
Abnormal Psychology: Bipolar Disorder

Many disorders are subject to study in the field of abnormal psychology. But there is one in the mood disorder category that feels very personal and interesting to discuss. In this case, bipolar disorder will be discussed. The condition seems to run in the families of both my mother and father. This makes me feel intrigued to learn more about the causes and symptoms of bipolar disorder, including the most effective treatments for it.

In definition, bipolar disorder is a mental disorder marked by alternating or intermixed periods of mania and depression (Comer, 8th ed., pg. 184). Levels in mood and energy can change rapidly in-between these periods. The disorder can also harm sleep and thought patterns, and all sorts of behavioral symptoms.

There are many signs and symptoms to look out for when studying this disorder, especially with mania and depression, the two opposite but main components of BD. Generally, mania is a state in which a person expresses high, elevated energy and feels euphoric, or very happy. He or she can experience what are known as manic episodes. Those with mania may also experience certain behaviors such as overconfidence and perseverance, difficulty sleeping, rapid speech, feelings of agitation, and hyperactivity (Galan RN). They could also engage in “risky behaviors”, such as dangerous driving, reckless sex, spending too much money, and unwise consumption of alcohol and other drugs (Galan RN). When it comes to getting emotional, people with mania believe that they are more important than others, and show anger/aggression, or bring out their ego defense mechanisms when others challenge their views or behavior (Galan RN). People with less severe manic episodes have hypomania, and those who have it more severe can lose touch with reality and be unaware of their surroundings (Galan RN). Nicole Galan also notes that symptoms don’t usually appear until late adolescence or early adulthood, but they can be present in younger children. The lifelong disorder can worsen if not treated.

Bipolar disorder is not just one disorder as a whole. In actuality, there are four different types of bipolar disorders. These distinctive disorders are established in DSM-5. The two main types are I and II. In bipolar I disorder, people have full-on manic episodes that alternate with major depressive periods (Comer, 8th ed., pg. 212). Some people may express mixed feelings of mania and depression within the same episode, such as having racing thoughts while also feeling extremely sad (Comer, 8th ed., pg. 212). In bipolar II disorder, there is an alternation of hypomanic and major depressive episodes (Comer, 8th ed., pg. 212). There is a third bipolar disorder known as cyclothymic disorder, in which people have “numerous” periods of hypomanic and mild depressive symptoms (Comer, 8th ed., pg. 213). Depending on symptoms, a person may be diagnosed with an “other specified” or “unspecified” bipolar disorder if they don’t fit into any of the other aforementioned patterns (Galan RN).

For many years, no one could determine the causes of bipolar disorder. However, recent progress and advances in biological research have led people to figure out what they could be. The first cause would be different activity levels of certain neurotransmitters. Research has shown that mania and depression seem to be linked to low serotonin activity (Comer, 8th ed., pg. 214). This leads to the “permissive theory”, which states that low levels of serotonin may

“open the door” to a mood disorder and “permit” the activity of norepinephrine to define the form the disorder will take (Comer, 8th ed., pg. 215). Basically, low serotonin and low norepinephrine could lead to depression, and low serotonin and high norepinephrine could lead to mania. The second main cause involves genetic factors. Many experts and theorists believe that people “inherit a biological predisposition” to develop bipolar disorders (Comer, 8th ed., pg. 215). Comer has included the correlations found by family pedigree studies, as they serve as a major way of presenting the biological perspective. For example, identical twins born from parents with a bipolar disorder have a 40% likelihood of developing the same disorder, and with fraternal twins, it is a 5 to 10% likelihood (Comer, 8th ed., pg. 215). According to Nicole Galan, a third cause of bipolar disorders would be severe stress, saying that “someone who has a genetic predisposition may experience their first episode of depression or mania” after a stressful event such as losing a loved one or job (Galan RN). After learning about the causes and awful symptoms of the disorder, it’s important to think about how to fight back and maybe cure a person of this mental disease.

Unfortunately for right now, the condition cant be cured, but treatment can help ease symptoms and allow a return to normal life. The top two methods of treatment for bipolar disorders are medication and psychotherapy. Different medication-based treatments are offered to many patients. One of them is mood stabilizers, which include lithium, a metallic element that occurs as mineral salt (Comer, 8th ed., pg. 215). This by itself is known as lithium therapy, and it is said to be very effective in treating mania and other types of bipolar disorders. Antipsychotics can also help regulate mania and psychotic symptoms (Galan RN). Depending on a person’s symptoms, antidepressants are used in some cases, probably for those experiencing severe major depressive episodes (Galan RN). Of course, not all medications are sufficient, and not all the time. But if someone with BD goes off a medication, symptoms can very well come back. According to Nicole Galan, some people with BD discontinue a medication because they don’t feel the manic “highs” that they used to have. They claim to not be “themselves” when they are not in their “creative” state during manic and hypomanic episodes (Galan RN). She also mentions that people with bipolar disorder are more likely to visit a doctor for depression rather than mania, as many are reported to enjoy symptoms of euphoria. This would explain why more would choose to live with mania instead of the sad states of depression. Psychotherapy, or talking therapy, can also be an effective way to treat bipolar disorders. Counseling or cognitive-behavioral therapy (CBT) can make patients more aware of the “negative aspects” of their behavior, as stated by Nicole Galan. This therapy can provide learning tips on how to get more sleep, deal with stress, and have a steady work-life balance that can help control mood changes (Galan RN). Another therapy, known as electro-convulsive therapy (ECT), can be used if medication and psychotherapy are not effective enough to decrease symptoms of bipolar disorders. In this alternative therapy, a doctor “applies a controlled electric shock to certain areas of the brain in order to cause a seizure” (Galan RN). This is said to help “regulate mood” and manage other symptoms, even though it is not known how the procedure works. But most of the time, results prove that it works efficiently. Each of these forms of treatment is effective in its own way, and they usually succeed depending on the person.

Bipolar disorder can last throughout someone’s life. Symptoms can turn or remain severe, and without treatment, can ultimately result in death. In fact, reduction in average life expectancy for people with bipolar disorder is about nine to twenty years (University of Oxford, para. 7). This can negatively impact the friends and relatives of the person with the disorder. If someone has a bipolar disorder, they should get help early and seek treatment before symptoms escalate. Being involved in these activities can lead to successful management of the condition.

Works Cited

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