

Bipolar Disorder Unmasked: Clearing the Air on What It Truly Means

Historically, diagnoses of bipolar disorder have been handed out like candy by inpatient providers, making a misdiagnosis of bipolar disorder one of the main complaints among private practice mental health providers.

If you or a loved one have ever been admitted to an inpatient facility, chances are you've received the diagnosis of bipolar disorder. In fact, I don't remember a time when someone has come to me from an inpatient facility who did not have bipolar disorder listed among their documented paperwork.

The purpose of this article is to cover the most common myths about bipolar disorder in the hope of giving you more clarity about what it is and is not.

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The term "bipolar" has been overused. It's common to hear people casually make comments such as "This person is bipolar."

What I've realized is they're referring to someone who is experiencing mood swings throughout the day, which brings us to the most common myth about this diagnosis. People with bipolar disorder present with extreme highs and extreme lows, but these highs and lows do not occur on the same day. That's what makes bipolar disorder different from a mood-related disorder or a personality disorder. We can dive into those in future articles.

Bipolar disorder often manifests as manic episodes, during

which individuals experience heightened energy levels. Sometimes they can go days without sleeping or feel invincible. After a period of two to four weeks, the person experiences a dramatic shift in mood. They feel hopeless; all they want to do is sleep; they may even feel numb and isolate from people. The contrast in that person's personality from four weeks ago to the present is indicative of a bipolar diagnosis.

What Causes Bipolar Disorder?

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This diagnosis is the result of a chemical imbalance that some of us experience as a result of living in a fallen world. Unlike mood disorders, this type of diagnosis is not triggered by external stressors. Rather, the person's brain alternates between producing too much serotonin (happy hormone) and dopamine (reward hormone) or not enough of those hormones. Too much serotonin and dopamine leads the person to feel so happy and motivated to the point that they can't rest or sleep because they're at an all-time high. Not enough of these hormones leaves the person feeling depressed, unmotivated and hopeless.

Treatment Options

If it sounds like your loved one has bipolar disorder, please make sure they go to a mental health provider for a diagnosis. Offer them support and compassion, and most of all, encourage them to follow through in their treatment, while maintaining the stance Paul encouraged us toward in Ephesians 4:2 (NIV), "Be completely humble and gentle; be patient, bearing with one another in love."

If you believe you may have a bipolar diagnosis, remember: This isn't something that you did to yourself; rather, it is

part of living in a fallen world, just as someone may develop a heart condition or Type 1 diabetes. There are times when God may allow us to live with certain conditions that Paul refers to as the “thorn in the flesh” (see 2 Cor 12:7-9). These conditions, though frustrating, can remind us to rely on God’s sufficiency and strength in areas where we feel weak. The best thing you can do outside of remaining anchored in God is to make sure you get treatment with a mental health professional and follow through on your treatments.

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