A FRESH LOOK AT BIPOLAR

Is it really incurable (Second Edition)

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Target Audience

This book may be of interest to patients and families seeking alternative viewpoints of the condition Bipolar Disorder and possible signs and suggestions relating to solutions. You may be someone who is not satisfied with your experience of the Mental Health system and want to know what information is out there outside of Psychiatry who currently has the strongest voice. This book is based on my research, experience and some of my own theory, opinions and observations.

Introduction

Bipolar Disorder is typically thought of as the incurable demon of the mind. In this book I present multiple points that possibly indicate the opposite. I wrote this book because I haven't noticed much of a voice being given in the mainstream to alternative viewpoints of this disorder especially from patients who have experience with it. I decided to go on a mission and really question the currently held understanding and I am delighted to know that there are critical psychiatrists within the industry itself who do not speak very fondly of the way these disorders are perceived and are being managed.

To know the reality of the current understanding, ask yourself the question "if pills and psychiatry are the answer then why is this epidemic getting worse?".

It's time for a conversation and other views of this disorder to be made prominent and ideally from the people who are suffering most. There is a lot of interesting information out there already which is another reason I was motivated to write this book.

I personally believe this disorder is not the hopeless incurable condition that it is perceived as. At least not in every case.

It is my hope that this book adds to the existing positive conversation about alternative views and treatment methods.

I appreciate any feedback and can be contacted through my website https://www.abbasbooks.com.au

Thank you for choosing to read my book and I hope you enjoy it as much as I did writing it.

Chapter 1. You can't even Diagnose it Materially

To the current date, modern science has still not found any way to test for the major disorders in psychiatry using material methods. By material methods I mean CT scans, MRI's, blood tests and other ways diseases are usually detected in the medical world. Psychiatry breaks all the rules though and persists in claiming there is something wrong somewhere in the body despite being unable to find the cause. To put that simply, psychiatry assumes many mental illnesses have some physical basis (mostly abnormal brains) yet they haven't been able to prove or find what that is. People of such a chronic disorder are thus considered broken and slapped with a label for life destroying all hope for a solution.

I would like to point out that sometimes physical issues can impact the mind and thus cause mental illness. These are usually things like brain tumours, parasites and infections and issues of similar nature. It is also possible that physical issues like genetics have an influence in these disorders and that is acknowledged in the literature. There are also some reports of bipolar disorder having some traceability on brain scans. So bipolar disorder having some physical relation may be true in some cases. However, the search for a single cause and disturbed molecule behind these disorders continues in the world of psychiatry and has been for quite some time. Also, whatever progress has been made regarding the physical basis of such disorders, nothing has amounted to a reliable, consistent and certain test that can be applied to all individuals complaining of symptoms. Many, if not most, brain scans demonstrate individuals with normal functioning brains. It is because of this fact that critical psychiatrists who don't agree with the current thinking argue that ailments such as bipolar disorder are psychological in nature or have similar causes.

When things are physical, they usually go under a different category and that isn't the focus of psychiatry. In my experience, psychiatry operates on issues that are a grey area. By that I mean issues of the mind that can't really be detected or explained easily and because of that, practitioners are forced to assume you have some physical disease (biochemical imbalance) because of some perceived abnormality you are presenting and in response medication is given. The reason medication is given is because in some cases they have a positive impact and may even save your life. Before drugs like lithium, some people with bipolar disorder used to die from exhaustion. When people observed the beneficial effects of lithium, they saw it as support for the view that bipolar disorder had at least some biochemical basis. Yet hundreds of years have passed and the search for a single, consistent and reliable physical cause in disorders like bipolar disorder hasn't been found.

Why is the above important to mention? It's important because when people are diagnosed with bipolar disorder, they are basically told they are broken and have a disease for life like diabetes yet the cause of this disease as established psychiatry presents it can't even be found! It's a contradiction. I explain later in the book how established psychiatry circulated and inserted an unproven theory to explain such disorders known as the chemical imbalance theory. They use this theory to justify the use of their drugs and explain how the drugs demonstrate their effects.

Our discussion above is also important because the label bipolar disorder discourages all efforts for investigation into the source of the problem and treatments besides chemical agents. It's important because hope is destroyed and not much information is given about your problem nor how to stay well outside of the encouragement of a lifelong commitment to a pill. Most of all it's important because if you do look into your own case, I believe you may find better treatment methods and even a cure. If I'm told I have a disease yet the cause of that disease can't be found it should open the door for investigation not close it. Be vigilant.

Chapter 2. It is very Case Specific, not Singular

It is not uncommon that a person with bipolar disorder has a different experience of their condition to someone else with it. But in psychiatry, anyone given this label is said to have the same physical disease of the brain. It doesn't make sense.

In my research, I found that some people experiencing this disorder have their symptoms disappear for years as if they don't have the disorder at all. Some people experience mania from a big change or stress. Other people with the depressive symptoms are depressed for different reasons. Emotional problems and life situations affect us differently.

The reason why I'm mentioning all this is to highlight that the symptoms Bipolar is composed of (mania, depression and hypomania) are linked to you in an individual way. In other words, your case is specific to you. Psychiatry deals with it in an oversimplistic singular method and throws pills at everyone as if they have the same essential problem but there is so much more to the story and that's because you are an individual whose mind, body and life is as unique as your fingerprints.

In my experience as a patient, I don't remember an emphasis on investigation into things like stress and triggers, sleep hygiene, diet, family, personal problems and other factors that contribute to depression and mania. All I can remember emphasized is being told that I have a disease for life and the main treatment was a maintenance dose of an anti-convulsant to prevent further episodes. It was only when I started reading about bipolar disorder that things didn't make sense and I started becoming suspicious. I came across a number of critical psychiatrists from within the industry itself who criticize the industry and I learnt a lot from them.

When I researched bipolar disorder and pain in general, I now believe that manic episodes and any depression is actually the body or minds way of communicating with someone that something is wrong rather than them having a life-long brain disease. These emotional episodes have content and meaning. A message that needs to be listened and responded to which can only happen through investigation. I personally believe that if such investigation is done, many cases of bipolar disorder are curable. The typical experience however in a public hospital setting doesn't go into detail. It discourages investigation. Psychiatrists are under pressure to move you in and out of the hospital and you won't get quality that way. Quality comes with time and for that you have to look deep within. The drug companies are married with the public system and in my opinion only certain cases warrant serious drug intervention.

Chapter 3. Similarities between Bipolar and Irritable Bowel Syndrome

Sometimes when solving a problem, it helps to use an analogy. We use analogies to simplify, understand and resolve problems quicker. For example, if you are having trouble explaining bipolar disorder to someone you may use the weather as an analogy to get your point across. If we come across something peaceful or impressive, we say “that’s cool”. Students at school even use math problems they’ve solved before to solve new ones which is another way of using analogies/examples. Fortunately we can do this with the human body too and we do it all the time. We use examples of existing conditions to help us solve things we can’t understand. We can do this because the observable world demonstrates a beautiful interconnected consistency which makes understanding it easier.

One such example that can help us understand the reality of bipolar disorder is Irritable Bowel Syndrome (IBS for short). IBS is a disease that affects millions of people and is commonly attributed to genetics or faulty wiring just like with bipolar disorder. IBS and bipolar disorder parallel each other quite well. Bipolar Disorder is characterised generally as a problem of mood regulation where abnormal mood fluctuations and extremes occur. Similarly in IBS, abnormal fluctuations and extremes occur within the digestive system. People in the western world are quick to run to drugs as the first line of treatment to mask symptoms which actually represent a deeper problem. Sufferers of both conditions are typically clueless as to what is causing the fluctuations. Both conditions seem unpredictable and patients can go for years without some peace of mind. Both conditions communicate rises and falls in energy like digestive tantrums and excretions for IBS and mania and depression for bipolar disorder.

I remember reading a book on IBS written by someone who had successfully become free from its debilitating grip. The lady basically used the process of elimination to narrow down the exact foods she was consuming that were causing her digestive tantrums. One thing she learnt was that personally for her it was the meat she was consuming that was causing her severe symptoms that she had been enduring for years and managing with drugs. Eventually she ended up following a plant-based diet and now lives a much more peaceful life which is what prompted her to write her book. This book interested me a lot because she done something that many people don’t do when overwhelmed with health problems. She looked within herself, her lifestyle and her habits to get to the bottom of the situation. She basically done a self-investigation.

Like I mentioned in the last point, mood fluctuations whether minor or major have content and meaning and are actually a communication system. It’s only when the sufferer looks beyond the surface symptoms and deals with the causes of the rises and falls that life changing changes occur.

Below are two tables I made to demonstrate the parallelism of bipolar disorder and IBS. I compare the two using my own case of bipolar disorder and a mock case with me if I had IBS. Notice the similarities between the two tables.

Table 1

Pain: Bipolar Disorder

Initiator: Myself (I caused my own case)

Initiation Method: Trauma

Responder: Who responds to and treats my disease? Psychiatrists, Family, Myself

Response Method: How do they respond? Drugs (Sodium Valproate), Sleep hygiene, Diet, Exercise and vitamin D, Stress and trigger management, counselling etc

Subject: Who is the subject of this disease? Myself

Manifestation Subject: Where does this disease manifest in the body? Non-physically (emotional turbulence)

Time Period: Typically for other people intermittent symptoms and according to the literature a permanent disease life span (depending on where you get your information). But for me personally, I don't find this disease debilitating as I only had one or two manic episodes. I have never suffered major depression. I suspect I don't have this disorder anymore.

Communicate: How did my disease communicate? Mania

Table 2

Pain: Irritable Bowel Syndrome

Initiator: Myself

Initiation Method: Disagreeable food choices

Responder: Myself

Response Method: Eliminating gluten, meat and dairy products

Subject: Myself

Manifestation Subject: Digestive system (mainly stomach)

Time Period: Intermittent, unpredictable and commonly thought of as a life-long problem

Communicate: Bloating, excess gas, stomach cramps, nausea, diarrhea etc

It may be hard to directly see the parallel nature of both conditions from the two tables above but generally with a close analysis you'll see that both conditions describe the following:

- An ailment with an offending cause or causes
- A method beyond drugs to respond to it and keep it at bay
- A place within the patient that experiences the disease
- Unpredictable and random occurrences of symptoms that are considered life-long
- The way the disease communicates itself (disturbing rises and falls of different forms of energy that feel out of one's control i.e. the symptoms)
- With investigation, a deeper reality to the fluctuations in energy beyond simply being an issue of unknown or mysterious nature

Chapter 4. Its Essence is Unregulated Mood

The first line of treatment of bipolar disorder is simply drugs. Although a good psychiatrist will suggest things like avoiding triggers, diet and exercise and managing stress to avoid unhealthy mood fluctuations, there is still a heavy reliance on drugs and that hasn't changed much in many years. There hasn't been much progress in this industry and we are speaking now of a disease that is reaching epidemic proportions. The pharmaceutical companies are reaching their tentacles into our children's lives now as well. When will It stop? Is this ethical and is there really that much of a problem that we need to be medicating our kids? Have we lost touch with reality? Some critical psychiatrists such as Dr Peter Breggin criticize ADHD for example and mention how this "disease" doesn't really exist. It's a way of schools controlling children who don't act like the others but they definitely do not have a disease. Some Autistic people consider the label Autism an insult.

Bipolar Disorder is essentially composed of unregulated mood. We therefore have an incredibly wide range of options to achieve mood regulation. Resorting to drugs as first line of treatment exposes an unhealthy culture mostly found in the western world where people want the quick fix as opposed to getting to the root of their problems as I mentioned before. I'm not against drugs and I have no right to be. The earth was made tame for us to benefit from it and use for our needs. What is undesirable however is over-relying on them and going to extremes as opposed to considering the nature of our human essence which is treated best when a holistic approach is applied.

The important thing to note though is that for depression, there are abundant methods to activate the pleasure chemicals in the brain naturally and safely. The same chemicals and systems that psychiatric drugs try to manipulate like serotonin and dopamine. In fact one such method is known as "getting in the zone" or the "flow state". You can achieve this with hobbies and things that activate the sweet spot of your interests. The flow state is a performance mechanism that releases the "big 5" potent feel good chemicals. These are norepinephrine, dopamine, serotonin, anandamide, and endorphins. It's an incredible high and is available to everyone. You would of probably entered this state before but don't know that it is actually studied now due to its performance and feel good qualities. People such as sports people, business people, programmers, scientists, gamers and even children enter this state when fully focused and engaged in a suitable and fun activity. In fact, any activity a little challenging where you get fully immersed, involved and find intrinsically motivating has the potential to induce this state. I typically enter this state when working with computers or writing books where there is some creative expression and challenge. It's a state where rumination stops, you become fully present and focused on the activity and I personally find has antidepressant qualities. I guess that's not too hard to believe if you have the big 5 pleasure chemicals being released which by the way is the only time these 5 chemicals are released at once. It must have a very important purpose in our need for survival as humans. I have noticed these pleasure chemicals are generally related to very important functions in life which is why they must be associated with pleasure. A motivation and encouragement for us to seek their blissful reward. I really encourage reading about this natural human capability called the flow state but it was just one example of the millions of other antidepressant and stress reduction methods that we have access to. This is important to investigate because optimum mood regulation with bipolar disorder is based on things like stress management and maintaining healthy moods.

I think it's also important to add that people are waking up and the need to expand the meaning of "antidepressant" is well overdue. The thinking that an antidepressant is limited to a bunch of pills is primitive and harmful. We human beings are complex creatures with a wide option base in life when it comes to recovery. This is why I always recommend a holistic approach and getting in touch with the abundant resources that are available to us to recover and realign ourselves after any type of injury.

Achieving mood regulation with mania is possible by looking into one's lifestyle and sensitivities. This is already an established fact within psychiatry which is why they tell you to avoid the triggers. A similar approach is applied to achieve mood regulation with depression.

I view racing thoughts as a form of pain and actually something healthy because when my thoughts race it's my bodies way of communicating with me all its concerns. Sometimes I am more prone to a negative thought process if I am exhausted and my mind isn't working properly but generally I don't ignore my racing thoughts. I recently decided to output all my thoughts into to do list software and process them slowly. I have found that by actually acknowledging and capturing my thoughts and sorting through the helpful ones and non-helpful ones, a burden has lifted from my chest. This may help you stop your racing thoughts. The fact that you output them somewhere and process them because those thoughts have a purpose. Mania is closely linked to stress and as I mentioned with depression, we have a wide option base and plenty of resources to manage these forms of stress intelligently as opposed to limiting ourselves to pills.

Chapter 5. The Myth of the Biochemical Imbalance

When deciding to write this book one of the things I wanted to do was create hope for people suffering from bipolar disorder. What I'm about to write is related to point one which was about not being able to detect this disease. After all, if you can't detect this disease then something else is the source of your suffering and the narrative you are broken should naturally fall apart.

It is a common occurrence that when a patient is suffering from chronic disorders such as depression, schizophrenia, bipolar disorder and anxiety, they are told they have a "*biochemical imbalance"* which is the cause of their suffering. They have some sort of disease of the brain and the remedy is a psychiatric drug. The reality of this narrative is that there is absolutely no evidence that any of these disorders are due to a biochemical imbalance.

The biochemical imbalance theory which is still unfortunately communicated today was born out of the drug company Eli Lilly. This company started distributing this unproven statement and claimed that depression was caused by a biochemical imbalance and specifically a serotonin malfunction. There is heavy competition in this industry with all the drugs but they all revolve around this unproven chemical imbalance theory. Some of the drugs can have benefits in certain cases. When I was in a manic state I took Zyprexa and slept for many hours which took me out of my psychotic state. It must have been its sedating properties and this is why lithium can also achieve the same result. But they are commonly over-prescribed and sometimes unnecessarily. Some cases of a lifelong commitment to a pill are really questionable. It's important to mention that lithium can be toxic which is why a patient has to go through routine blood tests due to the risk of kidney failure.

Unfortunately now however the biochemical imbalance theory is the unproven supposed cause for multiple disorders. We are in a scary age of misinformation and I personally aspire to contribute to reformation of this industry.

I'd like to now bring to your attention the case of OCD. The most effective health principles for this disorder are exposure therapy and education. I think it was my early teens when my teacher forwarded me to the school counsellor when she noticed my unhealthy perfectionism in the way I would write my school work. I would correct and correct over and over until my writing was perfect. It was debilitating. Eventually I was directed to a child psychiatrist. Whilst the psychiatrist gave me some simple counsel to expose myself to the fears to lose them, I was additionally given an antidepressant to supplement my treatment! This industry has even pushed their unproven biochemical imbalance theory to children. I didn't realise it at the time and my father who approved of this treatment was innocent and only doing what he thought was best. In reality however, OCD is lost most effectively through exposure therapy. It's the external actions you do that end up treating you. When a patient exposes themselves to their fears eventually they habituate to them and they take themselves out of their prison of obsessions. The pharmaceutical industry are good at reaching their tentacles into every opportunity they can grab. It's a billion dollar industry.

What you have read above is important because it creates hope and encourages motivation to do something about your struggle to maintain your mood and happiness. The avenue to maintain moods is spacious and wide. This is in contrast to the narrative found in psychiatry that revolves around a person being broken yet this source of being broken has never been found and was rather inserted.

I know because I experienced its impact as a child with OCD. Luckily exposure therapy hasn't been hidden or pushed to the side. Thankfully we have a profession dedicated to using this major principle of health (psychology). I wouldn't be surprised that if it wasn't so, I would be told I was broken and had to be on drugs for the rest of my life. The things that are in your power to keep your symptoms at bay outside of drugs I haven't found to be emphasized in this current age and this is the case with multiple disorders.

Bipolar Disorder should be broken down and its composition managed by the multiple layers of help available for it including yourself, psychologists, social workers, family, government and more. Unfortunately the dominant treatment emphasized is toxic drugs, a practice that hasn't changed for decades.

Chapter 6. Good news! Bipolar is Pain doing its Job

I spend time in nature a lot and see it as a teacher. If you couldn't read or write you could still learn incredible deep lessons from it. Even some lessons that science is only catching up to. Being a security guard I developed a love of observation, reflection and deep thinking. Nature doesn't lie, it has the truth built into it. You can apply the lessons you learn from it to other aspects of life too. Of the many observations I delved into, pain was something I paid close attention to. It has its own science behind it and speaks of a signal of purpose whose main goal is to drive you back to comfort. Ever heard the saying "no pain, no gain". Or you may see body builders whose muscles remodel themselves and grow after natural microinjuries from weight lifting. In other words, you have to feel discomfort to gain comfort.

If I sound like I am repeating myself in this book it comes naturally. I feel it's necessary to really drive the point home and get the lesson across. The two opposite poles in bipolar disorder are actually forms of pain. So whenever you see these extreme fluctuations it's just pain doing its job to help you.

Wherever there is pain, attention is needed. Mania and depression are like wounds that need to heal. Take any injury as an example that we humans can experience that involves pain and you'll notice that the pain in that situation has a purpose. Its purpose is to signal to you to give attention to something or a warning of some sort. Mania and Depression are not exempt from this.

Mania is a natural consequence to stress or some big change and depression usually happens when someone has a problem or some other related issue. They are emotional consequences expected according to the situation that produces them. No one can stop the normal functioning of the body. Emotions are normal and can't be stopped. They have their place in life and they occur following certain cues or reasons. Combine this with the fact I mentioned above about people with bipolar disorder not being broken and you can begin to see why this emotional roller coaster is understandable and makes sense. In other words, people with bipolar disorder don't have a disease and emotional turbulence happens usually as a reaction of some sort.

I remember seeing a chiropractor doing his job once and still remember the words he mentioned. The injuries he would treat had their own natural path to recovery and he would try to not interfere with that too much. He would obviously get involved but he would try to encourage self-healing where the body would follow its own natural path to recovery as much as possible and only assist in alignment where necessary. This would allow the patient to get in touch with themselves and solve their problem in a quality way with time and care.

Pain acts as a guide and communication system. Its presence is not purposeless and this is with any pain. One must ask themselves in situations of pain whether this message they can sense is worth listening to as opposed to silencing it out of convenience and numbing it. Again I'm not saying drugs don't have their place. One of the goals of this book is to develop awareness of self-healing and the over-prescription of drugs in order to encourage positive long term results and eliminate or heavily reduce symptom severity.

By seeing mania and depression as simply natural forms of pain, you may find a whole story your body has been screaming about and do something about it. Or you may already have some awareness of this and now be more motivated to encourage self healing so you may have more mood stability.

Chapter 7. The Symptom Hierarchy of Control

My personal definition of “cure” for bipolar disorder would be about when symptoms subside, resolve or get under an acceptable degree of control. I mention control because if you think about it, depression for example is a natural part of life that can re-occur and so is something that needs to be managed/kept under control. It’s nothing abnormal and is totally human. With mania I think it’s a reaction of sensitivity to some event, trauma or injury but again, it can re-occur in life and so is something that also falls under the need for control. Case individuality matters however when dealing with symptoms. In my opinion there is a wide range of possible case scenario’s which may explain why not everyone has the same experience of Bipolar. Some experience it intensely, some manage to get it under control, some have long gaps between episodes sometimes for even years, and I personally believe for some people they never have symptoms again. I know in my own case I haven’t had a recurrence of symptoms for 7 years. In regard to positive treatment outcomes, my personal belief after all that I have learnt about Bipolar is that it is an ailment that can be resolvable or controlled but your individual case matters.

As an example, one person’s mania may be due to a source of stress that’s hard to control while another person’s mania can be due to a source that is completely resolvable which I personally believe could free them from a future recurrence as the underlying cause has resolved. There is a lot of dimensions and scenario’s to consider. Similarly, one person’s depression may be resolvable whilst another has to live with a bit of pain but survive using different coping strategies. I mentioned case individuality earlier in the book. On a side note, I don’t mention much about hypomania in this book directly however I think people who do experience it can benefit a lot from my book and apply much of what they learn to help deal with it.

In relation to Bipolar symptoms, I developed something I call the “Symptom Hierarchy of Control” in point form on the next page.

The Symptom Hierarchy of Control

- Elimination
- Very High Control
- High Control
- Medium Control
- Some Control
- Low Control
- Very Low Control
- No Control
- Permanence

This hierarchy of control is a varied form of the hierarchy of control found in organizations for risk management. Basically the higher levels of the list indicate more certainty and control in regard to symptom management and the lower levels indicate less certainty and control. Bipolar symptomatic management is bound by this hierarchy. Regardless of your case and how you respond to your Bipolar, it falls somewhere on this list. Obviously the key is to aim for the higher levels. Put simply, do whatever but aim high.

Chapter 8. The Pain Class Abstraction (A Bird's-eye view of Bipolar)

Some of the content in this chapter might be a bit technical but not too hard to follow along if you give it time.

If there was a way to look at bipolar disorder deeply at its core to plainly understand it and see what's going on, math or science could offer some view that would be helpful. In this chapter I will be demonstrating what I believe to be the achievement of that. What I offer gives a bird's-eye view of the true internal functioning of this disorder inside out.

I'm a security guard by trade. In my career as a security guard, I slowly developed a love of thinking deeply, observing and contemplating as I get a lot of time to do that. One day after maybe a year of contemplation I remember being hit by an insight regarding pain and the natural world. I combined some concepts from computing science, pain and nature and developed something I call "the Pain Class Abstraction" pictured below.

The Pain Class Abstraction (Bipolar in its fundamental form)

Pain
Initiator Initiation Method Responder Response Method Subject Manifestation Subject Time period
Communicate

This figure is a general representation of pain. Pain consistently operates like this throughout the observable world. You may have noticed I used this template in chapter 3. Any form of pain that you can think of actually inherits from the above template including the symptoms of bipolar disorder and other disorders and symptoms. Below is a brief explanation of each attribute in the abstraction. For an example of the pain class abstraction applied please check chapter 3.

Initiator: The entity responsible for initiating the pain
Initiation Method: The method of initiation used by the initiator to cause the pain
Responder: The entity responsible for responding positively to the pain
Response Method: The method used by the responder to respond to the pain
Subject: Who or what hosts this pain?
Manifestation Subject: Where does this pain arise/manifest in the host?
Time period: How does the dimension of time relate to this pain? (Is this form of pain intermittent, permanent, temporary etc)
Communicate: Communicate is a behaviour of the pain class abstraction and generally represents the way the pain communicates (the symptoms)

Picture a person who goes into mania by drinking caffeine which results in sleep deprivation and thus the resulting manic state. The name of the pain would be manic state. The initiator would be the person drinking the caffeine and the initiation method would be sleep deprivation via caffeine. The responder could be a psychiatrist or family member and the response method could be a suggestion to generally take a sedative or antipsychotic to end the manic state. As mania isn't detectable, the manifestation subject would be the "non-physical" aspect of the person, the same domain as thoughts. The time period would be temporary as the manic state is not permanent. In this case the communicate attribute is represented by the symptom of mania.

The main point I'm trying to get across is that the pain class abstraction is like a mathematical or scientific template that demonstrates that mania and depression are not simply reactions of a disturbed molecule (biochemical imbalance) as psychiatry claims. Rather these emotional rises and falls happen due to reasons and are actually forms of pain like any other and follow the nature of pain. They possess all the attributes of the pain class abstraction. Psychiatry believes there is some biochemical issue as the cause for bipolar disorder but they have not confirmed this with solid unambiguous evidence. Mania and depression are natural reactionary events.

The pain class abstraction breaks free from the stagnated thinking of psychiatry that there is nothing that can be done beyond pharmaceuticals. This is reflected in the general attribute "Response Method". This is consistent with the fact that mood can be manipulated without drugs and is encouraged for people with mood disorders. Even though in psychiatry there is suggestion of non-drug responses such as psychotherapy, too much emphasis is made on drugs. This is particularly problematic with depression as there are much better and safer treatments. Consider a patient getting to the bottom of their depression as opposed to relying on antidepressant pills of which the effectiveness is questionable in some of the literature.

Bipolar Disorder is typically thought of as a disorder of mood extremes. Moods are thought to be based on a continuum (the complete range of moods from lowest in intensity and energy to the highest). After research I now believe that mania isn't actually the opposite pole but rather a high stress response. This is because it contains negative qualities that don't fit the definition of the opposite pole such as irritability and similar expressions. I also believe that the label bipolar disorder because of this is inaccurate and in need of an update. Regardless, I applied my pain class abstraction to the mood continuum and produced a graphical representation that demonstrates that all unpleasant moods are actually forms of pain with their own causes and required responses.

This includes mania, hypomania and depression. Such a graphical representation helps the reader understand how the manias and depression are actually a communication system and are signals of purpose requesting the host to get to the bottom of their violent mood fluctuations.

I first simplify the pain class abstraction and apply the simple form to the unpleasant moods of bipolar and place them onto the continuum. These moods are within the bipolar definition and their titles are in brackets and bolded with the mood abbreviated. For example, “P(MD)” represents the pain abstraction completed for Major Depression, “P(D)” for Depression, “P(HM)” for Hypomania and “P(M)” for Mania. “ID” in the middle represents the ideal mood range and “X” represents other standard moods that aren’t abnormal and complete the rest of the continuum. The reader should assume there are many X’s as I have only included 4 to ensure the table can fit on the page. “X” can be a lower, higher or neutral mood and either pleasant or unpleasant but it generally depends on where it is located on the continuum (e.g. if it’s closer to depression then it would be a lower mood). Also, “X” can be a form of pain depending on where it is located too.

Readers on smaller devices may need to change the orientation of their device to see the image below correctly. The basic aim of the image below is to display simplified forms of the pain class abstraction above.

P(MD) - I IM R RM S MS T - C	**P(D)** - I IM R RM S MS T - C	*X*	*X*	ID	ID	*X*	*X*	**P(HM)** - I IM R RM S MS T - C	**P(M)** - I IM R RM S MS T - C

As can be seen from above, unpleasant moods whether they are extreme or of a simpler nature are actually forms of pain and communicate a cause for their occurrence and so the problem moods that bipolar disorder is composed of are not due to a biochemical imbalance. This is represented and proven above because as can be seen the problem moods of bipolar share the same base attributes and skeleton structure of the unpleasant moods outside of the bipolar definition. For example, “X” to the right of “P(D)” is an unpleasant mood as it is close to depression and it is also outside of the bipolar definition. Being adjacent to depression however it is actually a form of pain and so consists of the structure of the pain class abstraction just like the moods in the bipolar definition. This is represented graphically below:

X - I IM R RM S MS T - C

It's important to notice how these unpleasant moods all have an initiator, initiation method and symptoms being communicated. So just as you have reasons for a general negative mood fluctuation, you also have reasons for the manias and depression. Mania and depression signal a deeper problem and shouldn't only be treated on the surface with drugs without further investigation and attempts to resolve their causes. By resolving their causes, if possible (although at times quite difficult), a more desirable outcome may be achieved.

You may have noticed above that psychiatric disorders aren't usually represented or talked about in such ways. I believe I am the first one to offer such perspectives and believe the reader has just had a taste of a new science I am developing called "**Psychiatric Computing**". If you are interested in this new science keep an eye out on my website for related updates.

Chapter 9. Depression and Mania is just about Maintenance

Anything you work on and give time and attention to will eventually produce excellence. Ever noticed that guy on the street who maintains their garden the best and continually has the most presentable front lawn? Well, the same pretty much applies to your moods as well.

I remember when I used to work in a help desk the trainer told us of a principle to keep in mind when responding to customer issues and solving them. It's something I never forgot and still use to this day. The principle was called "KISS" which stands for "keep it simple stupid". Depression and mania are conditions that have become so unnecessarily complicated in the modern medical world but the reality of them is very simple. To cut through all the chaos surrounding it you only have to look at the simple examples found in nature. We are nature and we can't escape that. We aren't above the processes that the rest of the natural world finds itself bound by.

One such example that mirrors mania and depression is the nature of male body building (muscles). I studied it for a while and found many parallels between it and the symptoms of bipolar disorder. This is how after much observation and contemplation I concluded that mania and depression are just about the general concept of **maintenance**.

Everything can or will deteriorate or be impacted by the wear and tear of life. When that happens it's up to a maintainer to restore such a thing to an ideal state again. When muscles have degenerated due to lack of stimulation they are known to be in an "atrophied" state. That saggy out of shape form is due to under stimulation and possibly malnourishment of the muscle. In other words, the muscle is in need of desperate maintenance. The degenerated muscle is a good analogy of a depressed or manic state that someone can suffer from.

When someone with unmaintained muscles decides to body build, they go through the discomfort of stimulating their muscles with a healthy stress resulting in growth and beautification or "happy" muscles". This is exactly how depression and mania work too. Take any source of mania or depression and you will see that they are simply a pain signal communicating the need for the healthy maintenance or change of something undesirable. For example, when we are about to get late paying our bills, we may get fearful or depressed if things are uncertain. The loss of a loved one will induce a depressed state for a while and part of the maintenance is attempting a return back to higher moods or staying positive until the emotion passes. The loss of a job can attract depression and the maintenance would be making efforts to look for a new job. A person experiencing mania due to a source of stress may eliminate or lower that stress (maintain) to keep their manic flare-up in check. Regardless of someone's experience, intensity or duration of mania or depression, the reality of it is simply a case of maintenance although in some cases things are not in the person's control. The word maintenance is the deepest and most general word I could think of to describe the reality of these violent mood fluctuations and how they should be responded to. I wanted something that was easily understandable and relatable so I used this word after seeing it in nature.

As an example to further illustrate the point, every Tuesday residents in our neighbourhood put their garbage bins out the front of their house. Recently I noticed that someone had put their bins out but for some reason their bins had been there for multiple weeks. It could possibly be the bins of one of the neighbours who recently moved out I'm not exactly sure but what I do know is that these bins have been neglected to the point that bird droppings are all over them. Sometimes the bins move onto the footpath which risk them being in the way of pedestrians who could bump them and out of courtesy I move them back onto the grass. These bins are in their own degenerated state and are a good analogy of a "depressed/manic" state. They are in need of "maintenance".

Atrophied muscles are an unhealthy contraction and exercise (maintenance) is a conversion process that causes a healthy expansion. Similarly, depression and mania are like an unhealthy contraction and through maintenance a conversion occurs where moods expand and stabilize.

All extreme moods that bipolar disorder can be composed of are simply a case of maintenance deficiency. And as depression and mania can happen for an endless amount of reasons, it doesn't matter if it's a sleep-wake cycle issue (important for bipolar disorder) or something as simple as a vitamin B deficiency, underneath it all is an issue of maintenance. We must shed the negativity and embrace the positivity.

Using the word maintenance provides a positive and different way of looking at things which is really needed in psychiatry. In particular, I think the word depression has been hijacked by psychiatry and if you look at the diagnostic criteria you will see that it's not the best way of dealing with someone who reports low problematic moods. I believe the word depression has been poisoned in the English language because of psychiatry and if I were to use something for diagnostic purposes as part of an advanced medical classification system I would use "maintenance deficiency". I would use this for mania too. Another benefit of using the word maintenance is to bring to mind the reality of the symptoms of this disorder when dealing with it. That reality is that the symptoms are forms of pain like I mentioned earlier. The whole point of pain is to provide a push so that the sufferer does something to return to a normal comfortable state. And the verb "maintain" fits that description perfectly.

Some examples to illustrate the concept of maintenance are listed below. Any actions of maintenance are underlined and in bold and the cause of depression/mania are in quotation marks:

- A person with a "terminal illness" decides to **accept their fate** and realizes they find peace that way
- An employee being "bullied at work" decides to **become an author and sell books online** to be in a more comfortable work setting and provide for themselves.
- A person with "mysterious constant low moods" decides to break out from their overwhelming state and do **exhaustive exercise** which attracts various positive chemicals like serotonin, anandamide and dopamine and forces on them a powerful pleasant high and relief from their depression.
- A couple overburdened by "mortgage stress" decide to **move out into the regional areas** and away from the city to find more affordable housing
- A person who suffers from "racing thoughts" decides to **learn computer programming and read books** as they find it keeps their mind occupied and they become fully engaged and present which relieves them from the onslaught of thoughts

- A patient who keeps going into mania due to a “persistent delusion” decides to **receive counselling** and change their subconscious beliefs so they can lose the cause of their mania

As can be seen from above the key is all about maintenance. You have to find what your maintenance is and this allows room for investigation and creativity. But it all revolves around embracing the painful push of depression/mania and using it to learn and transport yourself to a more comfortable healthy setting.

Chapter 10. Credits and Debits

Energy has a wide influence on the way the observable universe operates. The human body is not an exception. We can definitely see the impact of energy and its laws in the way bipolar disorder does its business. Mania and hypomania would be considered higher expressions of energy and depression is a lower energy expression. Not surprisingly when bipolar disorder is treated by a practitioner, the drugs they use balance the levels of energy that the body is producing. The intention of an SSRI antidepressant is to manipulate the way serotonin operates thus heightening the body's state of energy whilst mood stabilizers like lithium and Epilim slow the brain and lower the body's energy production. Simply put, the intention behind psychiatric drugs for bipolar disorder is to balance the energy production of the body.

Upon reflecting on the above, the reader may realize that essentially bipolar disorder is an ailment of credits and debits. The drugs either credit or debit the energy status and so do actions taken to manipulate a person's mood such as exercise. This is important to understand when approaching this disorder. The goal of responding to symptoms should have the underlying effect of balancing the energy status of the patient and achieve at least very high control. This view of the ailment simplifies treatment responses and encourages creativity and exploration. On a side note, I personally believe that difficult depressions can be overcome and overridden with this view of the disorder. To demonstrate how problematic mood and energy manipulation work, I will now provide an example.

The human brain has its own powerful antidepressants that are produced upon certain triggers. One of these antidepressants is known as "anandamide". It is regarded as the bliss molecule. The study of the chemicals that make us feel great fall under a science known as neuroscience and I encourage my readers to learn more about this field of study and the associated chemicals. Technically, anandamide is a fatty acid neurotransmitter. Other neurotransmitters include serotonin, dopamine and norepinephrine. Anandamide works with a system known as the endocannabinoid system which has gained a lot of interest recently and is currently under a lot of study. THC found in cannabis operates on the same receptors of the brain. You might have gathered the relationship by the words "endocannabinoid system". Anandamide is produced by the brain and triggered through many ways. One of the ways is through exercise although in some of the literature the exercise has to be a bit challenging. Anandamide is thought to be responsible for the "runners high" that runners report experiencing.

The reason I mentioned this natural antidepressant is because regardless of how depressed a person can be, if they manage to engage in exercise challenging enough, the brain would start producing anandamide and elevate their mood. In other words, exercise has the power to override any depressing feelings and is in fact highly encouraged for people with bipolar disorder and depressive disorders. Exercise therefore is like a credit to the energy balance. If you are depressed you are experiencing a lower energy state however exercise would shift the balance to a higher energy state. Although in some cases other causes of depression such as emotional problems could impact how well exercise works. That's why it's important to consider treatment from a holistic view and treat the person as a whole. Regardless, exercise is an effective and powerful antidepressant that operates through a system that every human being is born with.

The key point I'm trying to highlight in this chapter is that responding to Bipolar symptoms is a balancing act of credits and debits towards emotional regulation. The goal of someone with bipolar disorder is to at least reach a very high control of their symptoms. As pictured in the image in the chapter on the symptom hierarchy of control, having very high control of something is not very different to eliminating that thing. A person with bipolar disorder therefore can live a productive and healthy life if they can get their symptoms under a good amount of control. With bipolar disorder, a patient should be occupying their time doing actions that maintain their emotional balance and energy levels. This is achieved simply through actions of "credits and debits".

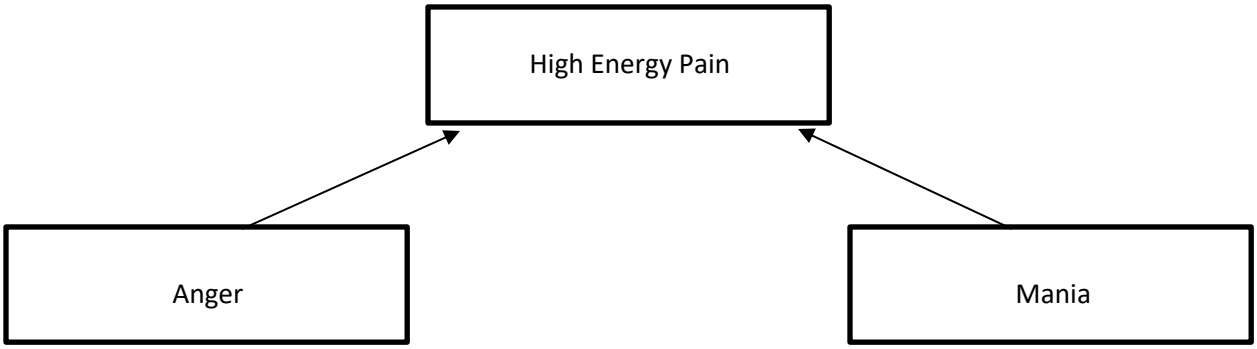
The above demonstrates that any portrayal of bipolar disorder as an ailment outside of a person's control is not necessarily true. We are complex creatures and one of our unique characteristics is the ability to manipulate our moods. An example of counteracting a negative energy state can be seen in children when they are playing. Sometimes when children play, they become so absorbed in their activity that the hunger signal gets overridden and they don't feel their hunger. It's only when they stop playing it hits them and they rush to be nourished. Or they fight their sleep if they find an activity appealing enough. For adults this also happens when a person in a low mood consumes caffeine. If they aren't really habituated to it, the negative energy status shifts to a positive one and is counteracted or "credited" and their low mood goes away.

Such manipulation or credits/debits can be particularly helpful to people who get into depressive phases and don't know the source of their depression or they just can't figure it out. This is where forcefully overriding such negative states can be put to use. Whenever mood is manipulated, what's basically happening is an arousal of the nervous system. The brain chemistry is stimulated and also aroused. On brain scans when people are exposed to novelty (new stimuli) dopamine is released and the increased activity can be seen. Arousing the nervous system is important in shifting from a stagnant energy status.

Finally, it's important to remember when doing actions of credits and debits, targeting the deeper aspects or causes of someone's mood fluctuations is very important. For example, if someone is having reoccurring mania due to stress, whilst sedatives are important, managing the stress and thus targeting the root cause theoretically may result in the symptom subsiding as the underlying causative agent has been taken care of. This is particularly relevant for longer term or permanent management and elimination.

Chapter 11. Anger, the Brother of Mania. What can we Learn?

Can we observe the emotional world and learn about mania by comparing it to other emotions? I think we can and I did exactly that when I started observing anger. If you notice, anger is very closely related to mania. From a language perspective you often hear enraged people being referred to as maniacs. In my Psychiatric Computing classification system, anger would be a sub class of “high energy pain”. Check the picture below for a visualization.



Both anger and mania have the same or similar characteristics. Both are an extreme and unhealthy rise in energy levels and can be perceived as pleasant as the energy is being released (“it felt good to blow off the steam”). When someone is angry, they typically speak very fast as they shout. Words connect and come out quickly similar to racing speech found in manic patients. Both expressions can also cause someone to jump from topic to topic. Sometimes there is a need to detain people with these emotions so they aren’t a danger to themselves and others.

We can learn something about anger to understand the nature of mania and its resolution. I’m a security guard and once I was called to an incident involving a man screaming at a lady in front of a fruit shop and threatening her. When I came I got information from both sides and apparently the lady ran away with her final rent payment and owed that man money and this event occurred roughly 10 years ago. He used to be her landlord. He was quite disturbed and angry about it and his rise in energy wouldn’t calm down until someone from the fruit shop volunteered to pay him the money on the offender’s behalf. He agreed and went away to collect his money the next day.

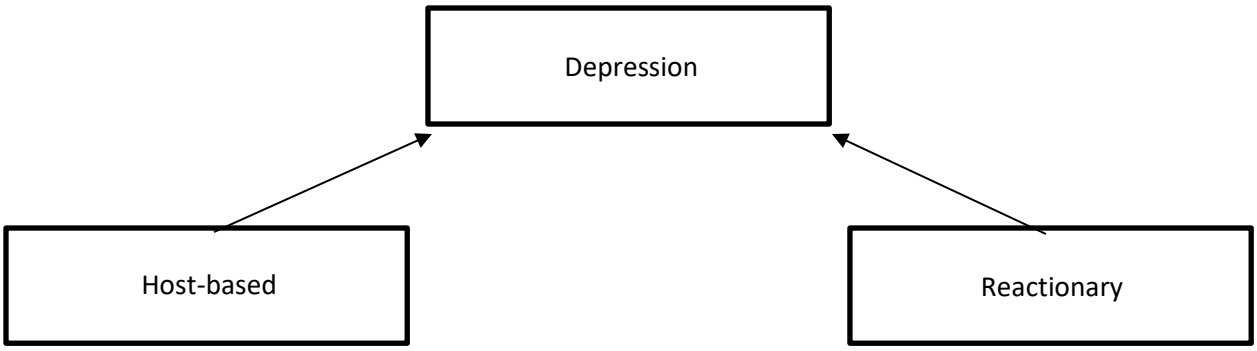
When I reflected on the whole situation, I realised that what that man went through mirrored a manic episode quite well. There was an underlying offending agent (the emotional scar). There was a trigger when he saw the lady. There was a rise in energy. There was rapid speech. The public could of benefitted from having the man detained as he seemed threatening. Finally there was a resolution or way of neutralizing the rise in energy through giving him his justice.

If you observe manic episodes they work in a similar way. A person going into mania due to excess stress would go through the same cycle mentioned above. They could also have their mania resolved in the short term with sedatives but in the longer term possibly by managing their stress.

We also seem to be creatures of input and output. By that I mean that our subconscious and even our physical self consumes things and these things need processing. If they get stuck in us it can be a problem as they can grow or affect us negatively internally. It's why we need to answer the call of nature. What goes in must come out. I mention this because I think sometimes mania and even depression reoccurs due to unresolved or unprocessed trauma. As seen in the case of the angered man mentioned above. Regardless of the nature of someone's mania, the above information highlights a lot about its design, attributes and resolution. From this the reader can reflect and learn more about the way it operates.

Chapter 12. Symptom Dual-dimensionalism

The more I study psychiatric disorders, the more I become convinced that all symptoms simply fall under two base categories. These categories I named “host-based” and “reactionary”. To help understand and visualize this concept this is pictured below using the example of depression.



Something host-based means that the symptom is arising due to an issue with your body (you being the host). An example could be inadequate vitamin B intake which is known to cause depression. Reactionary is when you are reacting to something for example an argument you had two weeks ago causing a disturbed state or maybe you have a problem that has been lingering for 6 months which is causing you to be depressed. Although I have used depression as an example, both host-based and reactionary issues relate to the higher part of Bipolar too (the manias). For example, mania can be caused by a hormone issue (host-based) and as a reaction to stress (reactionary).

Maybe another way of describing these two base categories is physical/non-physical or physical/psychological but I personally prefer host-based and reactionary. The choice of words sometimes depends on the context.

The reason why I think it’s important to highlight these two categories is because I have noticed that the symptoms of bipolar disorder can be caused due to issues with either of these domains. These two categories simplify the disorder a lot and help to get to the bottom of your mood fluctuations. Although I have to admit that usually if things are physical, they don’t really fall under the scope of psychiatry however I have rarely seen psychiatrists investigating whether issues are physical, they are rather quick to diagnose and bipolar disorder is commonly misdiagnosed unfortunately. Also, physical based causes aren’t very prominent or well-known and some are probably yet to be discovered. For example, an amino acid obtained through our diets known as tryptophan although associated with something good called serotonin our happy chemical, can also contribute to the development of a toxic substance called quinolinic acid which is associated with depression when it gathers in the brain. The development of this acid is influenced by such things like stress and inflammation however exercise has the opposite impact and encourages the available tryptophan to be converted to serotonin. You’ll probably never hear your psychiatrist thoroughly testing or educating you in such a way.

If you aren't already aware, there is an ongoing debate on whether ailments such as bipolar disorder are biological (physical) or psychological in origin with both sides presenting some evidence for their view. Usually when such debates occur, I believe that sometimes what ends the debate is that both sides may actually be right and the sweet spot is to credit them together. My personal belief after all the research I've done regarding the matter is that ailments such as bipolar disorder as I mentioned above can be either a host-based or reactionary issue. Although I do believe that it is predominantly reactionary in most of the cases. Examples of reactionary issues include psychological problems, sleep-wake cycle problems and issues of similar nature. We do have a lot of evidence for this as bipolar disorder symptoms are highly associated with things like stress, emotional trauma and life problems.

There have been two times in my life when I was being injected by a sustained release injection of Invega Sustenna. An antipsychotic in the form of a slow release liquid that can last a month. I remember the first time being on them. I became severely depressed and I couldn't function at work properly. In case you didn't know anti-psychotics can cause depression. The body is not stupid it is intelligent and knows when something is wrong and it tells you that. Anyway, I had no idea what was going on except that I was depressed. Life was a dull gloomy experience where I just felt lifeless with hardly any energy. Every day I was suffering and I couldn't explain what was wrong with me. When I finally came off it my moods increased dramatically. But I still didn't realize what had happened until I went on it again some years later. The same depressive symptoms occurred. I was depressed and would even lie in bed all day. My everyday experience of life was something I couldn't handle and I just felt so low. I couldn't relate to anyone it was as if I had to force myself to move through life and talk. When I went to my psychiatrist I complained of my depression and told him I want to come off the Invega. He said that I complained of the same symptoms last time. When he said this I was amazed. I went off the drug and to my amazement my depression lifted. I was waking up normally again and I didn't lie all day in bed anymore. My moods improved a lot. The reason why I have mentioned this experience is because this was an example of a host-based issue or cause of depression. In other words the depression was because of something wrong with my body and the offending agent was the antipsychotic. This was a long depressive phase all revolving around a physical bodily issue. By mentioning this I am also trying to highlight that symptoms happen for multiple reasons and my issue could of easily been misdiagnosed as a Bipolar depressive phase which it wasn't. In fact another psychiatrist I saw before seeing the doctor who took me off the Invega offered me antidepressants which are used for depressive disorders.

Another interesting example of Symptom Dual-dimensionalism outside of bipolar disorder is with schizophrenia. People can experience hallucinations from syphilis when it is in its later stage. Syphilis is a bacterial infection that spreads through sexual contact (host-based). Hallucinations can also occur from sleep deprivation (host-based). Hallucinations also occur from no detectable origin (I would prefer non-physical in this case).

Our human essence demonstrates host-based or reactionary causes of psychiatric experiences and both these domains have an offending agent or agents at their core that the disorder revolves around and is based upon and which cause the unpleasant perceptions that the patient experiences. Although physical issues are not the focus of psychiatry, I have mentioned both domains to highlight the Dual-dimensionalism we as humans are bound by as part of our anatomy and how we can be impacted in both domains. I have also highlighted them to simplify psychiatry and to encourage holistic approaches to treatment.

By understanding the nature of the host-based domain we can also understand the nature of the reactionary domain and vice-versa as they parallel each other. For example both domains have an offending agent and when this offending agent is treated successfully, that is when moods stabilize. So if someone was going into mania because of a delusion (reactionary offending agent), if that delusion was resolved then their moods would stabilize. Similarly if someone was going into mania because of a hormone issue (host-based offending agent), if that hormone issue was resolved, then their moods would also stabilize.

Chapter 13. The Human Essence Bodies and Dimensions of Well-Being

When treating an ailment, it really helps to understand our anatomy and other aspects of our existence that we are bound by. Both Albert Einstein and Isaac Newton were fans of simplicity and when trying to get to the bottom of bipolar disorder the basics of our make-up help a tonne.

We are made up of a few essence bodies (an essential structure) and have some dimensions of well-being that apply to us. When dealing with bipolar disorder it should be ensured that any corruption in this basic structure is attended to as symptoms usually arise when they are out of order and imbalanced. This structure is listed below:

The human essence bodies:

1. **The Non-physical self –** This set of systems represent our ability to perceive perceptions of non-physical nature. Examples include visual hallucinations, auditory hallucinations and dreams
2. **The Mental self –** The system responsible for perceiving mental perceptions such as thoughts
3. **The Emotional self –** The system responsible for perceiving emotions such as fear and sadness
4. **The Physical or Bodily self –** The physical part of our essence or our body in its entirety

There may be more essence bodies than this but these are what I have noticed to be found in psychiatric disorders. Feel free to complete this list yourself as the whole point was to outline our anatomy.

The dimensions of well-being:

1. **The Social dimension**
2. **The Financial dimension**
3. **The Occupational dimension**
4. **The Physical dimension**
5. **The Environmental dimension**
6. **The Intellectual dimension**

Like with the essence bodies there may be more dimensions of well-being than this. For me personally I have an Islamic dimension that applies to me as I am a Muslim and this Islamic dimension actually encompasses all aspects of life and existence. So this whole anatomy would actually fall under Islam naturally. The physical and intellectual dimensions probably aren't much different to the physical and mental essence bodies.

Depending on the specific item in this global anatomy the goal regarding these essence bodies and dimensions of well-being is to maintain them, achieve balance, rid of any corruption, improve them and grow in them. It is usually when there is some sort of corruption, extremity, imbalance etc that symptoms of bipolar disorder arise. I would like to add that the chapter on symptom Dual-dimensionalism also relates to this anatomy (human essence bodies) where the host-based category would be the physical self or dimension and the reactionary category would most likely fit under the non-physical, mental and emotional self's.

By knowing the above basic anatomy of our humanely existence, a patient can respond to bipolar disorder in a holistic way. This basic structure is a useful simplification that makes it easier to understand and respond to a certain case. A way of narrowing down and focusing by going to the basics.

Chapter 14. A Call to expand the meaning of “Antidepressant”

I’ll never forget the day. I was looking for work and finally got some at a local factory. It definitely wasn’t the most desirable job and even the employer told me to please call them if I couldn’t handle the job before leaving as many people would quit. It was a building waste recycling factory and I was employed as a cleaner. My job was to clean the dust build up and building debris that would occur every hour or two from the machines. I had a broom and shovel and also the brush of a dustpan/brush combo.

So there I went starting my first day. Shortly into the job I found it quite difficult and was going to give up but I just decided I’m going to keep going. This job challenged me a lot. I would be doing things like getting on my hands and knees and sweeping the dust off the metal stairs one by one. I would be shovelling piles of dust whilst sweating to my feet totally drenched in my own bodily fluid.

Something strange started happening after a while. For some reason I really started enjoying this very difficult job. It became so enjoyable that I literally was very very high. My thoughts stopped and I became fully present. My mind was fully occupied and I felt very peaceful. I felt alive, I felt like a man. I felt like I was using the calories that I eat during the day instead of just storing them up. I would sleep at night so deeply and snore my night away waking up fresh and ready for the next day. I had the best sleep I could ask for and it wouldn’t take long after closing my eyes to become unconscious.

I loved sweeping the dust away and watching the grey coloured dust filled metal platforms turn white after I would clean them. I also loved carrying away the piles of dust and building debris and disposing of them. Like I said I was fully challenged, immersed and engaged and I definitely felt no depression but quite the opposite. My problems faded away and my thoughts silenced.

Later on I thought to myself why did this happen? The answer was simple, it was because I realized I was enjoying the activity, I was away from my mind, I was doing intense exercise which is known to release multiple pleasure chemicals and I was sleeping deeper. I also had a good team mate and chances to work on my own with no pressure. There was not really any supervision. It was an experience and situation that triggered a sweet spot for me to feel great. I also wondered later on, why couldn’t I consider this an antidepressant? I definitely found this to be an intense high.

Why should we limit the definition of “antidepressant” to pills that have questionable efficacy? You just have to look at the world and how many people are on drugs for depression and ask them if they are still depressed, you would get millions of people saying a big YES! And the statistics agree. We live in a depressed world regardless of how many pills are pushed out.

If you pay close attention, you’ll realise that the way pharmaceutical companies design their drugs, they simply try to manipulate chemicals in our body that are associated with pleasure. Take SSRI antidepressants for example (Selective **Serotonin** Reuptake Inhibitors). Serotonin is one of our happy chemicals. But the reality of this is that there are literally millions of ways to activate those same chemicals without drugs and in a more effective and safe way. There is nothing complex behind the drugs they market, our own bodies produce these chemicals naturally and we have the power to activate them. I would also argue that as the world became industrialized, we became more depressed as we now spend less time outdoors and are less active. Industrialization was a mass change that was applied to everyone.

When I talk about antidepressants I don't focus on pills alone, I have found it very beneficial in my life to talk about anything that gives me a pleasant experience to fall under the definition of antidepressant and neuroscience agrees. Take exercise for example. During exercise tryptophan is absorbed by the brain in large amounts. Tryptophan is converted in the brain to 5-hydroxytryptamine (5-HT) or simply serotonin the happy chemical. Exercise also releases pleasure chemicals such as dopamine and anandamide which is known as the "bliss" chemical. Anandamide, the bliss chemical, is also released when we are enjoying a hobby and also during challenges that we find interesting (research flow). The main point is our bodies and other certain conditions can induce natural and powerful antidepressants. So powerful are these that scientists try to make supplements and drugs from these chemicals.

But it isn't only exercise that produces these feel good chemicals. Anything you find pleasurable must be inducing positive feel good chemicals. I change my attitude or understanding towards undesirable things I can't control if possible and feel immense relief. I consider this also to be an antidepressant. An example of this would be accepting a job you don't like, regarding it as a good enough solution, looking beyond the unpleasantness and just keeping your eyes on your pay cheque. It's all about survival, that's what matters, that's my standard of contentment.

Deep and meaningful social gatherings also attract the release of these feel good chemicals. We are also born with a predisposition where we have gifts, talents and things we find enjoyable and through exploration we can find out what these are. Once we know what we find enjoyable we can capitalize on that and focus on those activities. It's why people engage themselves in hobbies and lose track of time.

I think it is now primitive thinking to isolate treatment of depression with antidepressant drugs when there is literally millions of options available to us to respond to our low moods. Depression is an active experience of consciousness containing a constant low mood. With such an experience one simply needs to credit their low state with forms of positivity so that their experience of consciousness and time is a positive one with positive moods. That being said, feeling low is not always a bad thing and sometimes it is actually healthy to feel your negative emotions and let them wash over you. Let them pass.

I also thought it was important to mention that I don't believe in labels such as Treatment Resistant Depression or that the depression of bipolar disorder is permanent. These are contradicted by what we know in neuroscience. For example like I mentioned earlier, exercise forces the release of our own powerful antidepressants regardless of what depressive psychiatric label you have. The exercise has to be a bit challenging however. I talk more about this in the chapter on credits and debits. We live in a world where therapy like exercise is not suggested enough and unfortunately there are obstacles of will power to overcome to reach its benefits but it can become an easy habit for you with practice. Exercise before industrialization was a natural part of life and so there was a healthy pressure and push to move. I didn't experience the high of exercise until there was pressure on me to work and I will never forget the bliss I tasted that one fine day.

Chapter 15. Why Safer Drugs aren't Impossible

You may have noticed in this book I don't speak very fondly of drugs. I'm not against them completely as I believe they have their justified use in some scenario's. There are cases where drugs are necessary. They can save lives and so can be part of our toolkit when dealing with Bipolar. However, the only problem is, psychiatric drugs are mostly very poorly designed. You can see that by their side effect profile. Psychiatric drugs achieve their so-called therapeutic effect by disabling brain function. They are harsh foreign agents that the brain isn't designed to accommodate. The therapeutic dose of a Bipolar drug is also a toxic one. That's why you need blood tests when taking lithium as it can cause kidney disease.

When psychiatric drugs like antipsychotics and lithium are administered, the way they operate isn't by balancing a disturbed chemical imbalance or correcting a genetic malfunction. Like I said earlier, the biochemical imbalance theory is an unproven claim by the pharmaceutical companies and psychiatry. Rather, these drugs disable the brains optimal performance and ability and interfere with its normal mode of function unnaturally which results in some of the higher functions of the self being compromised. It's why you'll notice mood stabilizers blunt the emotions and it's not uncommon to see the zombie effect people on antipsychotics suffer from. Some of the most important parts of the brain like the frontal lobes are impacted by such drugs. To be more specific with an example, consider the story of lithium's discovery and early use. Lithium as a treatment for mania may have its roots in ancient Greek medicine, but a more recent account goes a bit forward and was made popular by a man named John F. J. Cade.

Cade experimented by injecting lithium carbonate into guinea pigs and found that after about 2 hours the animals still had their awareness but at the same time became extremely lethargic and unresponsive to stimuli for one or two hours before returning to normal function again. He started giving lithium preparations to manic patients and found their symptoms would improve dramatically after some time. Lithium was further developed later by other professionals until we got what we have today. On the surface, it would appear that the drug was having an anti-manic effect and Cade did believe that bipolar disorder was a physical illness. This is incorrect however as it is already established that lithium impacts normal people, patients and even animals by impacting their emotional responsiveness. It is not a chemical agent that corrects a specific abnormality of the brain. Rather, as discussed above, it is a chemical restraint that achieves its effect through brain disability and toxicity. It's also why antipsychotics can take someone out of a manic state because both mood-stabilizers and antipsychotics share much of the same brain disabling attributes. In simple terms, these drugs knock you down and work by disabling your brain including the most important parts.

This brings me to my point. It seems to be the case that drugs in general do still have their purpose and usefulness. Certain cases can't be effectively controlled without them. However, since psychiatric drugs are so harmful especially if administered long term, safer drugs need to be developed.

When I was manic once I was extremely sleep deprived. Eventually I lost touch with reality and was hospitalized and given Zyprexa. Following that I probably slept for 10 hours and woke up with my symptoms completely resolved. Years went on and as I started researching mental illness, I have come to believe that it was the sedating properties of Zyprexa and the sleep it offered that took me out of my manic state as opposed to a specific anti-manic property of the drug. It is also the reason that I personally now believe that sleep induction can alleviate mania. Interestingly another drug class, "benzodiazepines" the anti-anxiety drugs, are used for mania and hypomania and drugs of this nature can induce sleep if given the associated dose.

As can be seen, multiple drug classes are used to manage the manic aspect of bipolar disorder but their primary general way of action is through brain disability and slow down. Since there is nothing complicated behind the way they work, safer drugs and treatment approaches shouldn't be that difficult to develop or are probably already available. Using solutions that are safer and harmonious with the body I don't believe is a complicated matter. We already know that benzodiazepines are central nervous system (CNS) depressants which calm people down so I think investigation by qualified professionals needs to occur regarding safer sedatives even from the plant kingdom. Such efforts could offer some help and provide more effective and agreeable solutions particularly to patients who require long term treatment of some sort.

The most problematic aspect of the current drugs is when they are used as part of a maintenance program. That is when they are used to prevent future episodes and are taken on a daily basis. Long term use of psychiatric drugs is associated with a host of harmful bodily damage. These drugs in my opinion should only be used short term and efforts to stabilize moods naturally is a more ideal approach. Giving drugs without making efforts to stabilize mood is not ideal and is harmful, sometimes fatal. By that I mean it should be remembered that drugs treat the surface of the problem and so just the symptoms. They don't go deep and so have their cons because going deeper offers a more thorough method towards symptom neutralization.

Before ending the chapter, I would like to mention that caffeine is a proven antidepressant and one which I have personally found to be a lot more effective than antidepressant pills. Generally speaking the body tolerates it quite well. This demonstrates that at least in nature we do have safe chemical agents that can sedate or heighten energy levels and manipulate mood. Caffeine is a stimulant and so heightens energy and mood. Some people may find that useful and so I thought I would mention it. Always remember to check with your doctor first however to ensure it agrees with your case.

Chapter 16. The Motivation to Push the “Incurable” Narrative

Psychiatric drug sales collectively profit pharmaceutical companies large amounts of money something in the order of billions. Anything threatening this dominance would be a disaster for this industry and the thought process that underlies the continued running of its establishment. I am not alone in my belief that the pharmaceutical industry (who funds much of the research found in psychiatry) has a big motivation to push the narrative that many disorders are incurable or can’t be dealt with in a more humane and effective way. I also believe after much observation that they have much to gain by keeping people on pills and making it easy to be diagnosed with a label.

Modern psychiatry is the product of a series of events and change in thinking regarded as revolutionary in the history of care to patients with mental illness. Therefore what we see today in the way mental illness is managed is more of a pharmacological (relating to the use of drugs) takeover of the management of mentally ill people. This is particularly relevant to patients of severe conditions such as bipolar disorder and schizophrenia. One of the game changers was a drug called “Thorazine” made public to the world in the 1950’s. The reason I mention the origins of modern psychiatry is because the current way we handle the mentally ill is via a singular, isolative and non-holistic method and this wasn’t always the case. There are and have been very successful methods for mental illness recovery outside of psychiatry’s approach of disabling brain function. In our current age in general, I have observed an over-reliance on drugs and a shift away from treating the person as a whole which is a necessity when responding to mental ailments. But this is quite evident and clear in modern psychiatry with their shift away from holistic health and into the extreme of drug dependence. If you open a typical book on bipolar disorder, you can expect to see the treatments section dominated by drug therapy not acknowledging or giving emphasis to the proven effectiveness of responses outside of drugs.

One large segment of the psychiatric drug market is the depression industry and its associated antidepressant drugs. If you have a look at the diagnostic criteria for major depression, you will notice a vague and open-ended set of criteria that leaves the door open to attract a myriad of causes and cases that will put many people under its label. One of the most alarming aspects to me is the requirement that some of the criteria only has to be present for a 2 week period for a person to be diagnosed. It does have an exclusion for people with a medical condition or for physiologic effects of a substance behind the depression but overall, the diagnosis does not exclude something as simple as psychological and natural, normal circumstances. In other words, in some cases the medicating of normality is occurring. For example, a person who has withdrawn into themselves in response to a burdensome situation can easily fit the criteria for major depression.

When you put the above together you will notice that modern psychiatry demonstrates a pattern revolving around a patient having a close and dependent relationship on drugs and a narrative or impression that these disorders are life-long and unresolvable. However in reality, judging on what we can see in the world, people do recover from debilitating conditions such as depression and there are options such as lifestyle changes and being taught to solve problems which empower the individual that are more effective than drugs which aren’t encouraged enough in the modern typical practitioner visit. However if such proven and effective alternative therapy were to gain more dominance, you can see how the pharmaceutical industry would have to suffer great losses and how it would question their dominating thought process that mental disorder is brain disorder.

Chapter 17. The Labels that Contradict “Bipolar Disorder”

When we analyse bipolar disorder, we come across a few inconsistencies that question the currently held beliefs about this disorder, its nature and how accurate the established theories regarding it really are. That is the basis of much of my book but in this chapter, I’m going to get a bit specific about the label itself. I have already mentioned that I think the terms “bipolar disorder” are not very accurate to begin with and I don’t see why there was a need to change it from “Manic Depression, or Manic Depressive Insanity” as that to me seems to be closer to the reality of the condition. I don’t think patients are insane but I do definitely see the accuracy in stating the disorder is essentially about mania and depression or higher and lower energy expressions. But mania I don’t believe is an opposite pole as I have already mentioned it very commonly contains very unpleasurable traits such as irritability. Definitely nothing to do with a high pole. But other than this inaccuracy with the current label, there is another aspect that has caught my interest that I thought I would include in this book as I thought it may be of some benefit to patients. What I talk about now definitely raises some questions about this disorder and how it’s currently regarded. This may offer some positivity for patients who feel this disorder has control over them.

To the best of my research, for a long time bipolar disorder has been classically characterised by violent or problematic mood fluctuations of opposing energy levels. If your case doesn’t involve a combination of these intensities of energy, you aren’t really experiencing fluctuations of “two poles” and thus “bipolar disorder”. Although this is the case, something strange happens in the world of psychiatry that I think doesn’t get enough coverage and this may be because they can’t explain it and it contradicts the label itself. Amazingly, there is a label called “Unipolar Mania”. Unipolar Mania is a condition where a patient only experiences mania but no depression and it is acknowledged as a genuinely occurring and valid condition. In other words, it is an established condition that is proven and definitely exists. But the problem is it is assigned to exist under the label bipolar disorder and this is where the contradiction and inconsistency comes to rise. How can a condition consisting of only one “pole” be categorized under a label that from a language perspective requires two poles?

Another label of interest is “Unipolar Depression” which apparently is another name for major depression. The person just experiences depressive symptoms. In my personal opinion, I believe a person who is diagnosed with bipolar disorder is simply someone who unfortunately manages to find themselves experiencing both of these separate labels. It is already established that many patients diagnosed with bipolar disorder find themselves diagnosed with major depression for many years before finally getting a diagnosis of bipolar disorder. One way of finally getting the diagnosis of bipolar disorder in such cases is the first appearance of a manic or hypomanic episode even if it’s after many years. I will also mention however that although I believe the labels are separate, I think in some cases they can have a connection. For example, it is quite possible that a person experiencing both mania and depression can be experiencing mania due to their depression and vice versa. Bipolar Disorder is a highly variable ailment specific to the individual and this again comes down to the principle of case individuality I mentioned earlier.

What can we learn from the above? I think what we can gather simply is that humans can, in response to certain conditions such as trauma, stress and psychological problems, produce energy expressions of varying degrees, intensities and durations. We also learn that getting lost in diagnostic criteria as is done in modern psychiatry is not only problematic but complicated which is evidenced by the never-ending refinements and additions to the diagnostic manual currently used in the psychiatric profession.

I am currently in the process of simplifying psychiatric labelling data and I hope to initiate the concept of a better system using concepts from computing science. If you are interested, please stay informed through my website. From what I have already developed I have noticed a lot of data redundancy in the current information and I believe I have heavily simplified some diagnostic entities to a considerable degree.

Chapter 18. Cause and Cure in Practice. The Examples of Circadian Rhythms and Environmental Trauma

If you take a look at the diagnostic criteria for bipolar disorder, you will find a set of criteria that is considerably bland, vague and problematic. The barriers for entry are low and attract a huge amount of cases and situations. The diagnostic manual that psychiatrists use in my opinion hasn't had a stable history and has changed a lot, and not necessarily with improved refinements. It has its criticisms and so when I speak of bipolar disorder I'm referring to classic bipolar disorder and its associated diagnostic criteria.

A Bipolar I diagnosis only requires that you have a single manic episode. That's it. This is a problem because the emphasis in psychiatry in such a case is to drug and possibly leave people with a label for life without further investigation and resolution into the circumstances underlying the manic reaction. As I mentioned earlier the pharmaceutical companies and established psychiatry push an unproven claim that bipolar disorder is due to a biochemical imbalance or something of that nature and not much else. You can see that by how they respond to mania and depression. Their response revolves around you the patient having a problem with your brain. Drugs, electroshock, Transcranial Magnetic Stimulation and other treatments. In other words, the patient can't do much about their disorder and pills and other treatments that target the brain are going to be pushed for life. Although you will find the importance of counselling, lifestyle and environmental considerations in some of the literature and when dealing with good psychiatrists.

The reality is we aren't ignorant to why reactions such as mania and depression occur. Nor are we ignorant on how to remedy such emotional turbulence. It depends on the cause and the causes are many. It's why you will be told to avoid your triggers or be told to practice sleep hygiene as not taking care of such things can cause depression and mania. They are forms of pain, injury, stress or trauma.

As mentioned earlier in the book, the focus of psychiatry is on symptoms of disorders that are mysterious or seem that way. For example, to be diagnosed with major depression, you need to be pretty depressed and the reason for your depression can't be attributable to the physiological effects of a substance or another medical condition. If you think about that last underlined part, it may have you scratching your head. But that simple exclusion doesn't rule out something as simple as sleep-wake cycle problems or even psychological problems like the anxieties of life. In some ways, psychiatry medicates normality.

What follows is two examples that meet the diagnostic criteria for bipolar disorder yet these scenarios have established resolutions and causes. These examples together illustrate that the symptoms of bipolar disorder can occur for many reasons and are not necessarily unresolvable.

The first example I will mention is about an aspect found within the science of chronobiology known as *circadian rhythms*. Circadian Rhythms refer to rhythms in the body that roughly follow a twenty-four hour cycle. Many of our bodily functions follow such a cycle. We also have something called a body clock. When someone's sleep wake cycle and body clock are out of sync, they can get depressed. This can happen when travelling across time-zones. The more imbalanced this synchronization becomes, the more disturbed a person can become. Poor sleep-wake cycle management can have a dramatic effect on a person's mood and can cause depressive symptoms. In fact one sleep specialist told me sleep is a pillar of health. Sleep-Wake cycle issues have a remedy however and that is by executing sleep hygiene and encouraging the synchronization of our body clocks.

Based on my experience as a patient, I believe psychiatrists are too quick to prescribe pills if you mention you are depressed. It wouldn't be difficult for a chronic poor sleeper to meet the criteria of major depression. Even though the diagnostic criteria excludes medical conditions, it's too bland and vague to detect someone with sleep issues. When is the last time you heard of someone about to be diagnosed with bipolar disorder first go through a thorough and holistic health check considering the patient as a whole? I know of someone who was psychologically disturbed and just went through a divorce only to be soon diagnosed with bipolar disorder. Many people are being diagnosed and the label is losing its credibility and quality. Children are now being diagnosed with bipolar disorder for normal but problematic behaviour.

Another cause of bipolar disorder can be environmental reasons. Environmental reasons include such things as stressful life events. Stress and emotional pressure can also trigger relapse. Concrete examples of stressful life events or emotional pressure in general can include the death of a loved one, a challenging new job, an abusive relationship and other emotional trauma. The reality regarding such emotional trauma and the way it changes someone is that it is not always unresolvable. People can heal from emotional scars, abusive relationships can change, and people can minimize their stress. We can also learn to build our tolerance to stress. Such events can introduce you to a diagnosis of bipolar disorder but in reality, they can be resolvable. These would fall under something psychological and are in no way a brain disease as psychiatry currently portrays it. People do heal. In my own life I went through very deep emotional scars where I was having panic attacks, social anxiety and overwhelming fear. I was paralysed by fear. But with time, education and my own insights and experimentation, I overcame this emotional turbulence and my tolerance to such stress actually became much greater. I call such experiences "the development of psychological immunity". I wrote about this experience in my free e-book on my website about managing harmless fears. I am now able to recognize when I'm having a panic attack or delusion (although I never have them anymore) and I can diffuse them.

Chapter 19. Neurons and Neuroplasticity

Our brains are living moving objects like other organs in our body. You may be wondering how exactly does a brain move. It doesn't seem that way, it seems like it just sits in our skull innocently controlling various functions of our body. But our brains are so complex that we don't know much about them and have so much more to learn. Our brains move through a method known as "neuroplasticity". So what exactly is neuroplasticity? Neuroplasticity is the ability of the brain to manipulate its connections, rewire itself or simply put, remodel itself. It is the ability of the brain to adapt to different stimuli or changes. It literally moves at the physical level. Examples of neuroplasticity occurring include when the brain changes in response to learning something new or when the brain delegates functions of a damaged location it has to an undamaged location like in response to a stroke.

But neuroplasticity is of particular interest to me in regard to mental illness recovery. Neuroplasticity isn't always associated with improvement. Stress has the power to change the brain and induce neuroplasticity. This means stress and other traumas have the ability to weaken how our brain performs. There is some thought in modern psychiatry that there is a lot of evidence that bipolar disorder and anxiety disorders are caused by the deficient programming of neurons in a patient's brain. We do know that environmental trauma such as life stresses, unhealthy relationships and even pregnancy can cause the onset or episodes of bipolar disorder. Such a reality makes it quite possible that these events cause neuroplastic changes on the brain thus contributing to the emotional turbulence seen in bipolar disorder. This may be the situation for at least some cases.

I don't believe the deficient programming of neurons is the cause of bipolar disorder in every case but what I do believe is that events can change the brain and damage neuronal communication and thus be associated with violent mood fluctuations. In other words, I don't think technically the brain of the person is the problem but rather a victim of something external. Unless the persons case involved such a status like if they were born like that. This again relates to case individuality. I also believe however that since the brain is "plastic", these changes can be reversed or some form of recovery can occur again by encouraging neuroplasticity. Such neuroplasticity would be encouraged by relevant actions that would produce the associated changes the brain requires. I do believe this happens quite commonly to the people who recover from anxiety conditions. You may have heard the phrase "rewire the brain" being associated with mental illness recovery. I'm not sure if the originator of that phrase knew about neuroplasticity but there may be some literal truth to it.

I have my own example to provide evidence of neuroplastic recovery. After a massive panic attack many years ago, I developed a severe anxiety condition. I couldn't function properly and even lost jobs due to an overwhelming fear that consumed me. There was one point where I even struggled to perform something as simple as walking in a public warehouse. I experienced paralysing fear and some social anxiety. I was a nervous wreck and it was a really debilitating condition. As I mentioned elsewhere in the book I wrote a book on this experience and how I recovered which can be downloaded for free from my website. But long story short, I educated myself, made some cognitive changes and performed exposure therapy and eventually came out of that mental prison.

This is an example of neuroplastic associated mental illness recovery. Somewhere in the structure of my brain, remodelling and physical changes would have occurred especially at the neuron level. I basically recovered from emotional scars that were keeping me in my own persistent experience of emotional turbulence. But I strongly believe such changes can also occur for people with bipolar disorder. In other words, neuroplasticity can be encouraged through actions which would remodel the brain and neutralize the emotional turbulence a patient of bipolar disorder is experiencing.

Concluding remarks

I hope you have enjoyed reading this small e-book. It is my sincere desire that you benefited from it and apply the lessons it contains. With this new view it is my hope the reader can see bipolar disorder as a communication system as opposed to a lifelong disease just like any other pain one can experience. This is something to be hopeful and positive about.

After research I now believe that people with disorders like Bipolar are mostly disturbed, have health problems, are reacting to something and in a smaller amount of cases may have something physically wrong with them but overall all these scenario's don't necessarily define a person as broken. I am of the opinion that although some cases are extreme and difficult to treat, many cases can be either cured or improved without over-reliance on quick fixes.

I encourage you to go on your own journey of self-investigation where you look deep and remain hopeful. Try to listen to what disturbs you and what message bipolar disorder gives you. Record your mood changes and the situation that causes them.

This earth was made tame for us to benefit from. It has many resources. By that I mean there are many solutions to our problems and different ways of looking at things. Mania and depression are signals of purpose motivating and pushing us to a realigned state of comfort. They exist for us to seek solutions and counsel from those we trust. No one deserves to feel hopeless or despairing. By taking the right actions and having a determined attitude, you can take control of your health by working with your body like a team and listening to the feedback it offers you.

If you have any feedback please contact me on my website **https://www.abbasbooks.com.au**.

In the interest of your health,
Best wishes,

Mohsin Gillani