Rapid shifts in mood over brief periods of time may occur and are referred to as lability (i.e., the alternation among euphoria, dysphoria and irritability.

Dave is lost in his own thoughts. In the comfort of what’s seemingly a safe-haven, a home, all this morning I’ve been on the edge. Everything is in such disarray from the picture frames being placed downwards to anything with the color red being thrown out. Dave rummages through the refrigerator and sees the ketchup. He ties it up in a black bag and throws it in the backyard. I am thinking to myself, “Why is he doing that? That is a perfectly good bottle of ketchup.”

He’s on his feet all day long. The sounds of his constant movement and the look of desperation on his face trigger a deep sense of worry within me. Dave proceeds to take all of the medication out of the medicine cabinet and put it in a black plastic bag, which he then takes to the attic. Dave starts yelling, and then a little while later he locks himself in the room, crying, with a self-made sign that says “Do Not Disturb” on the doorknob. Once nighttime reaches, Dave is not even sleeping through the night, keeping every one else up. As I keep myself from drifting into sleep, fearful, I realize that it is now 3am and he is mowing the lawn, with the shower water running in the upstairs bathroom while no one is in it. Water from upstairs begins to leak through the ceiling on to the floor next to me, with firm droplets creating vivid and thumping sounds as they hit the hardwood floor.

Often a decreased need for sleep heralds the onset of a manic episode (Criterion B2), distinct from insomnia in which the individual wants to sleep or feels the need to sleep but is unable.
He comes back into the house and calls Sarah “the enemy.” Is that the illness talking or is that how he really feels about her? I’m beginning to think of thoughts of him trying to kill her while she’s sleeping, so as her friend, I stay awake lying next to her knowing that he won’t try to do that in front of me. His eyes look full of livid rage at this point. He’d be better off going to the hospital. As I’m dialing 911, tears start running down my face. When Dave opens the door and see’s the cops and the ambulance outside, his mood of rage quickly shifts to a calm, and friendly disposition. He has them fooled. Little do they know that each and every day, Dave is deeply depressed, seemingly suicidal and angry. I know he is doing this because he’s afraid of hospitals, but I wish he would just get the help he needs.

*The lifetime risk of suicide in individuals with bipolar disorder is estimated to be at least 15 times that of the general population.*

***Every one is out to get me. No one understands the toll my father’s death is taking on me. Why would my father ever leave my siblings and I to go live with another woman? The color red pisses me off because it’s so bright and vivid. What in this life is there to be so happy about? Nothing. Work is stressing me out. I’m not going back to work. Every time I mention perfectly good ideas they don’t take them into account. And Sarah, Sarah needs to understand that her trying to take her love away from me is what’s making me tick. It’s not my fault I was born with this illness. No one will ever understand the pain I feel being alone in my own mind; a mind of empty space once she’s not in my life to love me any more. My world is going to come to an end. I’m going to clean the whole house today and get my mind off of everything and everyone; just by being productive. I love the sound of shower water. It’s music to my ears. I have to use the bathroom. I’ve got to get the bedroom quick enough. Wait, aren’t I in the bedroom? Might as well go here. I can’t use the bathroom unless I take all of the clothes out the dressers first. This house is so disorganized. I think I might buy a new car tomorrow. Perhaps, I’ll buy a
new computer. Sirens. Sirens are red. I hate the color red! I’m not going to that mental hospital. The hospital is for crazy people. I’m not like them. “Hello Officer, what could I do for you today?”***

*Individuals often do not perceive that they are ill or in need of treatment and vehemently resist efforts to be treated.*

As I sit and recollect over this experience, I wonder if Dave’s mental models are misconstrued all together through states of mania/depression and states of “normality.” Having bipolar disorder could mean that Dave’s mental models and thought processes are quite confusing during times when he’s off his medication and are totally out of his conscious control.

Being that working memory can’t hold too many things at once, when something new commanded Dave’s attention, he forgot everything preceding it. This could explain why Dave quite often never remembers most of the things he did that were far from the norm during his times of mania and depression. Dave would be in denial and say “no, I never did that” if someone attempted to tell him how he was acting while off of his medication. While off his medication, Dave couldn’t sit down for two seconds; he constantly wanted to engage in something. Being that this new information, essentially, his different mood swings and actions that he doesn’t normally engage in on a daily basis are happening so quickly out of his biological control, during periods of mania and depression so much is forced out of his working memory that he can’t pay active attention to anything at all. Consequently, this explains possibly why he quits his job during these emotional times, or can’t concentrate on one specific task for too long without getting frustrated and overwhelmed. The repetition of such actions: placing household items in places you would never expect them, forgetting to use the bathroom in the bathroom, but instead on the carpet, taking all the clothes out of the dresser and putting them on the floor
instead, thinking that that’s where clothes are to be – are his current mental models during his
unstable states.

_The individual may engage in multiple overlapping new projects. The projects are often initiated
with little knowledge of the topic, and nothing seems out of the individual’s reach._

Dave seems to have his survival skills taken full advantage of during his bipolar states.

With order and routine being important elements of survival, in Dave’s case, survival seemed to
entail just basically getting through each day alive. Survival for Dave seems to be survival from
within. Being that his emotion regulation is significantly disturbed due to his illness, it might be
hard for Dave to succumb to attacks of emotion, therefore in his eyes, his reason and intuition
can be appropriate for his current states.

The repetition of placing things in black bags and throwing them out or hiding them is
significant because the color black could signify the darkness that the normal ups and downs that
life brings as well as the ups and downs that the bipolar mind brings and the struggle between
balancing those two. Dave deals with the contrast between mania, being in a state of euphoria
compared to depression and feeling like he’s in a black hole along with society’s contrast of
being “normal” compared to being bipolar, which can make survival that much harder.

Essentially, Dave could be battling his “two minds” and the minds of people’s judgments against
him.

With the recurrent bipolar episodes that have been happening recently year after year for
extended periods, I’ve noticed that Dave doesn’t accept his “bipolar world” as normal. Until he
can come to terms with the reality of his illness, it could be hard for the thinking part of his mind
to ever embrace and stabilize his struggles. Thus, I see that coming to terms with survival related
experiences is important because accepting the world and the environment that you are currently
in is important when it gets down to the nitty-gritty.
In order for Dave to maintain a positive mental attitude to get through tough stages in his life, he could try to place value on his inner needs, because rest and relief are important elements to survival. Although many times it seemed like Dave was going to give up on life, coming to the realization that his loved ones need to be rescued as well could have been his final way of getting the help he needs to succumb his issues. Being that Dave has offspring whom also have the disorder, it may trigger an emotional bookmark in his mind that allows him to decide that being off his medication is not the way to live a productive life or set an example for the ones he loves. So is it really the illness talking during his major depressive episodes? Perhaps finding ways to put blame onto others is his way of surviving his internal difficulties.

_A family history of bipolar disorder is one of the strongest and most consistent risk factors for bipolar disorders._

Coming to terms with the fact that someone extremely close to me is living with bipolar disorder is important for my survival because I have to put in my mind that anything is possible. It could be possible that Dave will live a great life for a long time to come. Although I could never really come to understand his life struggles, seeking to understand his thought processes can help me to become a stronger analytical thinker. Living with bipolar disorder each and every day can be seen as restricted survival that you cannot ever escape. Even though Dave will have this illness for the rest of his life, just living each day following his creative, artistic and business-oriented passions can help him to escape. Survival is to elude.