

Introduction

Have you ever entered a mood where you thought you were a bad person, that all your past achievements did not count and were bad? Did you find it difficult to perform many tasks that you could do normally, found it hard to concentrate, was flooded with bad thoughts, and had problems going to sleep? If so, you may have been clinically depressed [http://en.wikipedia.org/wiki/Major_depressive_disorder], or clinically anxious. In addition, people who suffer from Mania-Depressia also known as “Bipolar disorder” [http://en.wikipedia.org/wiki/Bipolar_disorder] (like me) also tend to get into opposite states called hypomanias [<http://en.wikipedia.org/wiki/Hypomania>] or Manias. While “hypomania” contains the word “mania”, they are actually below-mania, and the person is still in control to some extent, and, with some awareness, may realise they are in a bad mental condition.

Clinical depressions are not everyday “I am depressed.” or “being down” 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 [http://en.wikipedia.org/wiki/Bipolar_disorder] (or “Bipolar disorder”) because I had a single “Great Mania” and a few shorter manias, because I have frequent Hypomanias, and because I had some periods of clinical depressions and clinical anxieties. So I’m writing about this from experience.

One should note that one swallow does not make a spring. Some people had a few clinical depressions at certain points, and have since led happy, normal lives. An example for this are Postpartum depressions [http://en.wikipedia.org/wiki/Postpartum_depression] which happen to some women after giving birth to a child, but there are other cases.

Symptoms

Symptoms of Depression

Quoting from the Wikipedia [http://en.wikipedia.org/wiki/Clinical_depression], 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 headaches, 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 vary 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 regard to hypomanias, Wikipedia gives the following symptoms [<http://en.wikipedia.org/wiki/Hypomania>]:

- 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 [<http://en.wikipedia.org/wiki/Leet>], 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) 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 percentage 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* [<http://www.amazon.com/Feeling-Good-Therapy-Revised-Updated/dp/0380810336>].

It is a self-help guide for cognitive-behavioural therapy [http://en.wikipedia.org/wiki/Cognitive_behavioral_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.

One important omission from an earlier draft of this essay was that I did not summarise the *Feeling Good* book here, while I should have tried to in order to give a taste of the book here (because I know I always hate "go read X at some place because I don't have the nerve to explain it to you."). So I am going to summarise *Feeling Good* here.

Note that if you are depressed, (and if you're feeling suicidal even more so), 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.

Summary of Feeling Good

Burns starts by giving a way to diagnose your mood and determine if you are depressed or not. I didn't focus on it because I normally can eventually tell when I'm hypomanic (or could when I was depressed).

He then goes on to explain that your feelings are affected by the thoughts that go through your head, and that by challenging your irrational thoughts, you can improve your mood.

He then lists 10 cognitive errors that people make which may make people depressed. Among these errors are:

1. **Should statements** - you try to motivate yourself by saying things like “I should be more careful”, or “I should not have talked to him like that.” or “I ought to be more considerate”. What these should statements do is actually demotivate, and make you feel down.
2. **Disqualifying the positive** - an example for this is that when you receive a compliment, you say something like “they didn’t mean it.”, or “it doesn’t count.”, or “he doesn’t know the real me.”
3. **Mental filter** - here you focus on one negative detail (a “fly in the ointment”), while ignoring the rest of the picture.
4. **All or nothing thinking** - you want everything to be perfect. For example, you’ll accept no grade below 90% or so (even if it’s a passing grade), or so.

Dr. Burns then gives a simple recipe to gain self-esteem: one writes down an automatic thought that disturbs him (or her), and then the feelings that he feels (with percentages). Afterwards, he should write which cognitive errors he has made followed by a rational response to the feelings, and after that the new feelings.

Burns then discusses several useful techniques for anger management, and for dealing with criticism.

1. **Approval Addiction.** - you want to be approved by other people and fear disapproval for them.
2. **Productivity Addiction** - you care about your work, how productive you are, how much you achieve, etc. (Much more common among men.)
3. **Love addiction** - you want to be loved a lot. More common among women.
4. **Perfectionism** - you want to be perfect in everything you do.

The book *Feeling Good* focuses on depressions and not on hypomanias. As the psychologist I’ve been seeing noted, a hypomanic person should perform cognitive exercises on his grandiose thoughts that are running in his or her head when they are hypomanic.

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. My point is that one cannot or should not be fully 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* [<http://www.amazon.com/Feeling-Good-Therapy-Revised-Updated/dp/0380810336>], it is usually a thought or a group of thoughts that is bothering someone, and caused someone to feel depressed. These thoughts are normally triggered by something difficult or intimidating, but it is not necessary that something like that will make one depressed - one can often cope with it without being depressed.

In any case, Psychoactive medication attempts 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* [<http://www.amazon.com/Feeling-Good-Therapy-Revised-Updated/dp/0380810336>].

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

Clinical Depressions are neither Desirable nor Inevitable and Can be Overcome

Some unipolar individuals I talked with, who seemed to have been somewhat relativists [<http://en.wikipedia.org/wiki/Relativism>] argued that being clinically depressed or hypomanic, was perfectly OK and that it was just a natural state, and that it was just "society" or the "environment" that didn't like it. All of this is non-sense, because I clearly recall feeling miserable when being depressed or clinically anxious and after gaining some awareness, was able to tell that my hypomanias were not desirable either. It's not a belief that people have conditioned me to believe - it's one that I developed myself.

I can rant much more about Post-modernist relativism, that some of proponents of it claimed people with disabilities such as deafness or blindness, who can be treated to some extent, should not be, because deafness or blindness were just different ways of perception, and not actual disabilities. But the point is that while you may experience depression or hypomania, it is neither desirable nor inevitable, and that you can overcome it.

During my normal state, I had, like other people, experienced many positive and negative emotions: joy, anger, frustration, fear, boredom, a feeling of disorientation, love, exhilaration, attraction, disappointment, hatred, remorse, sadness, etc. This is perfectly normal and these emotions have a purpose, and I was otherwise happy when I experienced them. But they are more natural than depression, which is much longer, and is mentally and physically unhealthy. ^{Emotions}

That put aside, you shouldn't feel bad about being depressed when you do. It's perfectly OK to feel it, and being consumed with guilt about being depressed will only make it worse. You should accept the fact that you're feeling bad or being under-productive and realise that this feeling will pass.

^{Emotions} One should note that emotions and feelings should not be our master. Often they can be misleading and irrational. For example, if my friend failed a test that I did well on, I may feel smugness or superiority, but this feeling is probably not rational or will make me happy in the long run.

Feelings should not be repressed [http://www.mkprojects.com/fa_emotions.html], in the sense that we deny that we feel this way. But we sometimes can acknowledge that we feel like it, and behave in a different way. A person is allowed to **feel anything** including a desire for mayhem and murder. Only behaving based on these emotions in either words or deeds may be bad.

While we can enjoy a rational happy emotion, and try to behave on a rational bad emotion, we sometimes need to take actions that will make us feel bad. For example, validly criticising a friend in private, or admitting you've done something wrong.

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 [http://www.igda.org/articles/erobinson_crunch.php]), tight schedules, tactless or unfriendly co-workers, bad software management practises, 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" [<http://www.shlomifish.org/philosophy/computers/software-management/perfect-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 regular programmer who isn't in management. 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 the 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 psycho-medical condition 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* [<http://www.amazon.com/Feeling-Good-Therapy-Revised-Updated/dp/0380810336>] 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, such as marijuana. 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.

Try to Perform Your Priorities

That put aside, I should note that working on what you have to do, will make you feel better, and is better than just procrastinating, and will also displace a large burden from your heart, that keeps you nervous.

Write Down Your Thoughts

When I'm hypomaniac, 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.

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

1. Humanity [<http://www.shlomifish.org/humour/humanity/>]
2. Star Trek: We, the Living Dead [<http://www.shlomifish.org/humour/Star-Trek/We-the-Living-Dead/>]

And, naturally, my hypomanias have been catalysts for most of my other stories. [<http://www.shlomifish.org/humour/>]

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.

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 (e.g: most western religions), are very harmful for one's self-esteem and prevent one from properly getting out of depressions.

An example for this is what the New Testament says in the Sermon of the Mount: "But I say unto you, that whosoever looketh on a woman to lust after her, hath committed adultery with her already in his heart.". As I explained before, people have no control over their immediate emotions and should not feel guilty for possessing ones that they may consider bad. While most Christians I've talked to about that, did not think that what that means is that lust was as morally condemnable as rape is, this has been traditionally interpreted as such, and is how I interpret the meaning of the this verse. And naturally, this is just a small example.

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 [<http://www.shlomifish.org/philosophy/philosophy/guide-to-neo-tech/>], which is an extension and re-organisation of Ayn Rand's Objectivism [[http://en.wikipedia.org/wiki/Objectivism_\(Ayn_Rand\)](http://en.wikipedia.org/wiki/Objectivism_(Ayn_Rand))], with many vital corrections. However, I do not rule out the premise that different personal philosophies will be better for different people.

Get some Relief for Your Condition

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

The Curse and the Blessing

In the *Star Trek: The Next Generation* episode "Tapestry" [<http://memory-alpha.org/en/wiki/Tapestry>], Captain Picard dies and then is given a choice to revert an incident in his past that has caused him an injure which would have eventually caused his death. 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 [http://en.wikipedia.org/wiki/Helen_Keller], who was born deaf-blind. If she had been born normal, she would most likely have led 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 getting into hypomanias 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.

Nevertheless, as I noted earlier, it is probably possible to combat the harmful effects of Bipolarity or Unipolarity as much as possible using Cognitive-Behavioural Therapy and other means, and I intend to work on that. It is my hope that you are now wiser on how to better deal with such harmful psychological moods, in case you have been suffering from them.

Feel good!

Document Information

About the Author

My name is Shlomi Fish and I am an Israeli software developer, essayist and writer. I am a user, developer and advocate of free and open-source software (FOSS), free and open content (Creative Commons [<http://creativecommons.org/>], the various Wikimedia projects [<http://www.wikimedia.org/>], etc.) and freedom, rationality and openness in general.

I have been suffering from depressions and hypomanias since I was 14, and they proved to affect my professional life, academic life and Internet life, for better or for worse.

You can learn more about me by visiting my homepage [<http://www.shlomifish.org/>].

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Thanks

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