time, while looking at the outcome. Sometimes switching a variable worked and other times it did not. I decided to put my findings into a product and show you.

Please sign up for my e-mail list so I can keep you updated on the progress of this invention.
CHAPTER 10

SCREEN TIME AND BIPOLAR DISORDER

Screen time directly affects bipolar disorder. These days, everyone has a phone, computer, tablet, and other electronic devices. A bluish white light is emitted from the screen. You can go to the settings to reduce this brightness, but the color triggers something in your brain to stay awake. In fact, your brain reacts in a similar way from when you are up and awake and looking at your electronic device. I have found the new Kindle to be one of the only devices out there that you can switch the color right before sleep.

PROTECT SLEEP

This topic is so important because of the impact screen time has on keeping you up at night. You are not protecting your sleep if you get ready to sleep and jump in bed by 10 pm, but read until after 1 am. If you know you are going to read for two hours before going to sleep, you should go to sleep 2 hours early. The big issue is that blue-white screen from your devices.

WHAT TO DO

You should do your best to stay off all electronic devices a few hours before bedtime. The other option is to purchase a Kindle that switches the color of the electronic reading screen that you are reading from at night time.

PERSONAL EXPERIENCE

Personally, screen time has been a huge issue for me. I am trying to get a blog up and running along with all the other online marketing and social media involved. Some of those activities require almost around the clock monitoring. I make it a point to shut off all my electronics before going to bed. If I feel I need to read or do something else online, I get out my Kindle and switch it to nighttime viewing mode.

From my past, I know how important it is to get the sleep I need. We are talking eight hours straight of uninterrupted sleep. Screwing with my sleep cycle can trigger a manic or depressed episode. I have noticed when I use electronics at night, I wake up numerous times during the night. That is not restorative sleep.
GAMEPLAN

• Plan beforehand
• Finish all electronics a few hours before bedtime
• Use a Kindle that has a nighttime mode
• Always get at least eight hours of sleep

When it comes to electronic devices and bipolar disorder, you are drawing a very fine line. Some of us need to be on them for our jobs. My advice to you (and myself) is moderation. Make sure the amount of time sleeping restoratively is greater than looking at a screen.

If you have a chance to join The Bipolar Battle Community, I hope you consider it!
CHAPTER 11

HOW DO KIDS AFFECT MY BIPOLAR DISORDER?

Having kids when you have a mental illness can be a huge blessing. I know some people that have bipolar disorder and have decided not to have children.

I did a little research years ago to determine how much of a chance it is for a child to inherit bipolar disorder from one or two parents that have bipolar disorder. There was large inconsistency in the numbers. The only thing I found consistent was the overall chance of passing on bipolar to a child does increase with one parent who has bipolar disorder. It increases even more with two parents that have bipolar disorder.

The chance of increase for a child to inherit bipolar from a parent is similarly impacted if a parent has any mood disorder such as depression.

IMPACT OF CHILDREN

POSITIVE ROUTINE

From my own personal experience, I know how much of a positive impact kids can have upon the parent who has bipolar disorder.

Those of you who are parents know the importance of having a schedule for your child. Routine-routine-routine was hammered into my head for not only my first born but my second child as well. This scheduling fits into alignment with routine-routine-routine for our bipolar selves. Finding a schedule that the whole family can follow creates harmony.

I just realized there are huge variations of thought for raising kids. In terms of routine, I am speaking when my kids were young. Specifically, about the time when your kids go to school. Even as early as early childhood and preschool. Children go to school and have a snack at the same time each day. For your child to get to school, they need to get up and eat as well on a routine.

So, back to my point. Having children basically forces the family to get on a routine. It is imperative for the household to function properly. Overall, kids have an overwhelmingly positive impact on the family and the parent(s) with bipolar disorder.

NEGATIVE ROUTINE
Have you ever heard of Social Rhythm Therapy? You should check out the book *Treating Bipolar Disorder: A Clinician’s Guide to Interpersonal and Social Rhythm Therapy (Guides to Individualized Evidence-Based Treatment)*. Social Rhythm Therapy is a therapy whose premise is based on routine. Therefore, in theory, having a kid should be a therapeutic Godsend, right? Well, the answer to that question is both yes and no. Let us look at a person’s schedule to look at the answer to this question. Personally, I found having the schedule to be very helpful. I feel that Social Rhythm Therapy should be practiced by everyone who has bipolar disorder. If it makes things better, why not practice its principles?

What happens if your child does not follow nicely into a routine? This is where things can get squirrely (if that is even a word).

If your child has any special needs related to sleeping, your whole sleep schedule can get thrown off. If you are a parent already, you understand how stressful and rough it can be when your kids are not sleeping.

When you are a parent who has bipolar disorder and your sleep is all thrown off, your whole sense of reality can be thrown down the hole.

In this regard to a parent with bipolar disorder, a child can have a negative impact.

I would like to say that having kids is not completely about coordination.

When children are introduced into the family dynamic, it creates something special. I found that routines can be taught, but the love between a parent and child is naturally created and takes time to cultivate.

*This post could contain affiliate links. For further information, please read my Disclosure Statement.*
CHAPTER 12

IN THE WAKE OF BIPOLAR DEPRESSION, ARE YOU READY FOR A PET?

Do you have a pet?

If not, have you thought about adopting one?

Anyone who has a pet will testify to the happiness and comradery that they bring. Most families see their pet as a family member.

It has been shown that having a pet around can reduce your blood pressure and pain level.

I’m not sure of the exact reasoning, but having a pet helps when you have depression or bipolar depression. Depression and bipolar depression along with blood pressure lessen with the introduction of a pet in the household.

THERAPY ANIMAL

There are two designations of animals that help people: service animals and therapy animals. Therapy animals are generally not specifically trained. They are provided as a companion and their presence has a positive impact upon their owner. Service animals are trained to do a specific task or perform a specific duty. For example, we have a family friend who has seizures. She has a service dog that has been trained to let her know when these seizures are about to come on.

DID YOU KNOW THAT THERAPY ANIMALS CAN SAVE YOU MONEY?

When we moved into our apartment, I let our property managers know we had therapy animals. I had my Doctor/Nurse Practitioner fill out some paperwork to authenticate the process. I submitted the paperwork my Doctor/Nurse Practitioner filled out to my property manager. It was paperwork that my property manager gave me in the first place for my Doctor/Nurse Practitioner to fill out. Based on the submitted and cleared paperwork by my manager’s office, I did not have to pay a pet deposit. For our apartment, our pets have been termed “therapy” animals. In addition, I did not have to pay the monthly pet fee.
During the beginning of 2017 I did some traveling. Instead of flying, it became a road trip because I needed to bring our dog along with us.

On the adventure, we stayed at a hotel. I mentioned to the manager when I checked us in that we had a dog. I also said that my dog was a therapy animal. He told me “if I have a therapy animal I do not need to pay their daily animal fee.”

**TO RECAP THE BENEFITS OF GETTING A THERAPY ANIMAL:**

- Helps reduce both depression and bipolar depression
- Decrease in blood pressure and pain level
- For apartment complexes that approve your therapy animal(s), you do not have to pay a deposit
- Approved therapy animal(s) for apartment complexes, you do not have to pay a monthly pet fee

If you are interested in getting a therapy animal, first talk to your doctor. If they okay your request, visit your local animal shelter, and adopt a pet.
CHAPTER 13

WHICH ONE: A CAREER, JOB OR NOTHING?

Can you answer this question: a career, job or nothing? It’s funny because I never thought of myself as a “writer”. My siblings were the ones who wore that hat. Over the years I have come to realize, it was a high school teacher putting me down that contributed to my uneasiness at pursuing anything related to writing. Until now.

Throughout the years all I have wanted to be is a contributing member of society.

I had all these great plans. I was planning to get my chemical engineering degree. You can read my experience in Electroconvulsive Therapy on the Brain. Then, I wanted to go on to Medical school or get my Biomedical Engineering Degree.

That is one of the points here: I had a choice. I had NO choice with the plans I made. Bipolar disorder ripped the choice away from me!

I have pretty much had every job or possible career you can think of. From engineering intern to retail to personal trainer to pizza delivery man. I tell you this to show you something that those who are afflicted with bipolar disorder must face: maintaining a job or career is almost next to near impossible. My mind and body just does not fit into the pigeonholed 8-5 workday, Monday – Friday.

At first, I felt low about this sentiment. I had to break through that paradigm. You see, bipolar disorder is not a disease about just moods. It is so much more complicated than that.

Fluctuation in energy is a big issue for me. I must take advantage when my energy is high or higher than normal to get anything done. That is why this online venture is so conducive to someone with a mental illness. You can plan your work around your illness and not your illness around your work.

A CONTRIBUTING MEMBER OF SOCIETY

Now, back to the whole idea of being a contributing member of society. It took me awhile to figure out the true meaning of that statement. You do not have to work to contribute. You can volunteer, take care of your parents, stay-at-home with the kids and more. The point is you do not have to work an 8-5pm job to contribute and feel like you are doing something. I think this is important for someone with bipolar
disorder to realize. Society has these preconstructed roles and norms that if you do not fit into, you are immediately considered an outcast.

I may, in a future post, talk a little bit about this blog and website I have up and going. If you have an idea and want it to come to fruition, it is one of the easiest ways to go. Plus, I have extremely enjoyed learning about social media and the various platforms. I bring this up because if I wake up and cannot get out of bed, I can wait until later to work on my blog, website, etc. Once I have the energy, I can tackle it with all my might. The cool thing about blogging is you really should be posting anywhere from one to three times a week. Is this something you would be interested in learning about?

However, if you are depressed and cannot get out of bed for a week, you just do it when you can. You do not have someone huffing and puffing over your shoulder and watching your every move.

Some individuals with bipolar disorder have found a way to fit into this corporate mold. If that is you, then I give you all the kudos in the world.

I just want everyone to feel like they are a part of life, that they are contributors and should feel the love.

Do not ever discount yourself as an individual because of who you are. This illness will wreak havoc upon yourself and life. Anything I can do to help you feel better, I will.

**ADVICE**

I remember I used to speak to my dad about this very thing. You know, getting a job, and making it into a career. He would say “John, focus on your health, and put it first. That is the most important.”

I love my dad for telling me that. After all, what good am I to my family if I am not healthy? If you do not have your health, you cannot do much.

When I used to get depressed more often, I would get incapacitated to the point where I could not function. I learned firsthand and at some young age the importance of health and well-being.

So, when I am here discussing the importance of careers and jobs, always take heed of the advice I learned from my father: **focus on your health and put it first.**
Please do not forget to sign-up to be a part of The Bipolar Battle Community. You can do this by signing your name and e-mail.
CHAPTER 14

ELECTROCONVULSIVE THERAPY ON THE BRAIN

ECTs also known as electroconvulsive therapy, is used to mainly treat depression. Some individuals who have mania or a mixed state can also be prescribed ECT treatment. Elderly patients and those who are not responding to regular treatment are strong candidates as well. A doctor who specializes in ECTs does an intensive interview with the client to determine the correct course of action.

Many people have asked my advice throughout the years concerning electroconvulsive therapy. I will tell you what I have told them. The medical professionals on my case explained that my short-term memory would be affected very minimally. I was assured with time that my short-term memory would come back. During my electroconvulsive therapy treatments, I was in the middle of my chemical engineering classes. To this day, almost 20 years later, I do not remember those classes. It is quite unnerving to read a notebook, all in my handwriting, and not being able to recollect even one word.

I made it through my junior year in chemical engineering, but I had to switch to natural sciences with minors in both Math and Chemistry. I’m just grateful I got a degree. It took me longer than normal, but no one can take that away from me.

So, back to the original question about getting electroconvulsive therapy. I believe the ECT treatments saved my life because they literally kept me alive. Although, I feel that I will never get my memories back again. In fact, I know I will not. Personally, I would use it as an absolute final effort because of the intensive memory issue side effects.

Deciding whether to have ECT treatments is kind of like deciding whether to enter a psychiatric hospital. Like most people, I for one never like to go. I know though that sometimes I need to make that final push to get better, and it is important for me to go. I think electroconvulsive therapy can be looked at in a similar fashion. It is a treatment that is literally the final effort. A doctor who specializes in ECT must sign off that you are an okay candidate.

Once you move forward with electroconvulsive therapy, you should realize what you are getting yourself into. The schedule is generally Monday/Wednesday/Friday early in the morning for a few weeks at a time. After getting a hospital gown on, a doctor puts in an IV. I was knocked out and given a muscle relaxant. I was given a bilateral ECT treatment as I had electrodes one on each temple, on either side of my face.
While I was knocked out, electricity passed through my brain and initiated a seizure. The doctor monitored this on his machines. The only way you could visually tell I was having a seizure was my little toe twitched.

I would like to add that electroconvulsive therapy is not barbaric like it used to be portrayed as in pop culture movies. There are fewer side effects and implementing the muscle relaxant stopped almost all movement during the procedure.

Next time you decide whether to use ECTs as a viable treatment option, remember my words. Everyone’s situations are different. It may just be the final effort that you are looking for and need to literally stay alive.

Remember to sign up for The Bipolar Battle Community. Take care of yourself!

*This is based solely on my own personal experience with ECTs.