

# **Spiritual & Creative Self-Help 4: The Bipolar Blog: Coping With Mood Disorders**

By  
Valkyrie Kerry  
Horrotica © 2019

## **Contents**

### **[Foreword](#) [The Bipolar Blog](#)**

#### **Foreword**

Valkyrie Kerry Kelly's vibrant bipolar blog offers survivors support and ideas in coming to terms with, and coping with their diagnosis. It is honest and cheeky but will be well received by survivors and their carers.

#### **The Bipolar Blog**

##### **Bipolar Blog 1: Defining the Illness**

Hola Halloween Fans,

I started writing this blog and found that it was reading like a medical journal, so I scrapped it and started again. You see I

don't want to do that; I don't want to walk the well-trodden road of describing a mood disorder characterised by highs and lows. Obviously, this is the basis of what bipolar is; a person's emotions roving from depression to elation and back again, or so the books would have us believe. Unfortunately, bipolar is an illness that is not so clearly cut. It is a mood disorder and survivors do experience highs and lows, but the two are not mutually exclusive.

Medically speaking, there are three main diagnoses; bipolar one, bipolar two and mixed episodes. Bipolar one affects 0.8 to 1.6% of the population and comprises the depressive episodes with one or more episodes of full-blown mania. 0.5% of the population experience bipolar two, many of their episodes are depressive, but they can experience periods of hypomania. Survivors with mixed episodes tend to swing or cycle between depression and hypomania with greater rapidity than the latter two forms blurring the lines between

symptoms typical of one or the other extremes.

Here I go again, sounding like a medic. If you are reading this blog, then the chances are that you have read and heard many medical opinions and interpretations. I am not a doctor, my experience of this illness is personal, direct and raw.

I have been a survivor of bipolar for most of my life, of course I did not receive a diagnosis until I was in my thirties as is typical of many invisible disabilities. I do not want to recite the medical textbooks on this subject. I want to give a more subjective interpretation of the illness, symptoms and day to day effects. So, I am going to give you my view of what bipolar is.

Bipolar, I believe, is the resulting condition of having advanced empathy. Empathy is the ability to perceive the world through the eyes of another person. I have found this to be a

common trait among peers and throughout support groups. Empathy is a great tool for historians, writers and counsellors. It enables an understanding of the mind and thought processes of another party, and it is a skill instilled in school through the subjects of history and literature.

For some, however, empathy comes naturally. At school I excelled in those two subjects because I never struggled to interpret the ideas of fictional and historical characters. I could understand their motivation, their rationale and the cause of action or inaction because I could easily envisage walking in their shoes.

Unfortunately, such an ability has a very cruel downside! Imagine that you are in a room with numerous people. You look around, and without too much effort you can pick up everyone's social situations, you sense their problems and you feel their pain. Therein lies the problem that, in my opinion, underlies bipolar illness.

In chat groups bipolar survivors often issue a trigger warning when discussing painful situations. The trigger warning effectively tells other participants that the matters being discussed may result in an emotional response that will trigger symptoms. In real life situations there are no trigger warnings. To a bipolar survivor friends and family go through life with their heart firmly on their sleeve, and their moods are instantly picked up by the overzealous antenna of the bipolar mind.

The sensitivity can be so intense that bipolar empaths can predict the thoughts and behaviour of others, and this too can be extremely hurtful and devastating.

Bipolar survivors are their own harshest critics. They can attune to events in the past, sometimes through a trigger, and can identify how their own behaviours or words caused hurt to others. In turn they may not only feel the suffering, but dwell on this hurt and overthink the

matter. Human beings are not perfect, disagreements do occur, but a survivor can and will relive these experiences often alternating between either side of the problem and feeling the hurt of both.

Generally-speaking, these triggers result in the depressive or 'South' pole. The 'North' pole is quite a unique place to be, it is the realm of possibilities.

Bipolar survivors can be extremely charming and charismatic, buoyant and full of life. This is the 'North' or manic state emerging, the North pole knows no bounds, everything is possible, nothing is beyond their reach.

This is the paradox of the illness; the North pole can party happily without the disturbance of empathy and sometimes with little awareness of the impact of their own actions. The impact comes later, when the South pole re-emerges, and the experience is re-lived. The illness, therefore, creates a cycle of its own with the North pole often triggering the South pole. The North pole appears

due to an excess of energy and string of ideas and plans.

One of the medically notable symptoms indicative of bipolar is the appearance of unfinished projects. The North pole suddenly decides he or she is an artist, a carpenter or an engineer. Instantly several items are bought for the impending project and the North pole starts to put the project together. It cannot wait! This goes on in a haphazard way, remember the North pole will be engaged in numerous other grand schemes, until the South pole comes out and the projects are abandoned due to a complete drain of energy and the onset of depressive fatigue.

This can be extremely frustrating for the partner of the survivor as, on appearance, it seems that nothing ever gets done. However, this also provides carers, friends and family with a visible, tangible symptom to be recognised.

So, what is bipolar? Bipolar is a Mobius Continuum of energy, a twisting rollercoaster flipping between elation and sorrow, fuelled by excessive empathy and raw energy. It manifests as two people occupying one body, only it is more like two very different sides of the same person. It is a struggle between those two characters, at times the struggle blurs, at times there are periods of stability and peace. It is emotionally painful and draining and at times fruitful and driven.

In future blogs I will talk about individual symptoms and will use anecdotes to demonstrate the reality of those symptoms. I ask that you, the reader, remember two facts; the symptoms often blur, and the survivor is very vulnerable struggling between uninsightful recklessness and aggressive empathy.

The next few blog spots will focus on the symptoms of depression, and thereafter

the symptoms of mania will be examined.

Love  
Valkyriekerry Kelly

## **Bipolar Blog 2: Depressive Symptoms-Fatigue**

Good Year Halloween Fans,

Bit of a slow start to the blog yesterday as I wanted to lay the foundations of the nature of bipolar before steaming in. Anyway, that is done, dusted and polished, so I can now chat in an informal manner regarding the symptoms of bipolar.

In the first blog I explained that bipolar is the swinging between the North, or manic state and the South or depressive state and that these two extremes were fuelled by empathy and energy. Now we are going to focus a little on the depressive symptoms.

Now, years ago my diagnosis was a very personal matter and I had no interest in sharing it with others. Time, however, marches on and things change. In 2015 I started to publicly share poetry that I had written in secret over a ten-year period. At that time, it was necessary to open up regarding the diagnosis in order to give my writing meaning. The illness and the creativity are not mutually exclusive.

So, over the last two nearly three years I have been honest and up front about my condition. In return I have received a lot of support, a few people have been a bit of a bollocks, but that is rare, and I have received some responses to my diagnosis that are bizarre to say the least. For example, one man got up and ran away!! Very nice.

The general, ill-informed responses tend to be either 'you don't look bipolar,' or 'we all have ups and downs.' Well, I am not exactly sure what a bipolar survivor is supposed to look like but can only

assume that I don't fit the bill. With regards to the latter response, I tend to spend some time explaining that bipolar is not 'ups and downs.' You see, clinical depression is a far cry from having a bad day and one of the key symptoms is fatigue.

When I say fatigue, I do not mean a bit of tiredness in the morning or wanting to go to bed early. The fatigue I speak of is a physical one, one that drives the body down like a huge weight crushing every bone and muscle. Like fibromyalgia, the fatigue can result in inexplicable pains and aches, sore joints, headaches and flu like symptoms.

Whether these symptoms are psychosomatic or due to a neurochemical imbalance remains to be seen. The pain is, for all intents and purposes, very real and the weight of fatigue hard to envisage. I would liken it to having a heavy metal coursing through the veins, whilst laying on a powerful magnet. The sensation is one

of being dragged down, stuck and unable to move.

I guess everyone who experiences this finds different coping mechanisms. My coping mechanism of choice is to allocate myself certain tasks to do for the day. usually the first task revolves around spring cleaning, if the environment is good then this benefits personal well-being. There is also a certain satisfaction in completing tasks set, especially for bipolar survivors who can struggle simply to make it through the day.

I make the goals of the day very specific, so I know exactly what I am doing. First and foremost, largely as a preventative measure I ensure that the house is well-organised, and everything has its place, go storage!

I take a black sack, spray, mop, dustpan and brush to each room. Tidy all bits and bobs away, clean the surfaces and floors, remove any rubbish and clean the

floors. I may add additional tasks for any given day; changing the beds, putting up curtains, cleaning out a cupboard or toy box. It sounds very basic, but it's easy to get this down to a fine art.

Routine is also paramount to overcoming fatigue; dinner is at a given time, homework has a set time and baths have a set time. The baths are important because there are so many people in our house that we need to ensure everyone has a turn.

So, these are the basics; routine and maintaining the environment. There will be days when these lapses happen. As I said previously bipolar survivors tend to overthink things and are in danger of condemning themselves, being too harsh on themselves for failure to complete tasks. Don't fret, have a rest and start again. The world is not going to end because there is a bit of washing up or a project is unfinished.

Obviously not all survivors have children, and some have different sized houses and different levels of responsibility. First thing is first, spend a few days ensuring housework, work and any other projects are tidied up and at a point where maintenance is less taxing. Do not be afraid to delegate, good support from family and friends is imperative to personal well-being. In the absence of such support there are several charities that offer help and I would strongly suggest googling what mental health support is available locally.

There will of course be days when a survivor is overwhelmed with fatigue. If this is the case delegate and have the rest that your body clearly needs. Where possible, make sure that you leave the house; go shopping, go for a walk, go swimming, just take time to go somewhere. This escape, however brief, will be extremely refreshing. I also recommend, on occasion, having an Indian Head Massage. This is one of the

most powerful alternative remedies that I have found to combat fatigue.

With regards to work and hobbies or projects, spring clean. Examine the state of any outstanding work and force yourself, and sometimes you must force yourself, to get matters up to date. I found myself side-tracked by personal matters last year and my writing projects went into a strange hiatus. My formatting was poor, submissions slow and editing non-existent. So, I set aside two days to work my behind off and get everything up to scratch. It wasn't easy, but once complete I felt alive. I had managed to improve my situation and felt better for it.

So, why I am I suggesting getting up and taking stock of things as a solution for fatigue? Probably because when depressed there is a tendency to let things lapse, especially when the fatigue sets in. When the environment, work and projects collapse the thought of addressing them, the workload that needs to be done, can be too much. It is

almost as if a fear of facing the accumulating mess is terrifying, this creates fatigue through stress, fatigue results in further lapses and once again a cycle, or sub-cycle, of bipolar forms. Plan to spring clean all aspects of life, write a list of what needs to be done and deliberately book days to do this. This spring clean essentially gives a fresh slate for future planning and maintenance. It will be hard work, it may be a battle, but I guarantee it is wholly worth it. Remember I say 'survivor' not 'victim' because each day is a victory when living with this illness. A technique that is fabulous to employ when facing tasks whilst burdened with the weight of fatigue is a self-reward policy. On completion of such and such a task have a small treat. It sounds silly, but it does work. What that treat will be is very much a personal decision. My treat is a romance book (50c from charity shop) and a herbal bath. Costs very little, extremely relaxing and beneficial for fatigue.

There will be days when the fatigue is overwhelming; don't be afraid to delegate, to ask for help nor to have a little rest. If the body needs to rest, then rest. Also, if you have someone close to confide in do explain exactly how the fatigue feels, use the analogy of the metals and magnets. People will be more supportive if they fully understand your predicament.

So, in summary, the fatigue experienced in bipolar is painful, heavy and entrapping. Planning your life is one way to create a good starting point to battle this symptom. Plan, spring clean and set a routine. Don't be afraid to lapse, don't see it as failure and rest when needed.

I hope this helps someone dealing with this symptom.

Love Valkyriekerry Kelly

**Bipolar Blog 3: Symptoms and Sadness**

Well Halloween Fans,  
I was having a little debate there with myself as to whether to write this evening or leave it a day. I was up all last night and am feeling a bit-tired today. I am sure that some physician somewhere is tutting and saying can't she see that she is in the manic stage. But no this is not the case. I simply had a lot on and didn't get much sleep and with the routine in place I was quite busy today. None the less here I am and today I am going to talk about the sadness aspect of bipolar. As I said before and will continue to reiterate this sadness is not a normal up or down.

My understanding and experience of the sadness of depression is quite profound. I have experienced the three main forms of sadness; emptiness, numbness and an all-encompassing sorrow, and I have experienced them on several occasions. If you recall from my previous entries one of the continuing emotional problems underlying this mood disorder is extreme empathy. The sadness can

come in response to regret or guilt, either by overthinking manic actions or feeling the suffering of others. Equally, the sadness may come in response to grief or through the feeling of failure; not being good enough, not having done enough or rested too much.

As I have already explained, there are sub-cycles in the general cycle of bipolar illness. The survivor must allow their body to rest when it is needed. There is no shame in this, it is a therapeutic remedy. The cycle of resting, feeling guilty and then escalating into sorrow, which in turn triggers further fatigue can only be broken by an acceptance that if rest is needed then it must be taken.

Feelings of guilt can be wholly overwhelming, suffocating even. Enduring another person's past sadness or suffering may be completely unbearable and once again the cycle arises. There are two possible ways that these feelings of guilt can be overcome.

The first is to make a mental decision to leave the past firmly in the past. Any action taken during a manic episode, any harmful words or behaviours exchanged have already happened. Wounds do heal over time and rather than reliving the moment it may be better to let it go.

I read a story from Buddhist thought and it told of a Buddhist monk who was verbally abused by one of his listeners. The next day the listener returned and could not understand why the monk was not angry with him. The monk stated that one never stands in the same river twice. Water and all of its matter are constantly flowing, so the essence is different. In the same way human beings are constantly in a state of flux; learning and growing. Therefore, the monk argued, you are not the same man that was here yesterday, and neither am I.

I think this is applicable in understanding how to release past guilt. Two active solutions are meditation and

the 'Stop' method. Joining a meditation class trains the student to let go of negative thoughts. The 'Stop' method involves visualising a sign that says 'Stop' when thoughts become negative and destructive and forcing yourself to dismiss the thought and engage in another activity.

The second method of dealing with guilt is one shared with the 'Alcoholics Anonymous Twelve Steps' program. This method involves attempting to make amends for any past actions. This is a proactive approach in repairing the damage done. I would caution anyone considering this approach that such efforts may not be welcomed by the other party and in some cases may do more harm than good. It is something only the survivor and perhaps a trusted supported can fully assess. In cases where a head-on approach is unwise perhaps write a letter explaining the guilt and then burn it. Alternatively speaking to a counsellor or spiritual advisor may help to lift the burden.

The symptoms of emptiness and numbness are somewhat similar. Numbness is a general feeling of indifference, a lack of ability to enjoy life and a feeling of detachment from everyone and everything. Again, logic may be used to address this; science shows that all matter is connected, and this provides a platform to consider connections from the origin of elements as mutations of hydrogen from the 'Big Bang' to genetic links.

There are a number of groups that provide local depression support as well as untold numbers of online groups. These could provide excellent starting points for building connections with those who understand the condition. It is also important to share the diagnosis with those closest and wherever possible enlist support.

Emptiness depicts a hollow feeling in the depth of the stomach. It is painful, lonely and longing in nature. It is this

pain that can lead to an urge to relinquish one's own life. It is not necessarily that the survivor wants to die, more that they want the pain to stop. Opening up to someone, counsellor or friend, will help to see the sadness and pain in a different light. There are also medical approaches to alleviating sadness; anti-depressants such as MAOIs, SSRIs or Tricyclics do lift the symptom.

Those with bipolar must take these tablets alongside a mood stabiliser to prevent the onset of a manic episode. SSRIs are probably the most commonly used anti-depressants today. These ensure a higher than usual presence of serotonin in the body. Not every anti-depressant works for every survivor. I waded through nightly tears with Prozac and a complete manic nonsense episode with Sertraline before finding some stability on Lexapro. It really is a case of trial and error to find the right medication. As with any medication there are side effects; insomnia, weight

gain and leg tremors are the most common, but when weighed against the effects of depression are often a small sacrifice to make.

I do realise I tend to sound very upbeat and positive when addressing these symptoms but having lived with them for nearly thirty years I can honestly say it is the best attitude to have. When fighting the sadness of bipolar depression, or indeed clinical depression, your number one weapon is support. Support from friends, support from family or support from groups. This removes the sensation of being disconnected and gives the opportunity to purge those feelings, share those feelings and acquire and alternative insight into those feelings.

My outlet for sadness is to write. I did not start writing as a career choice, I started writing to turn the negative emotions into something tangible, something visible and something that I could look back on and say I got through that awful time. Whatever I am going

through now will also pass. I wrote for many years before I shared my work, largely because the writing was extremely personal and reflective of my illness. Once I started to share, I found that more and more people were able to communicate with me about the illness.

Please do try to find a creative outlet for those feelings, a positive one. turn them into something real that others can relate to.

Never give up, you have come this far!  
Love

Valkyriekerry Kelly

### **Bipolar Blog: 4 The Truth**

Do you really want the truth? Can you handle the truth? Bipolar is the loneliness illness on this Earth! There is no Earth. There is nothing. No one can save you from this immense loneliness. Can I help you? I doubt it. Can you help me? Obviously not. I can try and be

helpful, but right now I can't help myself. I'm not going on with this right now.

### **Bipolar Blog 5: Depressive Symptoms: OCD and Anxiety**

The other night, during an anxious spell, I wrote this;

*Do you really want the truth? Can you handle the truth? Bipolar is the loneliness illness on this Earth! There is no Earth. There is nothing. No one can save you from this immense loneliness. Can I help you? I doubt it. Can you help me? Obviously not. I can try and be helpful, but right now I can't help myself. I'm not going on with this right now.*

I thought about deleting this comment as, for me, it was too raw. Deletion, however, would be cheating and the blog would not be a true reflection of the illness. As such I would be doing my readers a HUGE disservice. So, instead I

thought let's use this and examine the symptoms of OCD and anxiety in the next blog, and here we are.

I would imagine there are those out there who would say, *but OCD is a completely different diagnosis*. I disagree, let me explain why. A man goes to the doctor's surgery with breathing problems. The doctor listens to his chest and hears wheezing and diagnoses him on the spot with asthma, emphysema, pneumonia and COPD.

Does that sound correct or realistic? No, further examinations would be carried out to determine other symptoms and an underlying cause and then a diagnosis would be given. A single diagnosis. I like to think of Ockham's Razor; the simplest solution is usually the right one. It is sloppy to assume the man has all of the above illnesses. The same is true of mental health, however in mental health multiple diagnoses are commonplace. I suspect the reason for this is the overlapping symptoms of certain mental illnesses.

So, let's consider another example. A lady goes to her psychiatrist stating that she has been experiencing hallucinations. She already had a diagnosis of bipolar. The doctor, however, thinks well perhaps she has schizophrenia too. Why? well, because hallucinations are more common in schizophrenia, however they are not unheard of as a symptom of bipolar, just rare. This brings us to OCD.

OCD is a diagnosis in its own right; Obsessive Compulsive Disorder. The survivor has obsessive and disturbing thoughts and behavioural compulsions which form to alleviate anxiety. One of my obsessions as a child was that everything had to be straight or at right angles. My granddad liked everything at forty-five degrees (hereditary? probably) and so my poor mum and nan would have to watch as every ornament in my nan and granddad's home was turned and turned back, turned and turned back, until one or the other got quite fed

up and became loudly vocal on the matter.

The underlying anxiety in this instance, I suppose, is a need for cleanliness to a certain standard. Another obsession I had was the dangers of electric sockets, in terms of evolution the underlying anxiety could be a survival instinct. In practise I defrosted my big nan's fridge over-night.

Anxiety and agitation are symptoms of both the North and South aspects of bipolar; manic and depressive. The obsessive thoughts range from *why didn't I act in a certain way in a situation that went wrong?* and *how can I prevent something from going wrong?* Now, clearly these are not the actual conscious thought processes, these are the subconscious processes.

Anxiety and stress stimulate motivation, some level of anxiety keeps us safe; prevents us from crossing in front of a lorry, drives us in our working life and helps protect our children. I would go as

far as to say some post-natal depression is caused by an underlying anxiety over the baby's safety.

Obsessions, in bipolar, can be fruitful. During the manic period survivors tend to take on projects with such vigour that obsession is apparent. The projects become all encompassing, but can lay unfinished when the South pole arises, the depression. I do try to motivate myself to plan and complete projects.

This has taken a lot of effort, years of practise and some careful organisation. Unfortunately, obsessions and compulsions have the power to take over lives, they can develop into phobias either through a directly frightening event or through association. My husband Declan suffered post-traumatic brain injury following a road accident. The song 'Angels' was playing in the car. Now he cannot listen to that song, and that is association.

So, anxiety triggers motivation and extreme anxiety morphs into obsessive thoughts and compulsive behaviours. In terms of bipolar anxiety is a symptom common to both poles, and obsessive compulsions develop from anxiety. As such I would argue that OCD is both a diagnosis in its own right and a symptom of bipolar directly connected to the symptom of anxiety. The obsessive thoughts can lead to dark places and worrying memories, hence an emotional outpouring as seen in blog four, or they can result in debilitating behaviours.

I took control of some of my symptoms as a child using a conditioning method. I didn't know at that time that it was a conditioning method, I just knew it stopped a lot of nonsense. I think the turning point was when my dad had to explain to me that cleaning up the restaurant in which we having dinner was not the done thing. At that time, I happened to have a rather long fancy for Christopher Lee, hence my vampire

tales. To me, he will always be the greatest and most versatile actor, linguist and stuntman. When I was thirteen, I secretly took the day off school and caught the Victoria train. My dad worked on the underground and I had a pass. Once in London I hopped the underground to the west end and picked up 'Dracula has Risen from the Grave' from HMV and caught the train back. Bipolar survivors are characteristically unaware of dangers and can act recklessly. I kept it quiet though, mum would have had a fit. I told her recently, she was not impressed.

Anyway, I had my video (yes video, VHS) and my many horror books, but I also had this annoying tendency to straighten everything in the house. So, I said to myself *go a day without being annoying*, and it was annoying both to me and to everyone else *and then you can watch your film*. I managed the day and in time I extended this to a week. I am not perfectly cured, but I manage and that is the difference between

harmful obsessions and the biannual spring clean. It is, as I know now, a behavioural method. It worked.

I still get anxious, and as said in Blog 3 anti-depressants are very good at relieving sadness and the same is true of anxiety. I have a few friends who swear by benzos, but I find that these make me too tired to function. Once again, medically it is all about trial and error finding what works and what does not.

So, in conclusion OCD can be a symptom of bipolar triggered by anxiety. Behaviour methods can alleviate the compulsions and, with practise and by incorporating the 'stop' method can also alleviate the obsessions. medication helps anxiety.

On a more personal note, I find that as this blog is progressing, I am sharing more personal details and experiences. This is, in many ways, a first for me. I do hope that some of my experiences assist someone else out there in the big web of

the world. Until next time, happy Halloween.

Yours as ever

Valkyrie Kerry Kelly

**Bipolar Blog 6: Manic Symptoms- Non-Stop Pervasive Flow of Ideas and Unfinished Projects.**

Yes, Halloween Fans, the title was meant to be lengthy and read as one garbled mess. I could, of course, have continued with the words; charismatic, dynamo, obscene creativity and unrealistic ideas. The question is are the ideas of the 'North' manic state unrealistic? The answer is unclear. The manic stage is triggered by anxiety based excessive energy. This is not the same anxiety that leads to depression, no this anxiety is quite different.

Remember how I explained that anxiety and stress create motivation which in turn drives ambition. Stress, at some level, protects from danger and

encourages vocation. The manic stage is largely triggered by the growth of this form of anxiety and rolls into an abundance of energy, motivation develops, and projects are started. Unlike other people, bipolar survivors recognise neither boundaries nor limitations when in the manic stage. There are no bounds, the world is firmly at the feet of the survivor. Does this mean that the survivor is over-estimating their own abilities? Not necessarily!

During the hypomanic stage clear ideas form for moving life forward. At the same time those ideas are catapulted into the emotional world of the survivor and the two mix to create insightful and unreal projects. It may not have escaped the reader's notice that numerous superstars have bipolar diagnoses. This is no coincidence, creative intelligence and bipolar are intricately connected due to the energy and rollercoaster of emotions. The superstars will often seem unstoppable, album after album,

book after book, painting after painting, you get the point. Then, quite suddenly the tabloids will be screaming headlines like ‘Star has Meltdown.’

The meltdown is burn out, mind and body can only be pushed so far before rest is required, further when mixed with the cascade of emotions the mind reaches boiling point and cannot cope.

But, let us back track for a while. Let’s focus on the perceived and actual abilities of the survivor and the build-up. Hypomania may begin after a depressive stage or during a period of equilibrium. The survivor may see these periods as time wasted and feel a deep-seated need to make up for lost time. The basis of the anxiety has formed, and the energy begins to build. The bipolar mind, heaped with emotion and conflict, knows exactly how to produce a work of art so profound that audiences will be baffled. This combined with the sudden urge to make life meaningful and make up for a loss of time leads to not one

idea, but a flurry of ideas and ways forward.

Bipolar survivors tend to be quite clever, perhaps due to empathy or perhaps because intelligence is a form of madness, take it as you will. The plans begin, the survivor develops the ideas and starts to turn the ideas into something real. From my own perspective, my early ideas were all geared towards learning and I started registering for degrees. not one degree, no way! Anyone can do that, so that is not a challenge; a manic survivor loves to prove themselves by meeting a challenge. I now have, I believe, over 100 professional qualifications and 20 higher education qualifications. I say, 'I believe' as the certificates are all in two large portfolios.

It seems then that anything is possible to a survivor and this largely refutes the existence of the symptom, 'delusions of grandiose.' About five years ago, a few years post-diagnosis, I was allocated a

mental health worker. It was for a short period, probably to meet some medical guideline or another. The mental health worker was quite bemused by my claims and called a consultant psychologist from Dublin to meet with me. All he knew was my diagnosis, he had never met me before. So, I spent three hours being interviewed by this stranger.

During that interview he asked about my professional qualifications and life. I explained that I had completed the aforesaid portfolio of qualifications and listed a number of other positive aspects my life from travel to extreme sports. It never occurred to me that he would base his entire summary diagnosis on his total disbelief of everything that I had said. The mental health worker made an appointment and explained that I had been judged (and I say 'judged' because this is a very poor example of evidence-based practice and the overall analysis was sloppy as I will explain) as having 'delusions of grandiose' and a propensity to compulsively lie.

After some thought I asked the mental health worker what I had lied about, and she said I was disillusioned in my academic abilities and experiences. So, I allowed her to view my photograph collections and portfolios. After examining said documents the mental health worker stated that we were 'back to stage one.' I think that was the closest I could ever get to an admission of general incompetence. She closed my case shortly after, which was quite apt as my qualifications trumped hers.

I guess I sound arrogant, well I'm not, maybe I am a bit, but this has been earned. My hypomanic and manic episodes allowed my mind to compartmentalise my projects and domestic life so much so that I was able to work extraordinarily quickly through projects that would take most people many years. The ideas and projects were, therefore, within my reach.

I would like to explain how and why this works, why bipolar survivors have these capabilities, but it is somewhat difficult to pinpoint. I suspect survivors have a different viewpoint to other people. Let me explain, a student starts university and imagines three years of work and study. I cannot speak for all survivors, but that is not how I interpreted those years. Instead I envisaged the number of essays to write, time taken and additional learning for exams for each module. Rather than simply seeing the whole picture, I saw the sum of the parts. Survivors also have more energy and require less sleep because of that energy. This in turn triggers the sub-symptoms of insomnia and at times irritability.

I talked about spring cleaning as a method for controlling the depressive symptoms, and again this is compartmentalising and can serve to the survivor's advantage in managing and preventing the other symptoms. Another factor to take into consideration is the

advanced empathy that underlies bipolar. I remember my English teacher at school saying that I had an amazing ability in the study of literature. I read 'Of Mice and Men' one night and wrote the related essay in one lesson the next day and got a straight 'A.' Why? because I knew exactly how the characters felt and what thoughts the author had implied. I didn't require secondary sources to tell me what was happening, the same was true of film studies.

I took A-level film as a private candidate and achieved an 'A' with no real effort or study. Interestingly, my son achieved the same grade in his GCSE at the age of 12. Is this arrogance or delusions? No, I am proud of what I have done, but I did it. If it's true, then it is not a delusion. This is what is possible during manic episodes and it is fine until hypomania flips into all out mania.

Imagine, if you will, the cartoon character 'The Tasmanian Devil,' picture him whirling through the trees and

bouncing like 'Tigger' that is an image of mania. The flurry of thoughts becomes a constant race of ideas. Projects start popping up everywhere, the survivor develops a sort of amusing charm, becoming life and soul of the party, and yes, the peak of the North loves to party. This is the point at which real delusions may set in, the survivor overreaches and assumes that plans have already been achieved. the joy of life is all consuming and rules go by the wayside, after all what are rules but man-made constructs?

At this juncture the survivor is extremely vulnerable to exploitation simply because the thoughts are so encompassing that everything else dims and the dangers around them disappear, they are invincible. It is often during this stage that hospitalisation takes place. From an on-lookers viewpoint the survivor has lost contact with reality. Anti-depressants can fuel such episodes therefore it is imperative that any

survivor on anti-depressants also takes a mood stabiliser.

The most common stabilisers are; Sodium Valporate, Lamictal and Topamax. Again, they all have side-effects, but the side-effects must be weighed against the risks of full-blown mania. During one full blown bout, many years ago, I decided that the local policeman might like to drag race me around the one-way system. I thought wrong; this venture did not end well, and I was diagnosed thereafter.

At present I have several projects going, but they are managed well. I also have the necessary support structures in place. These support structures are better than medication, they provide the voice of reason; two wholly trustworthy people close to me who can advise me when to stop and relax. I stress once again that loved ones provide the greatest therapy, especially when they have taken time to fully understand the condition. There is a huge risk of sinking

into a regret-based depression following a full-blown manic episode and this too must be managed and monitored. Once in a state of depression projects go out of the window, and therefore unfinished projects are characteristic of bipolar. So, before I sign off, I guess the point of this entry has been to demonstrate that hypomanic states can be productive when managed correctly. The trick is to project manage as opposed to flipping into full blown mania and then hitting rock bottom with a depressive episode. As soon as 'Tigger' meets with 'The Tasmanian Devil' it is time to stop, think and gain social and medical support.

Love to all

Valkyriekerry Kelly

**Bipolar Blog 7: And I Digress with Post-Traumatic Brain Syndrome**

If you thought, Halloween Fans, that a bipolar blog would be straight forward and read like a textbook, then I am

happy to disappoint you. I may start the blog with the best of intentions and propose a structure, but bipolar creativity does not work in such a linear fashion and I am very pleased about this. I would be bored silly writing a textbook. I do compose non-fiction pieces but find the structure stifling. Anyway, today I am going to talk about another syndrome that results in mood disorders; Post-Traumatic Brain Syndrome, also known as Post-Traumatic Brain Injury. I know a lot about this subject as my husband Declan has the condition (and he has given me permission to speak freely).

Declan was a road accident victim in his teens, I don't want to go into the details suffice it to say that he was in a coma and had surgery on both sides of his brain. Subsequently the injuries were checked up on, but not the effects on his psychological state. Following heart surgery, the functionality of the heart would be carefully monitored, the same is true with kidneys, liver and eyes. But

this does not happen with brain functionality, any form of thought process interference is deemed as mental illness, and this is still largely stigmatised and poorly understood. But mental illness stems from physiological conditions and is no different from any other condition.

The brain's primary function, alongside controlling movements and homeostasis, is to think and respond to stimulus. By analogy, any trauma to the brain would result in trauma to the cognitive processes.

There seems to be a huge chasm of medical ignorance in this area, which is a bit worrying as common sense should indicate the psychological outcomes of neuro-physiological procedures. However, Declan's cognitive functions were not analysed until four years later after he got into a bit of trouble with the law. Had the correct investigations been implemented this may have never happened. Following his interaction

with the law a psychiatrist was called upon to provide a report. The report identified issues with Declan's memory, perceptions and other processes. He received legal leniency but once again there was no follow up whatsoever. This is an example of total legal and medical failure and I am sure Declan is not the only victim of such negligence.

Over the years Declan has had problems, although they have lessened. He did see a counsellor for a year after I pushed for it and at the latter end, I accompanied him as he asked me to do so. He also saw a psychiatrist, but this was not followed up! Declan's problem has triggered a mood disorder known as Post-Traumatic Brain Injury (or Syndrome) and there is now a charity which provides support for this condition in Ireland. He has what he calls, 'my moods.' He requires more sleep than most people and reacts instinctively and impulsively to stressful situations. Over time we have developed a few strategies to overcome these

moods, which are usually successful. The primary strategy is de-escalation, that is removing the stressor and offering security. Declan's memory will always be bad although it has led to some funny situations.

If we separate when shopping we have an arranged meeting point, usually a shop that sells tools as this is easy to remember. On one occasion Declan could not remember the meeting point, but he knew which financial institution I bank with. Now, another characteristic of brain disorder is nerve palsy. This means that Declan unintentionally shakes all of the time. Imagine, if you will, the reaction of a security guard when a man of Declan's great height walks into the bank, shaking and vibrating, and just stands there for a long period of time doing nothing. Try it yourself, walk into a bank and do nothing! Needless to say, Declan was removed from the institution. We do look back on this incident and laugh, the

same is true of many other similar instances.

Another blogger asked the question, 'should two people with mood disorders be together?' In our case I would say yes as we have a good understanding of each other. There is no judgement for the symptoms of the illnesses and a deeper than usual attraction. Of the two of us Declan has a more reactive and protective temper, whereas I tend towards irritable energy, which I have learned to manage. Due to the continuing stigma attached to mental illness in Ireland Declan has not been privy to the support network that I have had. I have actually seen people deliberately aggravating Declan with the intention of triggering his illness and I have removed him from the situation. This is totally unacceptable; it is like kicking someone repeatedly when their leg is broken. I don't understand it, but it is very worrying.

I would say it took the better part of three years to overcome the primary symptoms. I guess my problem is with a failing medical service. Ireland has one of the highest suicide rates in the EU averaging 480 confirmed suicides per year. Perhaps, just perhaps, if the stigma lifted and people were not ashamed of their conditions and perhaps if more support structures both in public health and within society were in place this statistic could be substantially lowered. I am not saying that this arises just in Ireland, I believe that mental health stigma occurs internationally on a huge scale. This is why survivors have taken it upon themselves to form the wealth of social networks to offer each other support and advice.

Within these groups I have found the most common problems to be; lack of family support and poor media portrayal. Think of the films about mental health; *Split*, *Psycho* and *Identity*. I actually love these three films, even though there has

been an outcry over at least one of them, but each portrays survivors as serial killers. Not the best reflection and certainly not an honest one. Violent crimes tend to be carried out by people without a diagnosed disorder, not people with a diagnosed mental illness. I would suspect the reason for this would be the great empathy people with mental illness feel for others. It is almost karmic, any pain given out is endured by the survivor. I would also like to add that most people do not fit the medical definition of what is normal.

I remember a *House MD* episode in which House identifies a character who he considers far too happy and states immediately that this is a symptom of an unknown illness (after clarifying that he is not Canadian). The medical definition of normality stems from a complete lack of stress and ability to adapt to change with an underlying positivity. Such a person would be constantly grinning like a Cheshire cat. This would make anyone feel uncomfortable. So, anyone sitting in

judgement of another's condition should get themselves tested first, the results might not be as expected.

As for Declan, he is doing very well. I remember one day he took me to Kilcummin head (a cliff) and explained that he used to go there to contemplate suicide, he no longer does this. Not because I offered attention for every down moment, but because I responded with humour and support. Humour is a fantastic tool for overcoming depression, if two people are depressed then the situation is exacerbated. Early on in our relationship Declan said he was going to jump, I said 'you will have to jump tomorrow, I don't have enough petrol in the car to rescue you today.'

That was the last time he felt that way. As I said before, I am not a doctor, I am someone with years of experience with a mood disorder who has tried to look objectively at a very subjective condition.

I would love to say that I got Declan into writing, but that's not the case. Declan does help with the production processes, but he is not interested in writing itself. We found something that does occupy him and that is local history. So, we visit local sites and purchase books on local history which Declan reads for hours, and he has joined online local history groups.

Managing mood disorders is all about converting that irritable energy into something positive and productive. It is about finding a useful distraction and engaging with it. The bad days will still come, but they will also pass. I promise they will pass. The charity that offers support to those with and those caring for Post-Traumatic Brain Injury can be contacted at ABI Ireland.

I hope something in this article is helpful to readers.

Love

Valkyriekerry Kelly

## **Bipolar Blog 8: Symptoms- Those Annoying Sounds**

The clacking of heels, muttering whispers, banging cutlery on plates and snorting. These are just some of the sounds that drive the bipolar ear up the wall. From discussions in online forums I understand the same affects not only other mood disorders, but also people on the autistic spectrum. Is it any wonder, Halloween Fans, that irritability is a symptom in such a noisy world?

Most people do not realise how noisy our world is because they have been born into it or desensitized by the constant influx of sound. I would envisage that if a medieval man travelled forward in time and found himself in any modern city the noise alone would send him into fits.

So, there I was in Tesco's today rummaging through the sausages when

a family decided to stand right in my personal space, as large as the store was and as empty as the store was they had to stand on top of me. Personal space is a great healer, whereas over-crowding, especially when it is unnecessary and intrusive is quite the opposite. I remained where I was until the snorting, muttering, shuffling and clacking started. We had cheese rolls instead of sausage rolls this evening. Why though? Why do certain sounds agitate a sensitive mind? I think it is sounds that represent conformist behaviours, behaviours that are alien to the emotional brain. Repetitive ritual rather than genuine interaction.

Last week Declan and I went to a restaurant, initially we were the only patrons which suited both of us fine. Then, a woman and three children come in and they were possibly one of the most miserable families that I have ever seen. The two lads were arguing, with the younger dictating to the older lad. The children asked for orange and got

water for 'Lent.' They looked washed out and totally unhappy. The mother asked the ritual question 'What did you do at school today?' and the little girl answered only to be interrupted with 'Mmm hmm that's nice isn't it?' By this time I was irritable, if she didn't want to know, then why ask? Conformist behaviour. She could have just let her children speak, but she didn't, they barely looked at each other whilst walloping cutlery on their plates and then were told that they couldn't have dessert because again it was 'Lent.' Poor children. I understood that one thing was given up for Lent as a personal, spiritual decision. These children were forced into giving up pretty much everything to conform. Ridiculous.

Now, I don't usually moan about other people as I believe in live and let live, but the sounds of conformity were irritating. They weren't just irritating me, but the children in this family. You could plainly see it. Anyway, that is one take on why certain sounds are

annoying. The other reason may be to do with too much stimulus, an overwhelming activation of the senses, which can be likened to overcrowding, being crushed by multitudes of people. The noise becomes unbearable and overwhelming resulting in irritability.

One of my children has Asperger's syndrome, I am not saying which one as this is not my place. The child with Asperger's cannot stand loud noises, singing or repetition. S/he grabs his/her ears and repeatedly says it hurts. Again, I think that this is caused by over-stimulation of the senses. S/he simply cannot cope with the influx of stimulus. It is unbearable, and I can relate to that feeling as that is how I feel. However, some sounds are intensely pleasing; powerful and emotional music can be extremely soothing, especially when the rest of the world is shut out. One of the ways that I deal with the irritability caused by over-stimulation is to remove all sensation. I run a hot bath and lay in the dark with my head under the water.

This gives me time to relax, meditate and let go of thoughts and stressors. It is extremely rejuvenating and refreshing. I may follow up with a quiet read and add some aromatherapy oils to the water.

There isn't a lot more that I can say on this subject. It is a tricky one, especially for me as I was born deaf. I did not have a good hearing ability until I was 8, so perhaps I am extra sensitive to sound. I certainly know that it is a trait or symptom shared across many disorders. I do believe the two grounds for agitation are; over stimulation and fake conformist behaviours. Now, I suggest that the reader runs a hot bath and lets-go of the world and all of its noise and nonsense.

Love

Valkyriekerry Kelly

**Bipolar Blog 9: Mums on the Meds Again!**

I would love to say good morning Halloween Fans, but I have not been to sleep yet! After a semi-successful experiment in withdrawal went spectacularly bad, I decided to go back on my medication. Bipolar is an unusual illness in that survivors do tend to take themselves off of their meds. Now, everyone understands that bipolar is allegedly a mental or psychological illness, but some of the symptoms are physical. These symptoms range from joint pain, fatigue and headaches to muzzy perception and confused vision. Everything seems messy and blurry. So, coming off of the medication will create the onset of both these symptoms and the psychological symptoms and, wait for it, medication withdrawal symptoms.

When you first start taking medication, the prescribing physician will neglect to discuss the withdrawal symptoms, and they are bad; nausea, sleep disturbances, tremors and shaking are just a few. The absolute worst symptoms are brain zaps, lightening-bolts of electricity that shoot

through the body and out of the extremities. It is a nasty business. Readers may wonder why a survivor would even attempt to withdraw from desperately needed medication, after all diabetics cannot just decide to stop taking their insulin! To understand the reasons, consider why medication is necessary in the first place and what that medication does. Bipolar survivors experience deep, complex and continuous emotions, the medication stabilises and seems to numb these emotions, but bipolar moods can be euphoric and creative, so survivors try to withdraw to feel those sensations, to alleviate the pharmacological numbness.

Throughout my blog I have offered ideas in managing mood disorders, but I cannot stress enough the importance of medication. Ask me in two years-time however and I may say quite the contrary. This is the nature of a mood disorder. The fact is I will most likely be on (and on occasion off) medication for the entirety of my life. That is part of

managing the illness. I came off the medication in January, my rationale was that it would give my writing a nice creative boost, and it did. Unfortunately, over time I started to look and feel washed out. I passed the nasty brain zaps and I got a ton of work done. I am pleased with that. However, I found an old nervous twitch was returning, my sleep pattern fell into disarray and I was becoming easily stressed. So, after talking to my inner circle at length I decided to go back on the medication. I am taking a smaller dosage than before and monitoring my progress. As said, I have had many years of trying to objectively deal with this condition. I would not recommend that anyone stopped their meds.

My biggest concern is that my work will suffer without the creative wallop of the illness. That is why I am trying a smaller dose, finding a balance or as Buddha would say 'a middle way.' I must stress that I have a strong inner circle and plenty of social support, so any concerns

will be raised with me without worry. If you glance back to yesterday's blog you will notice that I was in an irritable mood, triggered by sounds and people entering my personal space. It is certainly easier to feel crowded off the meds or, as my mum pointed out, I can deal better with nonsense on the meds. In case anyone is wondering I take Lexapro and Lamictal.

Another day I was in a hurry and I got stuck behind a lady in the queue who decided to pay for a trolley load of shopping with coupons and shrapnel. I could feel a certain agitation in that situation, especially when towards the end she decided to buy some more bits and pieces and pay with a separate section of money. She should have done a full house and ordered twenty lotto tickets and insisted on scratching them there and then.

Anyway, once again I digress to make my point. Whilst thinking about writing this blog I realised that I had missed an

important factor in yesterday's blog. That is that some sounds can trigger the illness through association. For example, a certain song playing may remind the survivor of memories with someone who sadly died. This would bring those memories to life and with those memories a sense of deep loss. This would of course trigger the sadness the underlies depression. I have a number of trigger songs; some create positive sensations and some negative sensations.

I am not in a position right now to share those songs, having just kick-started the meds. I hope to talk about them at some stage, but as you may imagine this particular topic is very, very hard for any survivor.

In addition to meds some survivors have one to one counselling, psychotherapy or behavioural therapy. I have had counselling but did not find it as effective as the medication. I have studied psychology since I was sixteen

so have an understanding of the processes. I think because of that, for me, it is like experiencing Christmas when you know the secret about Santa. Counselling proved effective for Declan and has proved effective for many people. I think my poems were a form of journaling therapy, and I found an outlet in that process.

Anyway, survivors, carers and family make sure that medication does not lapse, and I look forward to chatting again soon.

Love as always,

Valkyriekerry Kelly

### **Bipolar Blog 10: The Grief Trigger**

Let me paint a picture for you  
Halloween Fans; A good friend and  
family member suddenly dies, I  
purchase Declan a suit and dress in  
extremely conservative clothes, I offer  
support to the family and write for our

late loved one's funeral. At no time do I show grief publicly, nor behave outside of the right parameters for the occasion.

Unlike many I do not drink alcohol at that time, nor cry. I show the correct courtesies and follow what I believe to be the correct etiquette. Appearances would suggest that I am not affected by the loss. This is far from the truth. My behaviour is the result of experience and belief in respect for those lost and for those left behind. Inside I can be absolutely burning up with grief, but I cannot show it, dare not show it because the minute the flood gates open, I know that I will lose control.

Death is inevitable, people live and they die. Loss is a sadness that everyone experiences and cannot be avoided. My mum knows how I feel about death and funerals as does my husband. The rest of the world only see what I let them see, so as you may imagine this particular entry is extremely hard. Bipolar

survivors are terribly sensitive,  
especially when it comes to death.

Ironically survivors also tend to be hyper-religious. Nothing is done by half; not where bipolar disorder is concerned. Consequently, survivors tend to have vast and complicated spiritual beliefs that are constantly in flux. I remember being at school and I was late to my religious studies class, largely because I had got off the train and wandered around the town sauntering in to school via the longest possible route. I would have been about 15 and already had a head full of ideas. The class were talking about reincarnation and one thing I loved about religious studies was the seminar-like nature of the class. I proposed that time is irrelevant to the spirit, Einstein suggested time is curved in which case there is a possibility of two points in time meeting. I proposed that time was much more complex and posited also that there were different dimensions and alternative realities and as such if reincarnation were a fact then

it is likely that another life could be either in the future or in the past and not necessarily in this dimension. No one grasped my idea, so I drew a diagram on the board to explain what I meant; a tesseract. I didn't know it was a tesseract back then, it just seemed to exhibit my ideas. I think everyone was quite bemused.

I have had and continue to have a vast array of spiritual ideas. My first non-fiction book was called 'Promises of an Afterlife' and examined some case studies in Near Death Experience. I have just completed another piece comparing Buddhism and Christianity. Now, I have wandered off topic a little bit here, but the point that I am making is that survivors tend to believe in something beyond this life. This does not, however, prevent or thwart the feeling of grief.

Indeed, quite the opposite, you see even though there is something beyond this life, this does not detract from that fact that within this life the lost friend will

not be seen again, will not share their company again and are gone for the foreseeable future. It is also a firm and constant reminder of our own insignificance and mortality.

My first experience of loss happened at a very early age, it was very upsetting and still sits deeply with me. I think I became introverted for a year or so. I don't really want to go into detail at this time on that matter as it is still very difficult. I will say that one close loss resulted in me spiralling into a full-blown manic episode many years later. I think, looking back, that that was my way of coping. It also helped diagnosis and led to some introspection and consideration of how to handle grief. I won't lie to you; on a bad day I still get upset over one loss or another. Perhaps that spiritual quest is a way of confirming that the loss is not forever.

I have written poems for those that I have lost, people have responded very emotionally to my words. However, I

have no magical cure for grief, no ideas as to how to stop the hurt. I can only propose that you celebrate the memory of someone's life rather than mourn their death. It is a pain that is universally felt, so in this we are all together and not alone.

Love

Valkyriekerry Kelly

### **Bipolar Blog 11: Conflicting Thoughts**

Good Moaning Halloween Fans,  
There I was struck by a rather unpleasant bout of insomnia when a stream of largely conflicting ideas hit me. Remember I said previously that Bipolar is tinged with a heap of ideas, well what I meant to depict was a shower of thoughts where every drop of rain is an individual idea. I presume people without bipolar have maybe 2 or 3 thoughts at a time, which is nice and comfortable. Bipolar survivors can have an absolute monsoon of wondrous ideas

ranging from bizarre interior design schemes to obscure art projects. On occasion the pre-dominant ideas may happen to be binary opposites and therefore create great mental conflict, this is somewhat less comforting.

Let me explain my meaning through an example, John (an entirely fictitious person hence the unimaginative name) decides after leaving school that he wants to be an electrical engineer. John equally decides that he does not want to be an electrical engineer instead he would rather take up animal care. Two full time courses are offered locally, and the timetabling means that he can only take one. John wants to take both, but this is not an option. On a simpler level Jane (yes, a false name again) wants to go to the Chinese for dinner at 6pm, she also wants to go to the pub with her friends at 6pm. Now, these are very simple decisions and I have made them this way for the purpose of understanding my meaning. In reality

the bipolar survivor often deals with much more complex ideas.

How should John and Jane proceed? Well a multi-faceted, multi-tasking and manic survivor would usually find a way to fulfil both options; dinner early, pub after or combining part-time and full-time courses. This is grand right up to the moment they reach complete burn out. The more complex conflicting ideas often require a decision or result in stagnation, not progressing on either front. This leads to obsessive thoughts and the consequent anxiety and the question remains, how can two conflicting ideas or intentions be solved?

In the first instance the rapid stream of changing thoughts can result in both ideas being eliminated in the face of a third option, however the bipolar mind does like to bounce backwards and forwards so it may return to obsessing over the initial ideas at a later date. My first suggestion would be not to act impulsively on either idea,

impulsiveness is a symptom of the illness because of these rapid-fire ideas. Resist the urge to act impulsively and sleep on the ideas, take time to mull them over. Further, create a pros and cons table and weigh up the outcomes of any conflicting choices to see which is more suitable.

It is also worth speaking to those within your inner circle, gain some objective input from a number of people who are happy to speak honestly and candidly. Consider taking a general consensus, what statistically appears to be the better choice to onlookers. Their insight may not be shrouded in bipolar foginess. Compare this to the pros and cons list and then make a decision.

Again, sleep on it as an alternative solution may present itself. Remember to research ideas as research may also present additional solutions that may not have sprung to mind. Consider also whether either of the ideas are realistic in the current circumstances.

Sometimes the bipolar mind likes to take a walk off of the proverbial map and float off into uncharted territories. In the bipolar world, on a particularly imaginative day the mind may be conflicted about retiring on the moon or in Antarctica. Neither are really a viable option, so perhaps a realignment in thinking is in order. Remember that pros and cons list, these two choices will be weighed down in favour of the cons. The same constant flux of ideas also interferes with existing projects, leaving an unfinished trail of debris behind the survivor. In order to be successful, the survivor must try to complete one project before allowing that storm of brilliant ideas to bog down the brain. There is no harm in jotting down realistic ideas and returning to them at a later date, this helps keep those ideas alive and gives the mind time to plan whilst completing existing projects. It will be hard to resist those ideas, so lay down a rule that a new project cannot be started until the current one is complete.

This in itself can provide motivation to bring jobs to completion.

With love and thanks for reading my short blog,

Valkyriekerry Kelly.

Valkyrie Kerry

Horrotica © 2019