

Illness or Opportunity?

The Many Faces of Bipolar Disorder

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At Project Transition, we have worked with many adults diagnosed with Bipolar Disorder. Sometimes a person struggles with the classical high/low mood pattern, but more often, a wider range of difficulties exists. Fortunately, a broad range of positive characteristics is also a part of the mix.

The territory of recovery for a person with this diagnosis cannot be mapped with a cookie cutter approach. However, we have found that highlighting some common, important distinctions is a helpful foundation. They relate to the meaning and implications of the Bipolar Disorder diagnosis.

1. What is genetically transmitted is not a specific illness or disorder, but rather a temperament - a “wiring” - evidenced as intensity and extremes in moods, thinking, and behavior. This temperament has many positive and negative expressions - in other words, the manifestations are “multipolar”. Frequently, the poles may include intense excesses of excellences, i.e., high-end competencies, energies, and creativity. Consider, for instance, the extraordinary coincidence of individuals (and/or their family members) with the Bipolar diagnosis whose outstanding achievements span the arts, business, entertainment, religion, politics, and public service.

2. When individuals with this multipolar temperament have psychiatric problems, the difficulties also tend to reflect excesses of a multipolar nature (multiple poles) rather than bipolar (two poles). Intense feelings or moods can include - either exclusively or in combination - depression, anger, and elation (high energy). Although these states of emotion may alternate and/or cycle, it’s also possible that they are not strongly felt or present at all. Sometimes the primary expressions of intensity are thoughts and beliefs. An example of this is grandiosity, which may occur to a delusional degree. Another expression of intensity and excess is behavior, extreme forms of which may be reckless. Examples include heavy drinking, drug abuse, high-risk sexual activity, over-eating, buying sprees, working too much, and fighting.

Diagnosis and Denial

After a person is diagnosed with Bipolar Disorder, sometimes it takes years before he or she accepts the diagnosis in a way that promotes effective treatment and recovery. The period leading up to acceptance is often accompanied by painful burdens of turmoil, crises, and compromise - both for the person and family members. These problems (and pain) are frequently attributed to denial. However, this explanation does not account for the experience of the individual and family members - they simply do not view “bipolar” as relating (fully or at all) to their situation.

At Project Transition...

The topic of denial, a natural response to stress, is explored in “Illness Management”, one of our weekly workshops. We coach people to step back and become experts in identifying the patterns and cues that precede psychiatric difficulties. Personal strengths and new skills are emphasized as resources for self-management. With guidance, the person develops a unique ‘toolbox’ of practical strategies and supports that are organized around the goals of growth and self-sufficiency. This is just one example of how we emphasize learning, coping, and getting on with one’s life.

Positive Excesses: Out of the Shadows

The idea of multipolar excesses in temperament (or ‘wiring’) accounts for positive competencies and creative potentials, as well as negative and potentially self-endangering tendencies. A problem with the term “bipolar” is that it tends to convey a nearly exclusive focus on two poles or moods (high and low). Furthermore, the common association between “bipolar” and classical “manic depression” emphasizes mood. This can obscure the relevance of poles of behavioral excess that impose high levels of risk.

When we broaden the meaning of “poles” to include the naturally occurring spectrum of positive and negative intensities, it’s clear that more than two of them exist for most persons. This may be why the newly diagnosed person and family members tend to identify with the concept of multipolar temperament (and multipolar disorder) quite readily and positively. Compared to the term “bipolar”, “multipolar” seems to better describe the complexity, range, and richness of the person’s struggles, needs, pleasures, and assets.

Mood, thought, and behavioral excesses are often cast exclusively as illness (negative and destructive), yet many excesses are held dear by the person because of the positive feelings and traits they evoke: charisma, religiosity, high achievement, artistic productivity, high responsiveness to care giving/receiving, and others. Their perceived value is affirmed by friends and loved ones, acquaintances, employers, and others. At Project Transition, we find that normalizing aspects of these traits of excellences can have a liberating, empowering effect. They are vital, natural resources of the person’s unique voyage of recovery.

Developmental considerations are also important. The expressions of multipolar temperament reflect important differences according to life stages. Temperaments of preschool and school age children are qualitatively different than the patterns that unfold in adulthood, when Bipolar Disorder is usually diagnosed. Our experience is that many professionals diagnose symptoms of the “bipolar child” as Attention Deficit Hyperactivity Disorder.

The Presence of Psychosis and the Base of Temperament

Over the past twenty-three years, about one-quarter of our members with Bipolar Disorder have, at some point, experienced psychosis - usually grandiose in nature. If the person had been in a different setting, it’s likely that he or she would have been seen as having a different psychiatric disorder (i.e., paranoid schizophrenia or schizoaffective disorder are often diagnosed). When this happens, a new dimension of confusion and concern confronts the person and family members -- one that can significantly distract from effective treatment.

For persons with a multipolar temperament, positive intensities and excesses remain a fundamental aspect of the individual, even in the presence of psychosis or other psychiatric difficulties.

Bridging Concepts and Action

Reframing Bipolar Disorder as a multipolar disorder and an underlying multipolar temperament supports effective coping and treatment strategies. In addition to emphasizing the self-management of problem-promoting behaviors, beliefs, and feelings, this approach emphasizes the preservation and valuing of native excellences. Thus, the goal is not the leveling or flattening of temperament. Instead, the objective is to self-manage what is unhealthy and, in a mindful way, mobilize valued intensities and excesses in support of restoration and recovery.

At Project Transition (PT), the application of these concepts has led to responses and interventions that reflect three important dimensions of need:

A. Symptom Reduction, Habilitation, and Rehabilitation

Reducing symptoms provides relief, a sense of trust, and a more favorable climate for relationships. We have found that careful medication management and an introduction to self-management principles are important first steps. Another step is habilitation, which describes newly acquired knowledge, skills, and practices - at PT, we do a lot of teaching and coaching. We also help the person with rehabilitation - restoring, stretching, and exercising native talents and strengths that may have become dormant or neglected.

Together, these elements support common goals: learning about one's unique symptom patterns, developing the ability to anticipate them, and practicing their management.

B. Relationships

We help the person to cultivate relationships with peers and staff that feature trust, social responsibility, as well as a sense of connectedness and belonging. We encourage healthy interdependence with persons and resources within and beyond the family circle and Project Transition. This is in contrast to reinforcing an exclusive reliance upon family members and/or the program.

C. Empowerment and Application

Hope is realized through self-management and the promotion of one's unique definition of his or her recovery. At PT, a variety of supports emphasize the importance of transforming ideas and intentions into action. Our coaching, which is based on helping and practicing, focuses on generalization - the transfer of newly developed skills, actions, and insights from PT to the broader community, workplace, and family.



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