

“Is It An Illness Or Is It Me?”

Tips on Coping with the Diagnosis of Bipolar Disorder

Bipolar Disorder is something that you have, but it is not who you are. When you first learned that you had the disorder, you may have asked yourself questions like the following:

- *Why me?*
- *Why is this happening now?*
- *Am I “only bipolar” now, or do I still have a separate identity?*
- *Where do I stop and the disorder begins?*
- *Were my prior periods of high energy, creativity, and accomplishment nothing more than signs of an illness?*
- *How much mood variability am I “allowed” before people think I’m getting sick again?*
- *How responsible am I for my own behaviour?*
- *Will I have a normal life and achieve my goals?*

Even if you’ve had numerous episodes of bipolar disorder, you may still ask yourself these questions. It’s natural to do so, and healthy – to the extent that struggling with these questions helps you clarify your feelings and goals.

Common Reactions to Being Told one Has Bipolar Disorder

- “The diagnosis is wrong: it’s just a way for other people to explain away my experiences” [rejecting the diagnosis]
- “I’m just a moody person” [under identification with the diagnosis]
- “My illness is everything, and I have no control over my behaviour” [over identification with the diagnosis]

The first reaction for many people when told is to reject the diagnosis outright. Did you (or do you now) believe that the diagnosis was all just a misunderstanding of your behaviour? Did you think others were just trying to rein you in and weren’t interested in your private experiences? Did you get confused about whether your medication was meant to treat your mood swings or whether it caused them in the first place? Were you convinced that the diagnosis was wrong and the “alternative treatments” were the answer?

Rejecting the diagnosis is a dangerous stance to take, because, it can lead to the rejection of treatments that may be life-saving. People who take this stance often go through several episodes and hospitalisations before they admit that anything is wrong, and even then may distrust the diagnosis, the doctors and medication.

Under identification is a very common reaction style, and, for many is a stage in coming to accept having an illness. It is similar to being “in denial” which is not the same thing as rejecting the diagnosis. Denial refers to the process of avoiding emotionally painful problems by pushing them out of conscious awareness. Being told that you have an illness that will recur and that requires rethinking your life goals is extraordinary painful. Who wouldn’t want to push away their emotional reactions to this news and try to keep living their life as if the diagnosis were not true?

If diagnosis is new for you its normal to be in a certain amount of denial. But even if you have and the diagnosis for some time and feel you've accepted its reality, you may be able to recall times when you were in denial about it. For example when you have been hypomanic or manic, have you found yourself doubting whether the illness were real? Perhaps thinking that the diagnosis has been a mistake all along? Perhaps "testing" the diagnosis by drinking a lot of alcohol or taking recreational drugs? Have you found yourself "forgetting" to take your lithium?

Having a sense of how your personality, habits, and attitudes differ from your symptoms is an important part of learning to accept the disorder. Most people want to feel that they have a sense of self that is separate from their symptoms and biochemical imbalances. A good reason to distinguish between your personality and your disorder is that it will help you determine when you are truly beginning a new episode rather than just going through a rough time.

What Is The Best Way for Me to Think About The Diagnosis?

1. ***Bipolar disorder is not a life sentence.*** Having bipolar disorder doesn't mean you have to give up your identity, hopes, and aspirations. Try to think about bipolar in the same way you would think of diabetes or high blood [pressure]. That is, you have a chronic illness that requires you to take medication regularly. Taking medication over the long term markedly reduces the changes that your illness will interfere with your life. Whilst there are some changes to lifestyle, none of these changes require that you give up your life goals, including having a successful career, maintaining good friendships and family relationships, having romance, or getting married and having children
2. ***Many Creative, productive people have lived with this illness.*** Bipolar is one of a very small set of illnesses that may have an upside to it: people who have it are often highly productive and creative. Some of the most influential people in art, literature, business, and politics have had the disorder including Einstein, Van Gogh, Hemmingway and Isaac Newton.
3. ***Try to maintain a healthy sense of who you are and think about how your personality strengths can be drawn on in dealing with the illness.*** Use your personality strengths to help you deal with your illness and treatment. For example if you are assertive, sociable, and intellectual use these inclinations to ensure you get proper medical treatment and learn as much as you can about your illness. Doing so may generate a feeling of continuity between who you used to be and who you are now.
4. ***The way you feel right now is not necessarily the way you will feel in three months, six months, or a year.*** In all likelihood with proper treatment you will return to a state that is close to where you used to be, or at least that is more manageable. In the same way that someone who has had a bad viral flu has to stay in bed for another few days after the worst symptoms have cleared, you may need a period of convalescence before you can get back to your ordinary routines and functioning.
5. ***There are things you can do in addition to taking medications to control the cycling of your mood states.*** Coming to terms with the diagnosis of bipolar also means learning certain strategies for mood regulation. Knowing the practical self-management strategies will keep you from feeling victimised by the disorder.