

**Stigma Busters:
Truths and Myths of Bipolar Disorder**

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Mental illnesses such as bipolar disorder have accompanying social stigmas and false beliefs that make life even more difficult for those suffering from a mental affliction. Living with the pressures of a society that believes mental illnesses can be controlled with willpower alone, among other common myths, can discourage those with bipolar disorder to seek help and support. Without proper treatment and support, mental illnesses can worsen and lead to psychotic breaks, hospitalization, and even death. It is important that society takes action to prevent public stigma and misinformation about bipolar disorder and other mental illnesses because those who suffer from bipolar disorder should not have to battle with that on top of their condition itself.

Bipolar disorder is a mood disorder characterized by episodes of mania, hypomania, and depression (Noack K. et al., 2016, p. 27). The National Alliance on Mental Illness (NAMI) (2017), a mental health organization that provides public information and resources for those with a mental condition, states, “[t]he condition affects men and women equally, with about 2.6% of the U.S. population diagnosed with bipolar disorder and nearly 83% of cases classified as severe” (“Causes”). Despite how common this condition is, some myths are floating around causing stigmas that hinder the process of treatment and lower the quality of life of those who suffer from it. NAMI explains that a specific cause has not been found for bipolar disorder yet; however, there are a few factors that are believed to play a part in it. Genetics, stressful events, brain structure, and brain function may play critical roles in the development of this condition (*Overview* section).

Many myths about bipolar disorder stem from the lack of education on the symptoms that make up this condition. Mania, hypomania, and depression can severely hinder decision-making and result in conflicts in personal and professional relationships. It is important to inform society

about the effects of these symptoms to eliminate the myth that these symptoms can be managed solely through willpower. Mania and hypomania are the main factors that dictate a diagnosis.

NAMI (2017) explains that hypomania is a milder form of mania, which is an extremely elevated state where “the ‘high’ does not stop at a comfortable or controllable level” (“Symptoms,” para. 4). During these episodes, it’s more likely a person will make impulsive judgments and act unusually. NAMI says, “[m]ost of the time, people in manic states are unaware of the negative consequences of their actions” (“Symptoms,” para. 5). This concept is difficult for many people to accept, especially when they are directly affected by the actions of someone in a manic state. In her interview, Rayne Molina (2018) (diagnosed with bipolar disorder at the age of nineteen) states, “[a] manic episode can be... elated. I can just be extra energetic and super chipper... or it can get dark. I can get impulsive [...]. I can do wild things that leave my friends shocked [...].” She provides insight on how this disorder can impair judgment, and cause abnormally-risky behavior.

Depression is the extreme lows on the roller coaster ride of bipolar disorder that often interfere with a person’s life. NAMI (2017) explains that, although the symptoms vary with each person, episodes of depression can be “so debilitating that people may be unable to get out of bed” (“Symptoms,” para. 6). This state is the complete opposite of mania, and can bring life to a near halt as a person fights just to physically leave their home or bed. Molina (2018) describes her own experience in her interview: “Depression is sneakier. Sometimes I don’t even realize I’ve gotten depressive until I notice I haven’t showered or eaten in a few days.” She explains how overwhelming depression can be because she feels irritable and disinterested, which makes it difficult to focus on anything. She goes on to say, “Sometimes, I won’t leave my bed, and all I do is cry because I can’t see anything better for myself.” This emphasizes the fact that those

suffering from bipolar disorder cannot enjoy the same quality of life as people who do not, due to the debilitating nature of their condition.

It is hard to imagine what the episodes of mania and depression can be like without experiencing them first-hand. Even witnessing a loved-one afflicted with bipolar disorder doesn't entirely paint a clear picture of the mental torment they go through. Molina (2018) does her best to explain her experiences with this condition:

It isn't fun watching yourself do and say things that hurt the people you love and seeming to have no power to stop it. Being stuck in your own head... seeing yourself ruin everything not knowing...how much in your own life you're going to mess up or if you're going to end up dead [...].

She and many others struggle every day to live a well-functioning life while suffering through the constant shifts in extreme moods of mania and depression. She makes it clear how difficult it can be to maintain healthy relationships and make sound decisions with bipolar disorder.

Stigmas associated with bipolar disorder significantly decrease the quality of life of those who suffer from it. Misinformation leads to false beliefs and attitudes that spread throughout society, causing many people to behave, or treat those with this disorder, differently than they would normally. This can create social barriers in all aspects of a person's life once they have been labeled as mentally ill. Stigmas affect both the perspective of others and self, damaging self-confidence and performance, and creating uncomfortable social situations.

One of the most apparent stigmas associated with bipolar disorder is in the workplace. Research shows that many employers would not want to hire someone who has a history of mental illness due to the misconception that their illness will affect their ability to do their job. However, Lelliott et al. (2008) state that usually employers who hire those diagnosed with a

mental illness don't regret their decision; "only 15% of such employers reported it as having been a negative experience" (p. 7). Regardless, stigmas still spread in the workplace making it difficult to find a job and keep one once labeled mentally ill. This stigma prevents some people from revealing their mental history in fear that they will be treated differently. These fears aren't far off according to Lelliott et al.; "Work colleagues tend to view mental illness as personal failure (Herman & Smith, 1989) and many report being uncomfortable working with a person who has mental health problems [...]" (p. 9). A workplace should be a safe and secure place to be for everyone. Unfortunately, for those suffering from bipolar disorder, it could be the opposite. Meek (2018) describes this in her article in the *Harvard Business Review*: "I believed work was not a safe space to be open about mental health, and the situation stoked my fear that my depression was a weakness, a source of failure, and a secret to be kept close to my chest" ("Old Habits Die Hard," para. 4). She expresses her struggle with stigma at work and offers ideas and her solutions to help fight against it.

Stigma affects people in many other ways such as finding treatment and personal support. Stigma and misinformation make it difficult to seek help in the proper channels leading to increased "self-medication" methods that are dangerous and make things worse. Molina (2018) describes how stigma exists even with the doctors treating her, "...even doctors don't listen to you. You're just a drug addict or making it up or being dramatic." It wasn't until she was twenty-four years old that she found doctors who listened to her and found a consistent treatment plan that "has greatly improved" her quality of life.

Finding support networks can be difficult with this disorder due to stigmas that make it hard for people without the condition to understand. Granello and Granello (2011), both assistant professors of counselor education at Ohio State University of Columbus, provide insight on a

few stigmas associated with mental illnesses. Many believe people are responsible for their mental illness, and that the inability to overcome those illnesses is based on lack of willpower. Some think those with a mental condition are violent and dangerous (p.101). With all this misinformation spreading around society tends to shun those with mental illnesses, labeling them and making incorrect assumptions based on their condition alone. This makes it harder for those with an illness to find support from society.

The idea that misinformation is a source of stigma is a reoccurring theme throughout the research given. Many myths are surrounding bipolar disorder and other mental illnesses that cause people to change their behaviors toward those who suffer from a psychiatric condition. If society makes an effort to bust these myths by spreading reliable information on mental illnesses to the public, we can begin to reduce stigma and improve the quality of life of those who suffer from it. In their study, Noack et al. (2016) found

many [participants] indicated that directing members of their support networks to credible online mental health information helped to spread understanding and awareness of mental illness within their social circles [. . .] and to decrease stigma and misinformation in the context of their own lives. (p. 29)

Research shows spreading credible information about bipolar disorder will help create better support systems for those afflicted by mental illness. Although misinformation isn't the only source of stigma, it is the easiest one to prevent because anyone can do their part to stop the spread of false ideas and attitudes toward mental conditions.

Being aware of stigmas about mental illness is the first part of reducing their existence; to make progress, we must take action. Noack et al. (2016) suggest creating a credible, centralized, safe, and stigma-free place online where youth can research mental health information about

their experiences. They even created a “Bipolar Wellness Centre” website that provides many features to help inform the public and those who may suffer from this condition. (p. 30). The National Association on Mental Illness (NAMI) is another informative website that provides information and resources for those suffering bipolar disorder and other mental illnesses, as well as help for those who struggle with a loved one who is ill. This organization also provides multiple opportunities for the public to take action against stigma. Granello and Granello (2011) state in their study that, “[t]hose students with broad and inclusive definitions of mental illness had more benevolent, less authoritarian, and less socially restrictive attitudes toward individuals who are mentally ill” (p.108). By educating ourselves and others on mental illnesses and stigmas, we can work towards eliminating stigma and improving society as a whole.

Even those afflicted with bipolar disorder or other mental illnesses can help reduce stigma by being open about their condition, speaking out against misinformation, and directing those who are misinformed to credible sources. Telling their story, instead of fearing stigma, will encourage people to seek help and make it easier for others to understand that bipolar disorder is an illness, not an attitude problem.

There is no doubt that false information and stigmas exist about mental illnesses like bipolar disorder. There may be many reasons this is true, but one that is easily avoidable is misinformation. Everyone can do their part in the fight against the spread of misinformation. Providing support for those who suffer from a mental condition in the workplace, speaking out against stigma and false beliefs, and creating credible, stigma-free sources of information available are just a few ways to help reduce misinformation and thus stigma. Educating society is the first step to improving the quality of life of those who suffer from bipolar disorder.

References

- Granello D. H. & Granello P. F. (2011). Defining Mental Illness: The Relationship Between College Students' Beliefs About the Definition of Mental Illness and Tolerance. *Journal of College Counseling*, 3(2), pp. 100-112, <https://doi.org/10.1002/j.2161-1882.2000.tb00170.x>
- Lelliott P., Tulloch S., Boardman J., Harvey S., Henderson M., & Knapp M. (2008). *Mental Health and Work*. London, UK. Royal College of Psychiatrists
- Meek R. (2018). What I've Learned from Talking About My Bipolar Disorder at Work. *Harvard Business Review Digital Articles*. pp. 2-6, Retrieved from <https://hbr.org/2018/01/what-ive-learned-from-talking-about-my-bipolar-disorder-at-work>
- Molina. R. (2018). Personal Interview. [Interview by author]
- National Alliance on Mental Illness (August 2017). *Bipolar Disorder*. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-Conditions/Bipolar-Disorder>
- Noack K., E., Balram N., Lane C. E., Paquette K., Lavigne A., Michalak J. M., & Erin E. (2016) Credible, centralized, safe, and stigma-free: What youth with bipolar disorder want when seeking health information online. *UBC Medical Journal*. 8(1). pp. 27-31.