
Dealing with Hypomanias

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Forked the template from a previous work and working on it.

Abstract

I'll discuss some of my experience as a person with Bipolar Disorder (or Mania-Depressia), and how I deal with the various periods of "hypomania": periods of strong excitement and feelings of self-grandioisity.

Table of Contents

Introduction	1
Symptoms	2
Symptoms of Depression	2
Symptoms of Hypomanias	3
People I Know who Suffer from Depressions	3
Dealing with Clinical Depressions	4
A Few Facts that Should Be Realised	4
Mentally Ill is not Eccentric	4
Some Bad Moods are OK	4
Drugs are not the most Effective Way to Treat Depressions	4
Computer Developers and Anxieties	5
Some Advice from My Experience	5
Do Cognitive Exercises	5
Physical Exercise	5
Diet	5
Relaxation	6
Write Down Your Thoughts	6
Be Honest	6
Maintain a Low Online Profile	6
Philosophy	7
Receive some Reliefs for Your Condition	7
The Curse and the Blessing	7

Introduction

The topic in question is [Hypomanias](#), which while containing the word "mania" are actually below mania, and the person is still in control to some extent, and, with some awareness, may realise he's in a bad mental condition.

Hypomanias are a variation on [Clinical Depressions](#). The latter are not everyday "I am depressed." depressions, but rather a feeling that one is bad, and being consumed with guilt, with a tendency of being less communicative and less able to perform one's responsibilities.

I probably have [Mania-Depressia](#) (or "Bipolar disorder") because I had a single "Great Mania" and a few shorter manias, because I have frequent Hypomanias, and because I have been clinically depressed or clinically anxious at the time. So I'm writing about this from experience.

Symptoms

Symptoms of Depression

Quoting from [the Wikipedia](#), the symptoms of depression are:

- Persistent sad, anxious or "empty" mood
- Loss of appetite and/or weight loss or conversely overeating and weight gain
- Insomnia, early morning awakening, or oversleeping
- Restlessness or irritability
- Psychomotor agitation or psychomotor retardation
- Feelings of worthlessness, inappropriate guilt, helplessness
- Feelings of hopelessness, pessimism
- Difficulty thinking, concentrating, remembering or making decisions
- Thoughts of [\[\[death\]\]](#) or suicide or attempts at suicide
- Loss of interest or pleasure in hobbies and activities that were once enjoyed
- Withdrawal from social situations, family and friends
- Decreased energy, fatigue, feeling "slowed down" or sluggish
- Persistent physical symptoms that do not respond to treatment, such as [\[\[headache\]\]s](#), [\[\[digestion|digestive\]\]](#) problems, and [\[\[chronic pain\]\]](#)
- Decrease/Feeling in motor-speed (time seems to slow down)

These are mostly the external symptoms. While the exact thoughts differ from person to person, here is how I felt:

- I felt I was bad and evil. That I was a bad person, having a bad influence on the world, and that "God hated me".
- I felt this was my true state, and that my happy, capable, intelligent and active state was due to "a pact with the devil" or something along these lines.
- I found that the thoughts haunted me, that I couldn't really sleep, and was afraid of thinking.
- I believed the entire world was bad and kept perceiving everything as bad.
- I had trouble communicating with others, and was afraid to tell them how I felt.

- I found it harder to do things that I normally find easy to do. For example, I spent hours on end solving a single math problem. I kept convincing myself that it should be easy which made me feel much worse.
- I was consumed and overwhelmed with guilt. I felt guilty for many things that I perceived as wrong.

Symptoms of Hypomanias

In regards to hypomanias, Wikipedia [gives the following symptoms](#):

- Pressured speech; rapid talking
- Inflated self-esteem or grandiosity;
- Decreased need for sleep;
- Flight of ideas or the subjective experience that thoughts are racing;
- Easy distractibility and attention-deficit (superficially similar to attention deficit hyperactivity disorder);
- Increase in psychomotor agitation; and
- Steep involvement in pleasurable activities that may have a high potential for negative psycho-social or physical consequences.

It's a pretty good description of me when I'm hypomanic.

People I Know who Suffer from Depressions

Many people (mostly computer developers) I've talked with admitted to have been clinically depressed:

- One of my best friends has admitted that she used to have many depressions. Whenever I met her in real life, or talked with her (on the phone, on instant messaging, etc) she seemed very cheerful, fun loving, intelligent, and rational.

She claimed that when she is depressed she tends not to communicate a lot and also cannot achieve too much at work, which she said only makes her feel worse. I can relate to both of these, as I recall that that was the case for me on both accounts when I was depressed.

- I talked with a programmer, well into his 50's (and still active) who admitted to having got into depressions several times in the past. He again seemed normal (if somewhat eccentric to me).
- One time on irc.oftc.net someone joined and started speaking in [l33t-speak](#), asking how he can become a "haxor". People thought he was a troll, but I ended up PMing him and it turned out he was depressed. I spent the afternoon trying to help him. Eventually, during his (and mine's) evening, he claimed that he was feeling better and parted. (It is known that often depressed individuals feel better in the evening and at night.)
- A fellow programmer I talked with admitted to having got into depressions in the past, and that she tried to function despite that.
- A fellow Perl monger I talked with said that he sometimes exhibited some of the symptoms of hypomania. He seemed very hyperactive to me, so I wasn't really surprised, but it may also be plain excitement and not a medical condition.

[A list of some famous people who had Mania-Depressia can be found at http://www.mental-health-today.com/bp/famous_people.htm](http://www.mental-health-today.com/bp/famous_people.htm). Bipolar disorder is relatively uncommon and many more people are

only "Unipolar" and only have depressions and anxieties. Depressions and anxieties are considered the "common cold" of mental illnesses, and are exhibited in a large amount of the populace.

Someone told me that he read a study that said that roughly 50% of the authors in the English language today have Mania-Depressia. I haven't been able to find it online and would appreciate any references.

Dealing with Clinical Depressions

There is a lot of mis-information and dis-information about depressions in the public. When I was depressed and hypomanic as a teenager I didn't know how to call these "conditions", or how to effectively deal with them. If, after reading the description on the Wikipedia, you feel that you have been depressed in the past, read on.

The best advice I can give on dealing with clinical depressions (and possibly also as a preventative measure or just to understand what people think) is to buy [the excellent book "Feeling Good"](#).

It is a self-help guide for [cognitive-behavioural therapy](#), that was originally written in English and was recommended to me by my therapist. Just reading it helped me understand the source of my hypomanias, and I found the exercises recommended there to be helpful as well.

Note that if you are depressed, (and much more if you're feeling suicidal), you need to consult a cognitive-behavioural therapist for a session, as soon as possible. I am not a mental health professional and am not qualified to give professional therapy, and this essay is not a substitute for it.

A Few Facts that Should Be Realised

Mentally Ill is not Eccentric

When people say that someone is "crazy", "insane", "out of his mind" etc. they usually mean that he or she is eccentric or behaving irrationally, not that they are mentally unsound. I know and have heard about many people who are eccentric or very eccentric and yet are perfectly sane, and lead perfectly happy lives.

There's a difference between conformism or "being normal" and mental health.

Some Bad Moods are OK

Some bad moods are normal and are a healthy part of living and would not lead to depression. For example, if someone you cared about died, it's perfectly OK to feel sad. Rational fear is also normal and healthy. (but one should avoid irrational fear). My point is that one cannot or should not be happy all the time. Sometimes it is also OK to be a little "down".

Drugs are not the most Effective Way to Treat Depressions

Depressions have a cause. According to ["Feeling Good"](#) it is usually a thought or a group of thoughts that is bothering someone, and caused someone to feel depressed. Psychoactive medication aims to deal with the symptom that is a chemical problem in the functioning of the brain. However, it does not deal with the actual cause that is the mental problem.

In order to deal with the cause instead of the symptom, you still need Cognitive-Behavioural Therapy and to read ["Feeling Good"](#).

That put aside I should note that I am taking medication, prescribed to me by a Psychiatrist. It does not prevent me from becoming anxious, but it may make the anxieties less severe (I'm not entirely sure about that).

Computer Developers and Anxieties

Computer Developers are probably more likely to become anxious than people of most other professions. With the irrational working hours (see [Evan Robinson's "Crunch Mode" article](#)), tight schedules, tactless or unfriendly co-workers, bad software management practices, bad code and lack of craftsmanship, irrational management that demands the impossible, too few vacations, and other factors - it is probable that they will feel trapped, resentful, unhappy, and as a likely result, anxious or depressed.

As a software manager, it is your job to keep your software developers happy. This means doing the exact opposite of the above-mentioned points. Refer to [an essay which I started writing titled "The Perfect IT Workplace"](#) for more information on how to do that.

As opposed to common belief, treating your software developers with superb conditions, will make them much more productive, not less. So make sure you read my article above (and the links pointed to from it), and integrate its recommendations into your workplace.

Naturally, this is more difficult to do if you're a grunt programmer. However, you can still refer your boss to what I wrote if you feel he's reasonable enough. If not, it may be a good idea to quit or even to relocate to somewhere with more job opportunities. Some jobs are worse than being unemployed.

Obviously, from reading "Feeling Good", it is evident that depressions, anxieties and hypomanias are not limited to programmers, and actually predate programming by a long time. Many retired people also find themselves the sudden victims of these mental ailments. However, I feel that due to bad state-of-the-art of software management in the world today, it is especially common there, than in most other jobs.

Some Advice from My Experience

Like I said earlier, I still haven't fully recovered from my Mania-Depressia and am still getting into hypomanias. However, here is some advice I can give from my experience:

Do Cognitive Exercises

This is probably the single best advice one can give. Read ["Feeling Good"](#) and do the exercises given there. They have proved very helpful to me.

Physical Exercise

Exercising and especially doing aerobic exercise (jogging, biking, dancing, swimming, etc.) is very useful for preventing or lessening anxieties.

My therapist recommended that in order to sleep well during days in which I'm hypomanic, I should exercise during the late afternoon and evening.

Diet

I don't consume alcoholic beverages, don't consume caffeine, have never smoked, and have never consumed any of the currently illegal drugs. While it does not prevent hypomanias, I find that it makes me less moody, more energetic throughout the day, and allows me to sleep better at nights. (I had also tried to refrain from eating sugary foods, but I couldn't persist in it very well.)

I also take multi-vitamin pills, and some people take many more individual minerals than I do, and while I'm not sure it helps with anxieties, it's very good for health and longevity.

Relaxation

I also find that relaxing or doing things you love to do is helpful for keeping a good self-esteem. It's especially important during anxieties. Listening to music, sitting, thinking and doing nothing, taking a time for leisure at the computer, are useful for relief from troubling thought.

Write Down Your Thoughts

When I'm hypomanic, I'm getting lots of good ideas: for stories, for essays, random useful thoughts, etc. While a lot of them had seemed silly in the past, some of them proved to be very useful and rational.^{ManiaStories}

It would be a good idea to write the ideas down, or even work on realising the essays or articles, because it makes one less excited and calmer. I would be a good idea not to publicise them in public until you're well out of a hypomania, because they may prove to be immature or silly in the short-run.

I personally may have sometimes been rejected from jobs because of the many things I've written and placed online, and which are easily accessible using a Google Search. I don't mind that because I feel that expressing and publicising my creativity is more important than making myself a better job candidate to some "attractive" jobs. And some employers seemed to be very impressed by some of what I wrote online, or at least did not mind that, and these seem like jobs I prefer.

It is naturally a good idea to receive as much commentary as possible about one's articles or writings in private before publicising them for all the Internet to see.

Be Honest

It is a good idea to admit that you're "stressed" - anxious, etc. My therapist said that the word "hypomania" is intimidating because it contains the word "mania", so one should rephrase it in case the other party is not that knowledgeable about Psychology. Sometimes you may find some of your friends or family (but not all) good candidates for consulting with your thoughts or feelings. I once spent an hour or so on an IRC (= Internet Relay Chat) conversation listening to a 19-years-old whom I knew, talking about her problems. I also consulted people on IRC or IM about my own issues and often found creative solutions or empathy.

This is doubly correct for talking with my family members.

Maintain a Low Online Profile

During a hypomania, it is a good idea to maintain a low online profile. Namely, don't post too much to mailing lists or other forums, don't chat on the IRC too much (and try to focus on technical problems or your psychological situation), and in general try to maintain a low-profile.

However, I feel that real-life meetings with people and talking to them face to face is actually very good for one's well-being during a hypomania.

^{ManiaStories} I even ended up finding many really crazy delusions I had during my "great mania" as fodder for the following stories:

1. [Humanity](#)
2. [Star Trek: We, the Living Dead](#)

And, naturally, my hypomanias have been catalysts for most of [my other stories](#).

So if you can get a friend or a few to meet with you in a café , or go to a club meeting, it will be a good idea.

Philosophy

It is my impression that often the philosophies and idea systems that we are generally exposed to (i.e: most western religions), are very harmful for one's self-esteem and prevent one from properly getting out of depressions.

The Judeo-Christian ethics instill a lot of feelings of guilt in people for perfectly innocent actions and thoughts. Also the psychological fuel there is contradictory, aims to control people and subject them to higher causes, and is harmful to one's self-esteem.

Therefore, I suggest you instead study and adopt a more benevolent psychological philosophy, which will help give you enough tools to live your life more happily and to deal with clinical conditions as they arise. My personal favourite is [Neo-Tech](#), which is an extension and re-organisation of [Ayn Rand's Objectivism](#), with many vital corrections. However, I do not rule out that a different personal philosophy will be better for different people.

Receive some Reliefs for Your Condition

It's possible that if you're a university student or a grunt employee, then you can get some reliefs for your medical condition. So try to see if it is possible, and if so - do that.

The Curse and the Blessing

In [Tapestry, one of the "Star Trek: The Next Generation" episodes that I remember the most](#), Captain Picard dies and then is given a choice to revert an incident in his past. After he does that, he discovers that he is no longer Captain and that he have lacked the self-motivation that was needed in order to become the hero that he used to be. As a result, he says that "I would rather die as the man I was, than live the life I just saw."

Or consider [Helen Keller](#), who was born deaf-blind. If she had been born normal, she would most likely live a happy life. On the other hand, without her disability, she might not had become the superwoman that she did, because there would have been nothing to motivate her.

Would I rather lead a normal life? Yes, I would. But, on the other hand, I recognise that being Bipolar is part of who I am, and probably the price I have to pay for being so creative. While I would like to reduce its effect, I thank God (so to speak) for allowing me to be able to write so many articles and essays, compose so many stories, and being a capable programmer.

So I guess the curse and the blessing are part of what makes me who I am.