

CHAPTER 2



The Experience of Mania: Bipolar Disorder

The central feature or essence of mania is a state of excitement with an inflated sense of self. You may feel highly valued, omnipotent, or omniscient. Manias produce many other symptoms, but that sense of autointoxication is the essence. This type of intoxication needs no alcohol or drug to cause it. In effect, you get high off yourself. But as you'll shortly find out, not all mania is capable of making you giddy with happiness any more than all depression makes you sad.

Syndicated columnist Art Buchwald was first hospitalized for severe clinical depression. Several years later he was hospitalized again, but this time he was in a manic state. Manic episodes are the most dramatic expressions of classic manic depression or to use the more preferred name, bipolar disorder. When he was in a manic phase, Buchwald didn't think anything was the matter with him. On the contrary, he'd never felt better; he was on top of the world. "There's a power that comes with it and you love and cherish it." The downside is . . . well, the downside. Many manias are followed by severe depressions. If you don't "crash" into depression you might still experience the reentry to a more normal mood as painful. You might find out that, because of the episode, you have lost your friends, your credit, your marriage, and possibly your reputation. Art Buchwald had a sense that something might be wrong and got help promptly. Sadly, most people with manic depression are not willing to get help, and so they and their families end up paying a terrible price.

Manic depression is now generally known as bipolar disorder because it has two phases. (It was given the colorful label "manic-depressive insanity" by the nineteenth-century psychiatrist Emil

Kraepelin.) Bipolar disorder has so much in common with severe unipolar depression that they used to be thought of as variants of the same condition. These two illnesses—depression and manic depression—are alike and very different. They both catch you by surprise. They will strike at times you might expect them to—when you are under a lot of stress, or if you're already being treated, when you stop taking your medicines—but they can also hit when everything seems to be going well, when “morning is at seven and God's in heaven.” Episodes of depression and mania last for weeks, months, or even years. They usually occur between longer symptom-free periods, but for 20 percent of the patients they rarely go away completely. For many people with manic depression, the depressive phases wax and wane with seasons or hormonal rhythms. Both depression and mania have a disruptive effect on sexual drive, appetite, and sleep. We used to think that anxiety disorders were more common with unipolar depression, but we now know that they frequently appear in both depression and manic depression. In about 20 percent of the families with manic depression, several family members had attacks of panic disorder as well as unipolar depression.

Nonetheless, manic depression has some distinct characteristics all its own, and we now consider depression and manic depression as separate but similar conditions. Manias, like depressions, can assume many different colorings, but they are generally characterized by elation, irritability, hyperactivity, hyperexcitability, and accelerated thinking and speaking, almost always accompanied by a loss of good judgment. In addition to these classic manias, there are relatively mild manias, which we called hypomanias.

What can we say about mood, vitality, and self-regard in people with manias or hypomanias? For the most part, the mood in mania is almost a complete reversal of what we've just said about depression. Just as a descending sense of self-worth and self-confidence is the central experience of the depressed state, an ascending or inflated sense of self is the crux of the manic state. One of my manic patients put it like this: “I have a sense that I have just discovered something important. I'm not sure what it is, but I am certain that it is very important.” He had just gone through a serious operation and had been asleep the whole time. However, when he awoke, he experienced a sense of euphoria that puzzled him. He felt as if he were navigating a maze searching for an elusive goal. “I feel too good to have had the surgery you told me I had,” he said. “So you must have lied, and brought me in for some cosmetic surgery, and [admiring his scar] it does look good. You are pretty clever.”

As a recognized condition, mania has a history extending back to ancient times. But it was only in the late nineteenth century that Emil Kraepelin put the disorder on the map as a modern disease. Kraepelin based his theories on his experience treating about 3,000 patients. He was one of the first psychiatrists to conceptualize mania and depression in terms of diseases, meaning that they both exhibited a set of symptoms that could be explained by a broken or malfunctioning body part. He maintained that clinical forms of depressions and manias and mixed states (a combination of the two) should be understood as “a single morbid process,” but that he couldn’t say what the morbid process was or in which part of the brain it was occurring. He also admitted that he was unsure about a practical treatment for these illnesses. Although he’d tried sedation to alleviate his patients’ symptoms, he recognized that it wasn’t particularly effective. He expressed the hope that in the future these conditions would be understood and treated as illnesses. Seeing depression and manic depression as an illness would have two benefits, he said. For one thing, it would prompt physicians to treat patients with psychiatric illness more humanely. For another, it would influence the direction of medical research in finding the ultimate causes of the illness.

How Manias Speed You Up

Manic patients have a lot of *energy*—too much energy. It’s the kind of energy that can carry you on a thrilling coaster ride but ends by throwing you off. Unfortunately, this can literally be true. A number of patients, believing that they could fly, have leapt to their deaths from windows or roofs of tall buildings.

Manias get people revved up for a period of time. They sometimes perform with such efficiency and act so enthusiastically that others around say with admiration, “Look at that guy go! He’s never looked so good!” But that impression is mistaken. When someone has a severe manic episode, judgment can be warped. So the person will tend to do things that he or she would never do under normal circumstances: going on spending sprees, indulging in drugs, or deciding on the spur of the moment to get on the next plane to Las Vegas to drop a life savings in one night, and give the rest away on the street.

Many people with mania, though by no means all, will experience a physical sensation best described as a feeling of racing (as in a car race). They may feel in complete control, just about to go out of con-

trol, or feel out of control. Those who feel in control say their minds are locked in and as focused as, say, a basketball player in a game where he can't seem to miss a shot or an actor who loses himself in the role. Athletes call this experience being in the zone while an actor might call it getting into character. A golfer who seemingly can't miss a putt calls it "seeing the line." (I don't mean to suggest that great athletes are manic; truly manic athletes cannot perform well at all.) In severe mania the speed of thinking increases dramatically. Patients not only refer to racing thoughts but often speak in a way that reflects this. Many of my patients will tell me that they make more intuitive and more frequent "connections" between events. They even find it frustrating that the rest of us can't seem to keep up with them. For these patients the racing sensation is usually pleasant but for those who feel they can't keep up with the speed, the sensation can be very unpleasant. For them the sensation is more like riding a tiger: they're barely able to hold on, but the experience is so thrilling that they don't want to get off.

Manic patients also feel that what they're doing is volitional, that they really are in charge. And, of course, they are "making decisions," it's just that their ability to form accurate and prudent judgments about themselves and their situation is impaired, a little in hypomania and a lot in mania. Nor do they have a realistic sense of the consequence of their actions. Some people who have a mania will seek out new stimuli wherever they can find them. That may mean taking on a risky new investment, making an extravagant purchase, or using illicit drugs. Ironically, one of the main psychological principles in managing manic patients is to decrease stimuli.

It's not hard to spot people when they're in a manic state. Once they start talking they often won't stop; you won't be able to get a word in edgewise. Their words tumble over one another at lightning speed. Some patients talk so fast that you can't follow them. They jump from one topic to another. The abrupt changes in topic can seem senseless, but it is often possible to discern their logic if you can slow the patient down. One patient startled me by saying, "Aha, there goes Beethoven," when he saw another patient walk past us carrying a cup of coffee. What could this mean? I asked the patient why he'd called the man Beethoven. He said that the coffee was brown, and brown was symbolic of the Nazis since there was a Nazi paramilitary group known as the Brown Shirts. The Nazis were German and so was Beethoven. So that's how he figured out that the patient carrying the coffee was Beethoven! The last step was patently illogical, but at least

he had made the first three connections flawlessly. Speech that jumps so fast from topic to topic, often filled with rhymes or puns is called “flight of ideas” and is a classic sign of mania.

Hypomanias

What about those milder forms of mania known as hypomania? (Literally, hypomania refers to a state “just under” mania, along the lines of the term hypochondria, which originally referred to patients with discomfort in the area just below their sternum called the hypochondrium.) In fact, these manic states are so mild that most people who have them think of them as normal. But though they may not last long, these states are *not* normal. After a while, even some of the mild cases have unhappy social consequences that can jeopardize friendships and close relationships. One patient told me that his wife felt that he acted as if he didn’t like her during these spells, which he called “periods of false happiness.”

The feeling that they are “in the zone” like basketball players who can’t miss can be more than a feeling for some people with hypomanias, at least temporarily. Some athletes can perform herculean tasks. One patient persuaded a bank to give him an unsecured loan of \$500,000. After his family found out, but before they could stop him, he put it into speculative developments. By the time they caught him he had lost some but not all of the money. His investments were not great but his persuasive abilities were fabulous. On the other hand patients who make these investments while they’re manic usually end up losing all their money and go deeply into debt.

When a person goes into a mild manic state, he or she will often feel immensely relieved simply not to be depressed after several months of feeling awful. Some hypomanic patient will truly feel normal. The families of these people often see it that way, too, at least at first. The problems may develop later on, when these individuals expect to feel and function at a high level of energy all the time. This has a serious implication for treatment, because, in their craving for the high, they may discard medications that don’t get them to that pleasant high state.

Let me give you an example of what it means to be in a hypomanic state. One of my patients is a young woman who, when she gets into one of these mild states, is suddenly seized by the urge to clean. And clean. And clean. When she’s in the midst of a depression she’ll let a lot of things slide and then one day, when her mood improves, she’ll

decide "to make up for lost time." These sudden bursts of energy come on her about three times a year. She'll stay up until two in the morning cleaning like mad. At one in the morning she'll just be getting going when anyone else in her situation would be exhausted. In fact, she'll be operating at peak efficiency at one or two A.M. That's another characteristic of these mild manias: It feeds on itself. The more active hypomanic people get, the more energy they seem to have. What distinguishes hypomania from full mania is the degree of intensity of the experience, the severity of the problems that come from their actions. Hypo means "just under." So a hypodermic needle goes just under the skin and a hypomania is just below mania. Such states are also marked by what looks like compulsive behavior. My patient told me that when she got focused on the closet, she would begin to organize her hangers, dividing the hangers by their color and whether they were metal, plastic, or wood. And once she gets going there's really no stopping her. If she started the night thinking she was going to get the closet done, by the time she's nearly finished cleaning and rearranging the closet her thoughts are traveling to the cellar or to the attic, where more cleaning and unpacking await her. No matter how much she's already accomplished, she'll keep readjusting the goal, setting more tasks for herself.

When she's hypomanic, she will go over the top of what she knows to be her normal standards of conduct. She'll switch on the TV and turn the volume way up. She'll turn on the stereo and play that full-blast as well. Then if someone phones, she'll take the call but make no effort to turn down the volume on the TV. She thinks she can hear just fine. However, she isn't really inclined to listen to what the person on the other end is saying anyway; she's too distracted. She'll shout into the phone unaware that she isn't herself. If anyone points this out, she will tell them where to get off and not give it another thought until she realizes a day or two later that she'd behaved improperly.

Now, she doesn't ever become convinced that she is God or about to move into the Oval Office. Nor does she make rash purchases. On the other hand, she has been known to tell her boss to go to hell and becomes irritable with her husband and sister over perceived slights.

How these hypomanic states express themselves depends on the individual involved. Another patient of mine, for instance, a physician, will get this kind of mild hypomania whenever he's called upon to write a paper for a leading medical journal. He'll work feverishly on it for two weeks straight until he's gotten the article done, and invariably it's beautifully written. But no sooner has the last page rolled out of his printer than he realizes that he's not said hello or

good night to his wife or children for two weeks. He regrets these even though they are mild and calls them his periods of "false happiness."

Are Manic Depressives More Creative?

The feeling of being in total command, is usually an illusion, because performance most often deteriorates in mania and to some extent in hypomania (depending on the task). Many years ago I had a manic patient who was a young up-and-coming artist. When he was hospitalized he continued to paint but faster than ever. He was able to complete as many as three to six canvases a day and do so with astonishing facility, at least to my untrained eye. But when he declared each new painting to be his best ever, I began to realize that his judgment was off. As his manic energy ebbed during his treatment with lithium, he calmed down considerably, spending his nights sleeping rather than whipping out paintings at his easel. One morning as I was at work in my office I heard someone scream out in the corridor. When I looked out to see what was going on I found my patient standing in front of a large stack of his paintings with look of shock on his face. "Who painted these?" he demanded. (I think he suspected the truth.) "You did," I replied. He was clearly distressed to hear this. Shaking his head, he muttered, "These are awful." All twenty-five to thirty paintings, produced at such a furious clip, were abandoned to the junk heap.

This is an appropriate point to bring up a subject of interest to many: lithium, the medication most often prescribed to treat mania. Patients and sometimes people who care for them worry that the medication will impair their creativity. While creativity is very hard to define, some researchers have studied several established artists who suffered from mania and were put on lithium for a year or more. Of the twenty-four artists surveyed in one study, two-thirds of them reported that their work had improved since they started lithium. Only a few felt that their work had gotten worse or that there had been no change from before they entered treatment.

A Burst of Energy: Losing Judgment and Inhibitions

While people with either mania and hypomania become more energized, this is more the case in cases of mania. Manic individuals might go several nights or weeks with little or no sleep. They also can exhibit more outlandishly unpredictable behavior. One of my first manic

patients simply left our inpatient ward and took a walk . . . and what a walk it was! The police picked him up on the interstate after he'd covered nearly half the distance from Baltimore to Washington. And he'd done it all barefoot without realizing that his feet were bleeding. The episode was frightening for me and presumably very painful for him, but it could have been even worse. The manic and to a lesser extent hypomanic states change the person's perceptions, including the perception of pain. Like my runaway patient, people with mania often feel so invulnerable that they can go for hours or even a day or two before they notice that they have injured themselves. Just as their perception of pain is diminished, people in the manic state often experience heightened perceptions of color, motion, and music. (These perceptual changes tend to occur in the reverse direction in depressive states.)

The impaired judgment in mania is usually severe and is most appreciated as a reduction or complete loss of normal inhibitions. People in such a state fail to grasp the consequences of their behavior. They can make calamitous choices—squandering large sums of money, for instance, or indulging in sexual excesses, or making spectacles of themselves in public—and in the process create wildly embarrassing scenes for friends and family. Sometimes the consequences of their actions can be devastating. In her 1998 memoir, *Personal History*, the late Katherine Graham, former publisher of the *Washington Post*, described what it was like to be married to someone suffering from manic depression. Once, addressing a large public gathering of publishers, writers, and politicians in California, her husband, Phil Graham, went into an incoherent tirade that was so embarrassing his friends had to drag him off the stage. They put him on a plane back to Washington, where he was admitted to a hospital.

Interestingly, men and women with manic depression perceive some benefits from their highs although almost all would not want to behave as they did when they were manic. Dr. Kay Jamison surveyed patients who described their "silver linings." Males on the average say that they missed the social ease that came about as a result of their manic states. They can relate to other people better when they're high. Women, on the other hand, don't rate social ease as a particularly unusual consequence of their highs. Rather they say that their highs heighten sexual intensity.

How sexuality is expressed depends on a person's temperament, personal values, circumstances, and—most of all—the severity of the manic (or depressive) state. Manias cause some people to lose their sexual inhibitions and feel that they are sexually irresistible. On the other hand a number of individuals in the manic state cease sexual

activity altogether. Either they have too much else to do of great, even cosmic, importance or else they can't find anyone of sufficient stature worthy of them.

Weight gain poses another difficult problem for people with mania, who may develop a voracious appetite and eat prodigious amounts of food in periods of extreme hyperactivity. More often, though, I see patients who tell me they don't have time to grab a bite or literally forget to eat. Even so, they seem to make up for their caloric deficits when they finally do eat, so they usually don't lose much weight.

Nearly all people with mania feel that they have less need for sleep than usual and can get by on little more than a couple of hours a night. The lack of sleep, which is commonly seen in manias, can actually aggravate the condition. A hypomanic who stays up a couple of nights reading or trying frantically to get a project finished may induce a full-blown mania without knowing it. In more serious cases, manias may cause people to go for a few nights without sleep and feel euphoric; but after several sleepless nights they may become very irritable and agitated or even fly into a rage. For some less euphoric, more inhibited people with mania, these periods cause them to feel that everything is spinning out of control.

Another manic patient of mine continued to insist for three days straight, and always at eight A.M., that he had just won the lottery (a new lottery each day!). I asked what number or ticket he had and he'd admit that he didn't know because the winning tickets were at home. Well, I asked, was there anyone home who could tell him what his ticket said? No, but he just knew it—he felt that good.

Becoming God for a Day: Hallucinations and Delusions in Mania

In cases of mania, hallucinations are not as common as delusional ideas. When present, hallucinations are more often auditory than visual. People with mania may report hearing the voice of God, telling them that great things are in store. But, when I question them closely, they don't actually *hear* God speaking the way they hear me. Most of them will say that they receive messages from God through telepathy or signs such as seeing the sun. This would be a delusional experience (a fixed, false idiosyncratic judgment) rather than a hallucination.

Of all the classic manic delusional ideas that occur in a Western country, the belief that they are God is one of the most common. But

not all manias look the same if they share a belief about being God. One day my chairman, Dr. Paul McHugh, and I examined a patient who was sitting on the floor weeping uncontrollably. When Dr. McHugh asked why he was crying, he said it was because he was overcome with “the realization” that he was God. It was exhilarating at first, he assured us, but then he would become very frightened because of the awesome responsibilities he had to discharge. The content of delusional ideas is often related to the culture of the person as well as his or her own life history. In our culture, grandiose delusions in which people feel that they are omnipotent, or acting for some greater cosmic purpose, often get expressed in terms of God or Jesus Christ. Several years ago, I had three male patients at the same time who were all convinced that they were Jesus Christ!

I had one most unusual patient who was in a stupor for several days. We took her for an electroencephalogram (an EEG or brain wave test) to look for evidence of seizure activity or a metabolic brain disturbance that might cause her stupor. To relax her we gave her some amobarbital. All of a sudden she came to. To our surprise, she had a big smile on her face. “Oh,” she said, “It’s so wonderful, it’s incredible! You can’t believe how fantastic it is!” Heaven knows where she’d been in her reveries for the last two weeks, but she was clearly ecstatic without the aid of any artificial substances. She went on to describe her experience, which was typical of mania, even though we had seen none of the outward signs that would have indicated it. No matter how many patients I’ve seen, there’s one thing about which I can always be sure: Mania and depression are diseases that hold many more surprises.

The Worst of Both Worlds: Mixed States

Finally we turn to another type of illness, which is called a mixed manic state because it simultaneously combines elements of both depression and mania and so it is by definition a manifestation of manic depression or bipolar disorder. On the face of it, it seems impossible since we call it a bipolar illness? How can you reach both poles at once? After all, in typical manic depression, the phases are distinct and take place at different times. The paradox suggests that our names for these disorders are not in sync with the underlying realities of the illness. But whatever we call it, mixed manic states often create the worst of both worlds—bad depressions and bad manias. Mixed states also come in various shades as do simple

depressive and manic states. Trying to determine exactly where the lines should be drawn between mania and mixed mania is probably impossible even for expert diagnosticians. Patients who have mixed states usually feel irritable and on the verge of rage (at themselves or others) almost all of the time. Although irritability is often a part of depression or even classic mania, the mixed state might be the “mother of all irritabilities.” In this volatile state, mayhem can occur. Because it is neither a classic depression nor a mania, a mixed state can fool even experienced clinicians. People in a mixed state who have delusions might be diagnosed as having schizophrenia. On the other hand, if they are not beset with hallucinations or delusions, psychiatrists or even police may see them as being very angry, uncaring people or as an antisocial personality. Just as with depressive and manic patients, people who are in mixed states usually don’t know that they are ill either.

I’ve seen some delusions in mixed states mirror the dual themes of depression and elation. One of my patients told me that while he was driving at eighty miles per hour on an eight-lane interstate he became convinced that precisely half the cars on the road were being driven by people trying to protect him while the other half were driven by people who meant to harm him. I’ve also had several other patients in mixed manic states who believed that they were a combination of Christ and the Antichrist all rolled into one.

Because mixed states tend to last somewhat longer than “purer” manias, Kraepelin said that mixed states should be regarded as “lingering forms” of the illness. Although “lingering,” it is rare to see this state persist for more than several months at a time.

Manic and Unipolar Depressions: So Similar, So Different

Manic depression can be even more destructive than unipolar depression, although it affects fewer people. One to 2 percent compared to 6 to 8 percent for unipolar illness. When it is the depressive syndrome that is active the two conditions have a great deal in common—they affect mood, vitality, self-regard as well as appetite, weight, and sexual drive—but the way in which they express themselves can be quite different. The lows of manic depression are more likely to manifest themselves in oversleeping, overeating, and sometimes by intense fatigue even more than by sadness. On average

depressions in patients with severe manias (BPI) tend to be even more severe than in patients with BPII or unipolar illness. They are more likely to be complicated by delusional ideas, to require hospitalization, and to require ECT. In a manic state, people make rapid connections that are seldom apparent to outsiders. Gripped in a manic state, people may go on binges, gamble away their life savings, or pursue sexual adventures that they would never think of doing when they're healthy. Similarly, delusional thinking in people with manias tends to take on a grandiose aspect; it's not uncommon to find manic patients who think they are God or who are convinced they can fly. Not all manias, however, have such dramatic manifestations. There are also mild or hypomanias, which may not even be recognized as mania at all, that are characterized by surges of energy, sleeplessness, and unrealistic ambitions followed by a sudden mood swing in the opposite direction. Nonetheless, people with hypomanias can cause a great deal of tumult in their families and at work, without realizing (until they recover) what they were doing. People with manias usually feel as if they are in control, that what they are doing is volitional, even though the illness impairs their judgment and thinking.