

Understanding How Bi-Polar II becomes Tri-Polar

For many, “Bi-Polar” is a misnomer -- it’s really a “Tri-Polar” Disorder if it is linked with Borderline Personality Disorder. The Three Poles then become: 1. Manic, 2. Dysphoric, 3. Depressive. The Tri-Polar Disorder is a Multi-Dimensional, Interactive, Circular Process where various mental, physical and social factors trigger each other, creating self-perpetuating chaos and disorder-maintaining mechanisms. The Cycle usually gets kicked off with some external stimulus, big or small. But, like an allergy needing only a small irritation to trigger a big sneeze and runny nose or an asthma attack, the external stimulus can be a small irritation ending in a full blown cycle. Because 25%-60% of all Bi-Polar sufferers also have a dysfunctional Thyroid gland, the problem may also be triggered by a physiological deficiency which changes the chemical balances in the brain.

If the stimulus is stress, the patient may respond with a Hypo (mild) Mania, working extra hard, cleaning house until sunrise, or getting started on a big project at midnight. In this mode, one sleeping pill is usually not enough to calm him or her down. They usually say they are feeling wonderful, and, in fact, they can be very focused and productive, and often are extremely outgoing toward others. But if they don’t calm down, the Hypo-Mania creates its own stress, and then begins Dysphoric Mania. Or if the stimulus is Fear or Disappointment, then the sufferer may not experience any Hypo Mania, and may jump directly into Dysphoric Mania, which, in either case, often has three stages (although one can jump directly to any stage):

Stage 1 -- Over stimulation: The same high energy, racing thoughts, being over- stimulated, and then overwhelmed. If the patient doesn’t find a way to ease out of this stage and relieve the stress, the next discontented stage of Dysphoria begins:

Stage 2 -- Discontent: There is no sense of wellbeing, coupled with high anxiety, deep hurt, intense sadness and general discontent with those in their immediate world. Seeking to find the cause of the problem outside themselves, they externalize the responsibility to others, at which point the third, and most damaging, angry stage of Dysphoria erupts:

Stage 3 -- Anger: Characterized by uncontrolled upsets, verbal attacks and blaming, negativity, often including the destruction of things and possibly physical abuse of others. External forces outside the sufferer’s control often perceived as the cause. They can go to sleep and wake up still angry and unforgiving. This stage is the most difficult stage to handle, because:

- The sufferer usually sees themselves as a victim, and anyone close will be roped in, either as an imagined “prosecutor” (such as their spouse or sibling, etc.) or a “rescuer” (such as the police, a friend, etc.). In this tryst, the sufferer-victim ambushes their former ally, who becomes the object of the sufferer’s abuse. Rapidly the formerly-safe relationship is easily strained, destroyed, or far worse, a physical altercation may result. If the police are called in, someone may go to jail for domestic violence. (The police seldom understand the situation requires medical attention; it’s not a criminal problem.)
- Paranoia is a common psychosis that often accompanies the Bi-Polar II Disorder and is a fundamental part of Borderline Personality Disorder. At Stage 3, the triggering of full scale paranoia can be like napalm on the fires of rage, creating a furious conflagration that can burn for hours and even days.

Unless the patient receives medical or therapeutic care, the next segment of the cycle – Depression – begins. Then, like a dying star spent of all its fuel, everything implodes into a black hole, and patient opts for either:

- Escape by fleeing,
- Self mutilation, or worse suicide
- Hopeless Depression