What is Me?: What is Bipolar?

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What is me? What is bipolar? My patients ask me this question all the time. Here Nancy Potter provides a philosophical response grounded in the construction of narratives, what philosophers call hermeneutics, generally seen as part of the postmodernist way of thinking.

In my experiences with people who have bipolar disorder, the question of the self, a dilemma in the healthy, takes on new salience, although I would do so without truckling to the postmodernist conventional wisdom of our day.

There is the self when depressed, when manic, and when normal. Which is the ‘real’ self? Years ago, Bill Fulford and colleagues published in these pages about ‘mild’ mania (Moore, Hope, and Fulford 1995), with a case where the behavior of the mildly manic man, although clearly different from his normal self, was not inherently wrong, in any absolute sense, but rather different. So he liked to have sex with many women; this disturbed his wife; but regrettably it is not uncommon, nor outside social norms in many settings, nor do most professionals wish to apply absolute moral judgments on such habits.

Bipolar disorder, more so than even multiple personality (which has received more philosophical attention (Humphrey and Dennett 1989), highlights the problem of the self.

The postmodernist, constructionist perspective provides an answer. There is no real self, only constructed selves. There is no real me; only the story I tell myself about who I am. And that story changes over time, and it changes over mood states. Dennett has a nice metaphor: he calls the self the ‘center of narrative gravity’ (1992). I like this because it includes the concepts of narratives, which postmodernists like, but it also reminds us that physical gravity, which is quite real, is nowhere to be found as a thing. So too with the self: we cannot locate it anywhere, but that it does not make it “unreal” or purely constructed as a storyline.

The starting point, I think, to understanding the self in bipolar disorder is to accept, first of all, that bipolar disorder is a disease, a pathology of the body producing psychological symptoms. (True postmodernist believers can stop reading now.) A disease is something that one has, not that one is (McHugh and Slavney 1998). I have diabetes; not, I am diabetic. I have gout; not, I am gout. I have bipolar disorder; not, I am bipolar. The present tense of the verb for existence, when applied to psychiatric diseases like bipolar disorder, produces the unfortunate connotation that the entire personality is taken over by the disease. But just as diabetes does not change my personality traits, neither does bipolar disorder. With one proviso: when one is manic or depressed, of course one’s
personality changes because one’s psychological state changes; however, when one is not in the mood state of mania or depression, one’s typical personality comes back.

A common misconception among non-clinicians is to think that if one is crazy, one is always crazy. Bipolar disorder is not the disease of having mania or depression; it is the disease of being susceptible to having mania or depression. And those mood states are, by definition, episodes: they come and go; they do not stay. They are not constant.

So at one level, the answer to the questions that started this commentary is that who you are is the person you are when you are not manic or depressed; and for most people with bipolar disorder, such periods exist and such a person can be identified.

But there is more: what one experiences when manic or depressed cannot be ignored. It changes you. You have some spiritual insights when manic; you experience enhanced empathy with the suffering of others when depressed (Galvez, Thommi, and Ghaemi 2010). There is a largesse provided by this illness in partial repayment for the suffering one endures. How does one incorporate those experiences into one’s normal self, after recovery from fugacious but repetitive manic and depressive states?

This is the way I would look at what needs to be done, both in a person’s own self-understanding of what it means to have bipolar disorder, as Tom Wootton has recent written about (2009), and in psychotherapy. This kind of psychotherapy is hard to find, because it requires a psychotherapist who understands and accepts the reality of bipolar disorder and is quite knowledgeable about it, and who is willing to do this kind of narrative-oriented psychotherapy. I see such a psychotherapy as a kind of existential psychotherapy, in the hands of someone who specializes in bipolar disorder (Havens and Ghaemi 2005). I can count on one hand the number of such psychotherapists I have known. The best have the illness themselves, or intimately know those who do.

Mania is a burden to one’s friends, depression to oneself, Robert Lowell once said. My sense is that bipolar disorder is a burden to the mental health professions; it is complicated but real, and refuses to be socially constructed away into nothingness. Few understand it; fewer still bother. This paper reminds us that it is worth the effort.

References