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# MYTHS AND MISCONCEPTIONS ABOUT BIPOLAR DISORDER

## Introduction

As the world transforms itself into a more technological era, mental health evolves, and myths around bipolar disorder are maintained. Compared with other mental health disorders, posts about bipolar disorder were found to be more stigmatising in social media spaces where people can express themselves. People living with bipolar can find this complex online narrative difficult to navigate. It may trigger feelings of shame, disgust, denial, and difficulty processing their diagnoses, impacting not only their compliance with treatment, but also their ability to accept themselves. We hope to debunk some of the most common myths and misconceptions about bipolar disorder in this article.

## Myth #1: Bipolar disorder is just mood swings, nothing more.

The mood fluctuations experienced by people living with bipolar disorder are much more severe and prolonged

than those experienced by people with typical mood swings. Those suffering from bipolar disorder experience episodes of manic mood, energy, and activity, followed by periods of depression. When these episodes last for weeks or months, a person's daily functioning may be severely impacted.

Bipolar disorder causes extreme mood swings, but most people present as depressed rather than manic. It's normal to have good and bad days. With bipolar disorder, mood swings are often more intense and continue for a longer period of time than with regular mood swings. Those living with bipolar disorder may feel high for days, weeks or months, racing around, talking a lot, fasting and not sleeping much, leading to destructive behaviours such as running through money. In some cases, psychotic features may also occur during manic or hypomanic episodes.

People living with bipolar disorder

may stay in bed for prolonged periods of time, days or weeks, which may negatively impact their job security. They might feel unmotivated, sad or even suicidal. This usually occurs during the depressive cycle.

## Myth #2: It's rare to have bipolar disorder.

Worldwide millions of people suffer from bipolar disorder, which can develop at any age, affecting both men and women, with no single cause.

The diagnosis of bipolar disorder in children can be quite tricky because of their temperament. It's common to see mood fluctuations during adolescence misinterpreted as pathological. Over time, many people have learned to manage it. Understanding how it presents in each individual enables one to track when periods of mania and hypomania, as well as depression, begin to oscillate. While using alcohol or illicit drugs can trigger bipolar disorder, the exact cause of bipolar disorder is unknown.

**Myth #3: There's a lack of willpower or personal weakness behind bipolar disorder.**

Genetics, environment and biology all contribute to bipolar disorder. Family history, trauma, and brain chemistry changes can all cause or contribute to bipolar disorder.

The ability to "always" control your mood states can be a source of judgement and ridicule for those living with bipolar disorder. Having to control mood states and move out of mood states often places a lot of pressure on someone in this position. An underlying sense of helplessness can create a sense of failure. As a result of these experiences, the risk of depression and suicidality increases significantly. It's important to manage bipolar disorder on both a biological and therapeutic level.

**Myth #4: It's just a phase, it'll go away.**

The symptoms of bipolar disorder can worsen if left untreated. Bipolar disorder patients may "be okay" after a few months of treatment. If someone is asymptomatic, they often default on their medication because others tell them they're okay and they shouldn't keep taking it. As a result, they often relapse into depression, mania, hypomania and even psychosis in their presentation. A psychiatrist and psychologist are always needed to manage bipolar disorder closely. The treatment for bipolar disorder must be ongoing, unlike colds or flu, which pass after treatment.

**Myth #5: It's hard to lead a normal life when you are living with bipolar disorder.**

People living with bipolar disorder are often successful, such as professors and doctors. Living with bipolar disorder may require consistent monitoring of thoughts and moods. People living with bipolar disorder often benefit from work because it gives them a sense of structure and reduces their depressive symptoms. Careers and relationships can be fulfilling for people living with bipolar disorder.

**Myth #6: There's always a manic or depressive episode when you have bipolar disorder.**

Bipolar disorder includes milder mood changes like hypomania and dysthymia; it may also be accompanied by periods of stability between episodes. Bipolar disorder sufferers often have periods of clarity when they really think about the impact their behaviour may have had on those they care about. Mania, hypomania and depression are not the only symptoms of bipolar disorder that oscillate, but there are also long periods without symptoms. The rapid cycling of mood states is experienced by a small percentage of individuals living with bipolar disorder. It occurs when there are several mood episodes per year. Usually, this fluctuation occurs over a longer period of time.

Bipolar disorder sufferers can now make themselves comfortable in their own homes with technology. The use of pornography or sexting could increase during manic episodes. Through cellphones people have instant access to some of these behavioural addictions.

**Myth #7: There's only one treatment for bipolar disorder: medication.**

Psychotherapy can provide coping skills and strategies to manage symptoms for patients living with bipolar disorder. Stress management and exercise can also help manage bipolar disorder symptoms.

When someone suffers from bipolar disorder, treatment goals include creating a balance in their life and continuing treatment despite their good moods. Cognitive behavioural therapy can help people living with bipolar disorder overcome unhelpful thinking patterns and learn how to avoid and navigate their way through triggers. Sharing experiences and coping skills is also a powerful tool for those living with bipolar disorder. It's helpful to break down the stigmas and myths they may carry about their diagnosis, as well as their judgments about themselves.

**Myth #8: There's always violence or danger associated with bipolar disorder.**

During manic episodes, some people living with bipolar disorder may be irritable or impulsive, but the majority

aren't violent or dangerous. Bipolar disorder sufferers are more likely to be victims than perpetrators of violence. It's harder for individuals living with bipolar disorder to get treatment if they are stigmatised as violent or dangerous.

Psychosis, irritability and aggression are some of the mood states associated with bipolar disorder. People living with bipolar disorder are often misunderstood as violent. It's quite possible for someone living with bipolar disorder to appear quite confident during periods of hypomania or early mania; this causes moods to become erratic during this time. The feeling may initially be pleasant, but without treatment it escalates into loss of control of our thoughts, diminishing insight, and in severe cases, psychosis. These states are characterised by increased anger and irritability, as well as less sleep.

**Myth #9: Bipolar disorder is like two different people.**

The idea of having a split personality is often used to describe people who shift between mood states in society. While bipolar disorder causes a shift in energy and motivation, the personality remains intact. A person suffering from hypomania or mania may become more impulsive in making decisions, which can have an impact on their relationships, or their financial health. As a result of their inability to discern risk, their behaviour may come across as irrational or inconsiderate to others.

**Conclusion**

Technology and mental health are growing together, and clinicians need to be aware of this. Social media is a double-edged sword that provides support and opens new behavioural avenues for presentations. Health professionals and patients must be educated about bipolar disorder in order to lead healthy, fulfilling lives. When supported and treated properly, bipolar disorder is treatable like any other mental illness.

**References available on request.** 