

To Better Understand Dysphoria

What is Dysphoric Mania?

Dysphoric Mania is the most enigmatic and vexing portion of the Tri-Polar cycle because it is a combination of both restless mania and depression occurring simultaneously and manifesting itself as uncontrolled anger.

What Causes it?

It is caused/induced by (or a combination of):

- Stress, Loss (real or perceived), or
- Poor/Dysfunctional Responses to a difficult situation,
- Disappointment (failed or unrealistic expectations), or
- Fear (real or perceived), or
- Distrust or Betrayal (real or perceived), or
- Impaired Health or Surgery or
- Abnormal Thyroid Triggering Brain's Chemistry

Is Dysphoria something that only Bi-Polar People Experience?

No, Dysphoria is a normal problem for anyone who has experienced frustration, disappointment, or crushed expectations. However, most people have coping mechanisms that enable them to learn, adapt, and adjust to the disappointment.

Dysphoria is symptomatic of Borderline Personality Disorder. What is difficult in the Tri-Polar sufferer is that they lack some of these coping and adaptive abilities, because at the time they experience dysphoria their brain chemistry has changed. Their mental and physical state becomes significantly altered, and they experience a dramatically different reality from that which the normal person is experiencing.

What happens when the brain chemistry changes?

The patient experiences increased anticipation of harm and/or perceives the disappointment or loss is caused by something outside their control, which then produces reactive, angry behavior, instead of problem solving or acceptance of responsibility that is normal for well-adjusted people.

This anger and striking out in an accusatory manner explodes upon the sufferer's social network, such as their spouse, family, friends, and co-workers. The adverse reactions of those people close to the patient, combined with the impaired mental and physical conditions of the patient, cause the circle to restart and rekindle.

Then, if the perception of harm or loss (fear) is undiminished, the Stress Response Systems become overloaded (for example, (patients say: "I'm blowing my fuses"). There is greater activity in the Hypothalamic-Pituitary-Adrenal Axis (causing even more chemical imbalance) and the heart rate may change significantly. Continued use of these pathways means the brain circuits tend to use the dysfunctional path more easily, thus making the problem more likely to reoccur.

For the patient, these physical changes in both the brain and the body then cause:

- more stress (often augmented by hypochondria)
- more anger (often augmented by others reacting with anger and argument)
- more vigilant arousal & fear (often augmented by paranoia)
- more focused attention on the negative (especially blaming others)
- increased harm avoidance (fleeing or sometimes suicide)
- increased introspection (self blame)
- decreased exploration of the realities in the environment (evidence)
- decreased responsiveness or rejection of external stimuli (e.g. rational thinking, caring by others, etc)
- decreased appetite for food and decreased sexual appetite

Cycle continues until the Patient becomes totally exhausted, opts to exit, or receives the right support or medication.