

10 GREATEST LIES ABOUT BIPOLAR DISORDER

by David Oliver

Bio of David Oliver

My name is David Oliver. Like you, I'm all too aware of the devastation that bipolar disorder can cause in a family. How do I know? Because my mother has been suffering from bipolar disorder for much of her life. My family made many mistakes in the way that we handled my mother's problem until I decided to do something about it and find a way to help my mother and the millions of other individuals and families who live with bipolar disorder.

To understand what I've done and what I'm still trying to accomplish, I need to provide you with some background information about my family and me. As I stated earlier, my mother has had bipolar disorder for most of her life. As I was growing up, I remember witnessing some of her depressive and manic episodes. My family didn't talk about them or the disorder. Instead, we pretended nothing was wrong and left my mother with the responsibility of finding help on her own. That was one of the biggest mistakes my family made.

Now let's fast-forward to May of 2003. I began noticing that my mother seemed to be angry a lot. She also stopped sleeping normally and started spending more time by herself. When I talked to her, I realized she was also becoming increasingly paranoid. For example, I asked her, "How's the lawn doing?" and she immediately assumed that I was saying the lawn looked horrible and needed to be completely redone. These, of course, are all signs of a bipolar episode, but none of my family members did anything about them. We expected things to get better on their own. But they didn't.

By November, she was worse. She'd been visiting my brother at his house, and they'd gotten into a heated conflict. Her symptoms were becoming worse, but we still just assumed everything would work itself out.

A month later, my mother wasn't sleeping or eating. She refused to leave her room, and we began to realize something needed to be done. The problem was we had no clue about what to do. She was already in a full-blown bipolar episode, but not even my father understood what steps to take in order to help my mother.

In January of 2004, things escalated even further. She was yelling at me three times a day and saying hurtful things like, "I don't even want you to be my son anymore." I decided she needed to go to the hospital, but she refused. She claimed her support network didn't think she needed to go to the hospital, but I

found out that wasn't true. I reasoned and argued with her, but nothing worked! Finally, I stumbled on an approach that did work, and I convinced her to go to the hospital after two hours of trying.

After I'd gotten her to agree to go to the hospital, my father and I realized that we didn't even know which hospital she needed to go to or even who her doctor was! We searched through the house and finally found the doctor's business card. My dad called him, then he and my mother went to the hospital.

I didn't go with them. I was too emotionally and physically exhausted at that point from trying to help my mother deal with a disorder that I didn't even understand. That's when I realized that we should have understood it, especially since my brother and I had been dealing with the problem for our entire lives.

At that moment, I decided to find out as much as I could about bipolar disorder, so that I could educate myself and so that I could more effectively help my mother. I stopped first at the library and asked the librarian for books on manic depression, which is what my father had always called my mother's problem. The librarian informed me that the problem was now called "bipolar disorder." That showed me just how out of the loop my family was. We'd been dealing with the problem for years and didn't even realize that the terminology had changed!

Anyway, to make a long story short, I made learning about bipolar disorder a top priority. I took off from work for nine months so that I could devote myself entirely to my research. I talked to dozens of medical professionals, attended support groups, read almost every book available, and did everything possible to find out more about bipolar disorder.

After those nine months were over, I was able to use that information to help get my mother on the right track and to start putting a plan together that would make it easier for us to deal with future episodes when they occurred. All my hard work paid off. Look at the differences in my mom's life *before* I did my research and *after*...

Mom Before System

- Bad doctor
- No therapist
- Medicine not working
- Didn't admit she had a disorder
- Massive debt
- Threatening debt collectors
- Lost 15 jobs in 10 years
- No plan if she gets sick
- Little cooperation

Mom Today with System in Place

- Great doctor
- Great therapist
- Medicine working
- Admits she has the disorder
- Debt under control
- NO debt collection calls
- Great job waiting for her when she is 100%
- Detailed plan if she gets sick again
- Full cooperation

While I was glad to have helped my mother, I had also realized during my research that there simply were no books available to help the supporters of people with bipolar disorder. I'd also learned from firsthand experience that a book like that was desperately needed.

To fill that need, I put together all of my research and developed a "course" just for bipolar supporters, which would give supporters the tools they needed to effectively help the people they love. As I talked to more and more people who had bipolar disorder or who were supporting someone who had it, I learned about other information needed both by survivors of bipolar disorder and their supporters. For example, they needed to learn how to restore their credit, reduce their debt, buy a car, buy a house, and find a good doctor or therapist. In response to those questions, I began to build my website, <http://www.bipolarcentral.com>, so that it included more and more of the information people needed to cope with bipolar disorder themselves or support a loved one with bipolar disorder.

My site has grown to include a lot of helpful information. Today my organization is not only the biggest site online related to bipolar disorder, but also the fastest growing. If you type the word *bipolar* into your Google.com search engine, my site is returned as one of the top sites. And there's a good reason for that: My materials include more than 2000 pages of information based on reality and real-life experiences—not just theory. With some eleven people on staff who have a mental illness and are successful in life, my organization is well equipped to provide you with the quality information you need to cope with bipolar disorder yourself or to support a loved one who has it.

My sincere hope is that my programs and website will continue to help people learn about bipolar disorder quickly, so that they don't spend decades in the dark like my family did. I want them to be able to use what I've learned to make their own lives better for themselves and their loved ones with bipolar disorder, just as I was able to do with my family. I want other people to use my research to get the same positive results with their loved ones as I achieved with my mom.

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Lie #1:

You can survive without medication.

This has got to be the most widely circulated and worst, most harmful lie about bipolar disorder out there! In fact, this lie can be fatal to those who believe it.

The best that you can get out of this lie is a half-truth: You can survive without medication, but only for a short period of time. Then you will go into a bipolar episode in which, unfortunately, there will be serious repercussions—such as suicide.

The fact is, you *cannot* survive without medication. The National Institute of Mental Health (NIMH) states that 20 percent of people who have untreated bipolar disorder (in other words, those who are not taking medication) will kill themselves. That's one in five people!¹

If you do not want to take medication for the rest of your life, congratulations! You are part of the majority of people who have bipolar disorder. Most people do not want to take medication for the rest of their lives.

But consider this: What if you were a diabetic and you had to take an insulin shot every day to live? Would you take that shot?

Bipolar disorder is the same thing. Both disorders are physical conditions. Bipolar disorder is a chemical imbalance of the brain requiring medication, just as diabetes is an insulin imbalance in the body requiring medication.

Bipolar disorder is also a mood disorder—a disorder of extremes in moods. Without medication, those extremes will result in bipolar episodes that can wreak havoc—in a person's job, finances, relationships, etc.

Even if you could survive without medication, your life wouldn't be much of a life.

Without medication, you *will* have episodes.

¹ http://www.dbsalliance.org/site/PageServer?pagename=about_statistics_bipolar

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Consider your last episode. Would you like to keep repeating that over and over and over again? Because that's what your life would be like without medication.

There is something I call the "bipolar rumor," where one person passes a rumor that says that there is a "natural cure" (or remedy) for bipolar disorder. Now this is what people with bipolar disorder want to hear because, of course they don't want to keep taking that medication every day, right?

So that person tells two people...and they tell two people...and they tell two people...and before you know it, this lie has been passed around like the old "telephone" game we played as children.

Or you go to your support group, and one person says that her friend Mary has a brother named Steve who has a friend named Tom whose sister has a friend named Lisa whose mother has bipolar disorder and went off her medication and she's feeling just fine! So it must be OK to go off your medication. After all, this stranger says she's cured!

She may be OK for a short time, but she is **not** cured. The point is that this is a LIE! There is still NO cure for bipolar disorder.

The best we can hope for is stability, and that comes with taking medication every day.

Without medication, your thought processes will become confused. Confused thought processes lead to a disruption in thinking, and then to manic thinking. Sometimes even to delusions and hallucinations. The only way to avoid this type of thinking (and a manic episode) is to take your medication.

You need to manage your medications to gain/maintain stability.

Managing your medications means:

- If you don't feel as if your medication is as effective as it's supposed to be, tell your psychiatrist. You may need a dosage increase, or you may need to change to a different medication.
- If you are experiencing **any** unusual side effects, call your psychiatrist. Don't feel embarrassed or as if you are being a burden—that's what your psychiatrist is there for!
- Make sure you are consistent in taking your medication. Many medications for bipolar disorder depend on a constant level in the bloodstream to be the most effective. If you forget to take your

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medication, blood levels will fluctuate, and you won't be getting the most from your medications.

- Don't stop taking your medication just because you feel better. This is one of the biggest triggers for a bipolar episode.
- Always check the label on a medication before taking it. Many people with bipolar disorder also have other physical conditions besides bipolar disorder, and it's easy to get the medications mixed up, especially since many prescription bottles look alike.
- Keep a list in your wallet of **all** medications you are taking, including dosage amounts and frequency, and make sure to keep this list updated. This will help during your regular doctor visits and is also vital in case you ever have to go to the emergency room.
- Always keep medication out of the reach of children. Today medications for bipolar disorder come with child protection caps, but children have been known to be able to open child protection caps anyway.
- Make sure you follow labeling instructions for storage. Some medications need to be kept in a cool, dry place, while others need to be refrigerated. These are instructions that the psychiatrist will **not** tell you, so read the label.
- Make sure you follow instructions as far as **when** to take your medications. Some medication labels will say that you need to take them twice daily, while others will say to take one in the morning and one at bedtime. It's easy to get mixed up, especially when taking more than one medication; write it down if you have to, and ask your pharmacist or doctor for clarification if you don't understand the label.
- Don't keep medications that are no longer being taken. Throw them away.
- Don't transfer medications from their original pill bottle into another one. This could cause confusion since you might not remember which pill is in which bottle, and you won't have the instructions from the original pill bottle to follow.

There's a big lie circulating that says once your bipolar disorder is under control, you can stop taking medication. The truth is that unless your doctor or psychiatrist tells you to stop taking your medication, you should **never** stop taking medication on your own just because you "feel better." Remember the statistic—one in five people with untreated bipolar disorder kill themselves. You don't want to become part of that statistic.

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The fact is, medication doesn't just help in the beginning to stabilize a person who has bipolar disorder. It keeps that person stable on a long-term basis. It is the medication that keeps a person with bipolar disorder feeling better.

Just as you need to keep taking the whole bottle of antibiotics even after you feel better, you need to keep taking your bipolar medications, even when you feel good. Unless you want to become a statistic, you must **never** stop your medication except under doctor's orders.

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Lie #2:

You can't control bipolar disorder.

This is a lie, because you **can** control bipolar disorder! In fact, you **must** control it, if you are to maintain any stability at all.

One of the ways you can control the disorder is to use the term “**have** bipolar disorder” instead of “**am** bipolar.” When you say, “I am bipolar,” you give power to the disorder since you identify yourself it. When you say, “I have bipolar disorder,” however, you simply acknowledge that you have a medical/psychiatric condition. You realize that the bipolar disorder is NOT your identity.

By saying, “I have bipolar disorder,” you put yourself in charge of the disorder instead of allowing it to be in charge of you. And controlling bipolar disorder means that you can manage it, instead of it managing you. For example, you have control over your medication. When you feel “off” or just not yourself, you can call your psychiatrist immediately and tell him how you’re feeling so that he can make a change in your medication. This is so much better than letting the disorder control you by waiting to call until after you’re already in an episode.

Having control over your medication means that you work closely with your doctor, as sometimes you will need to increase (or decrease) your medication, or even change your medication. Sometimes you may need to add other medications to the ones you are currently taking to maintain your stability.

The point is that you work with your doctor instead of sitting back and letting your disorder control you by not saying anything to your doctor when there’s a problem—one that can easily be controlled by a “tweak” or change in your medication.

For example, if you’re having side effects from your medication, you can call your doctor and he can work with you on that. Sometimes all it takes is having you take your medication at night instead of in the morning. Sometimes you may need to switch medications. But the thing is, he can’t help you unless you first call him and let him know the problems you’re having.

Just as we talked about working with your doctor on your medications, you need to do the same thing with the rest of your treatment team. And that’s exactly

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what your doctor, therapist, psychiatrist, and every other medical and mental health professional involved in your therapy is—a team. **Your** team.

They are on *your* side, coming together to help you control your disorder, to get and maintain stability, and even to help you become a high-functioning, stable person. As a team, you must all work together for your greatest good.

The only way that your treatment team can do its best to help you, however, is for you to be honest with them when you see them, and for you to call them when things are “not right” for you.

Controlling the disorder means that you manage it by controlling your treatment. That you go to all your appointments on a regular basis. That you regularly see your doctor, therapist, and psychiatrist (and possibly other medical/mental health professionals, such as a family counselor or social worker). That you attend a support group. That you take steps to not isolate yourself.

Controlling bipolar disorder means that you take care of yourself. You meet your own needs on a daily basis—grooming, plenty of sleep, healthy diet, exercise, etc. Along with those things, you watch your stress level and do things to lower the stress in your life, such as yoga, meditation, and relaxation exercises.

Controlling the disorder means that you identify and watch for your triggers, or those things that can cause a bipolar episode in your life. It means that as soon as you see one, you “cut it off at the pass,” or if you can’t, that you immediately call your psychiatrist or therapist for advice.

Controlling the disorder means having a good support system in place—not only your medical/mental health team, but also family and friends who support you on a daily basis and who are supportive of your recovery. Your support system can include other people as well, such as your support group, your pharmacist, your pastor, your boss and/or coworkers (if you feel comfortable telling them you have bipolar disorder), close friends, etc.

The more knowledge you have about bipolar disorder, the better able you will be to control it.

How do you get knowledge? You get it through **information!**

Here’s how it works:

1. Knowledge is power.
2. When you learn, you gain knowledge—and therefore power.

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3. When you gain that power, you gain control—not only over bipolar disorder, but over your entire life and over yourself.
4. When you have control over yourself, you will make better choices and decisions—and your life will automatically improve.
5. When you have knowledge and power, you have control over how bipolar disorder impacts your life.

So, the bottom line is this: *You need more **information!***

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Lie #3:

You only need the right medication and a great psychiatrist to be stable.

This is a lie because, although it is vital to have a great psychiatrist and to take the right medication to attain and maintain stability with bipolar disorder, these are not the ONLY two things necessary.

One of the keys to effectively dealing with bipolar disorder is to have a strong support network. You simply cannot control this disorder without the involvement of outsiders.

There are a number of professionals who can help provide treatment in different ways and be part of your support network. Let's talk about a few of them.

FAMILY DOCTOR/GENERAL PRACTITIONER

In many cases, the first person who will know about your symptoms is your regular doctor. Even though he may not be trained in mental health issues, he can offer you valuable assistance. For example, he can refer you to other experienced professionals who are more knowledgeable about bipolar disorder. He will also have more familiarity with your medical history, including your current medications and other health problems that may impact your diagnosis and treatment. He can also rule out or treat any other causes of the symptoms you are having.

PSYCHIATRISTS

You may also need the assistance of a psychiatrist. Psychiatrists are doctors who specialize in the treatment of mental illness. Unlike psychologists (see below), they can prescribe medication. They may also be able to arrange temporary hospitalization if you go into a severe episode.

PSYCHOLOGISTS

The biggest difference between psychiatrists and psychologists is that psychologists are not medical doctors and, therefore, cannot prescribe medication. However, they can provide a number of other treatments, including family counseling, group therapy, and one-on-one psychotherapy. Psychologists often are called in for the initial diagnosis of bipolar disorder.

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CLINICAL SOCIAL WORKERS

These professionals have gone through extensive schooling so that they understand the needs of patients with mental health problems. They also have firsthand experience with many severe problems, including substance abuse. They can help you in many practical matters, such as finances, housing, and transportation, plus they can provide counseling.

PHARMACISTS

While most of us take these people for granted when we go to pick up our prescriptions, they can be an extremely valuable source of assistance. Pharmacists are licensed and trained in how to properly dispense medication. While they can't diagnosis medical conditions, they **can** warn you about potential drug interactions, which can be a serious, life-threatening problem if you are taking a number of medications for the disorder and for other medical problems. They can also give you information about what side effects to watch for. If you ever have questions about any of the medications you are taking, your pharmacist should be the first person you consult.

MARRIAGE AND/OR FAMILY THERAPISTS

Therapists, like psychologists, are not medical doctors, but they are licensed in providing counseling to people in their specialty area. There are a wide variety of specialties available, but the two that your family will be most likely to use are marriage and family therapists. As you may already know, bipolar disorder can be a tremendous strain on your relationships with loved ones. A therapist can help you find better ways of coping with those problems. Therapy can involve only you, or it can involve multiple people depending on the problem and the willingness of the other family members to participate.

* * * * *

Regardless of which professionals you turn to for help, you need to make sure that you become actively involved in your treatment. Even though these professionals are supposed to be trained and knowledgeable about what they are doing, you need to educate yourself and ask questions about their suggestions and treatment ideas. You might be surprised to learn how many so-called professionals have steered passive patients down the wrong path.

I would also strongly suggest that you enlist the assistance of a trusted loved one, such as a spouse, an adult child, a sibling, etc. Your loved one should also be educated about bipolar disorder and should go with you to most of your appointments so that he or she is informed about your condition and treatment at all times. This person can then effectively look out for you when you are unable to look out for yourself because of an episode or other issues.

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We've already talked about key members to your support network, including doctors, therapists, friends, family members, etc. However, you will probably find that there are one or two people in your support network who take on the most active roles. Generally these people are spouses, children, parents, or siblings.

These primary supporters are going to need to understand what they are getting into before they agree to accept this level of responsibility. After all, during an episode, they will need to take care of all aspects of your life as well as their own. They must also be available to make sure you stick with your treatment, have the necessary emotional support, and do not cause harm to yourself.

Even though you may have one or two main supporters, evidence suggests that your entire family will actually play a crucial role in your success when dealing with bipolar disorder.

Family involvement is very important for several reasons:

- They can make sure you continue your treatment appropriately.
- They can watch for signs of a relapse and can get help for you before an episode escalates.
- They can help you prepare for these episodes and can prevent you from doing anything that might be harmful to yourself or others.
- They can communicate with doctors and other organizations to ensure that you get the help you need.
- They can provide valuable emotional support to you when you are dealing with the stigma of mental illness, especially if you are abandoned by friends, other family members, or coworkers because of the disorder.
- They can do research to help themselves and you gain a better understanding of what bipolar disorder is and how it can be overcome, even if it can't be cured.
- They can encourage you to never give up. Some people with bipolar disorder just give in to the illness and allow it to rob them of a wonderful life, but with the encouragement and assistance of your family, this won't happen to you

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Lie #4:

Bipolar disorder is not a real illness, and not that many people have it.

This is a lie. In fact, bipolar disorder has been a recognized mental illness since the second century. A researcher at the time in modern-day Turkey wrote about many of the symptoms of both depressive and manic episodes and about the link between the two.

However, nothing was done about these observations until decades later. In the middle of the nineteenth century, Jules Falret actually did a great deal of work exploring those old ideas. Then, in 1875, he labeled the problem as manic-depressive psychosis.

Research into depression and manic symptoms continued for the next few decades. The connection between the episodes was becoming clear, and the disorder was fully recognized by the mental health community by the early part of the twentieth century. An article in 1952 that appeared in the *Journal of Nervous and Mental Disease* talked about the genetic component of the disorder and first suggested that the problem might be passed on within families, as we now know that it can be.

During the 1970s, the disorder was recognized as a legitimate illness, and laws were passed to help those who were diagnosed with the problem. Then, in 1980, the illness became known as *bipolar disorder* instead of *manic depression*.

Bipolar disorder *is* a real illness, one that affects approximately 4.4 percent of U.S. adults according to the latest statistics.² Considering that the U.S. adult population count was approximately 217.8 million people in 2003, that's almost 10 million U.S. adults who have bipolar disorder—and this number grows every day. And that's not even counting the number of children who have bipolar disorder!

One of the biggest factors in who gets bipolar disorder is genetics. Most likely, the disorder was passed on to you by someone in your family. You also have a

² FOXNews.com, "Bipolar disorder widely undiagnosed," <http://www.foxnews.com/story/0,2933,270625,00.html> (accessed December 7, 2007).

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chance of passing the disorder on to your children. According to the National Institute of Mental Health (NIMH), bipolar disorder tends to run in families, and many researchers today are trying to track down the specific genetic component that makes a person more prone to developing bipolar disorder.³

In most cases, the disorder has been prevalent in the individual since childhood, although it is usually first diagnosed when the person reaches young adulthood (between ages 18 and 24). Both men and women are affected by the disorder in about even numbers.

³ <http://www.nimh.nih.gov/health/publications/bipolar-disorder/complete-publication.shtml>

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Lie #5:

All people who have bipolar disorder are violent.

This is a lie, because there are different types of bipolar disorder, and bipolar disorder looks different from one person to the next. While it's true that **some** people with bipolar disorder do behave violently during episodes, it's not true that **all** people behave this way.

You probably already realize that bipolar disorder is characterized by severe mood changes, but many of the people I've talked to who have bipolar disorder don't know much more than that. Before you can effectively cope with the disorder, however, you need to understand it fully. Plus, you'll have an easier time explaining the disorder to your loved ones and to your network of supporters if you have this knowledge.

As you've probably experienced for yourself, bipolar disorder is marked by mood swings. At some times, a person with bipolar disorder enters a depressive mood. At other times, that same person experiences mania, which is an unnatural feeling of euphoria. Contrary to what some people believe, the person does not continually rock back and forth between these two extremes. In between episodes, the person with bipolar disorder may go months or even years with normal moods.

Not all bipolar disorders are created equal either, and the type of disorder you have will influence both your symptoms and your treatment. Descriptions of the three main types are below:

BIPOLAR I

These individuals suffer from severe episodes of mania and depression. The symptoms of both stages usually interfere with their ability to work and to function normally. Manic episodes can be accompanied by delusions and can require hospitalization.

BIPOLAR II

These individuals suffer from severe depressive stages and what are called *hypomanias*, which are less severe versions of manias. While the depressive stage for this group may limit their productivity, the hypomanias are usually less

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disruptive and rarely require hospitalization. In fact, the biggest difference between bipolar I and bipolar II is the severity of the manic episodes.

CYCLOTHYMIC DISORDER

These individuals have episodes of mild depression and hypomania, but neither stage is severe.

Both bipolar II and cyclothymia are more common than bipolar I. While it may seem from the descriptions above that those with these milder forms of bipolar disorder are the lucky ones, the reality is that these are the individuals who are less likely to get any type of medical treatment and, as a result, can end up leading seriously limited lives. Continuous support and treatment are, therefore, still very important for them.

Before we talk any further about the different types of bipolar disorder, we first should look at the symptoms. Keep in mind that not all of these symptoms may be present at one time. Some occur only in very severe episodes, while others you may never experience.

FULL MANIAS (AS EXPERIENCED BY PEOPLE WITH BIPOLAR I)

- Individuals will feel extremely happy, excited, and joyful.
- Individuals will talk more than usual and at a faster speed.
- Individuals will become more active and will find sitting still to be very difficult.
- Individuals will be easily distracted and will feel like their thoughts are racing.
- Individuals will require less sleep.
- Individuals will feel overconfident, and their self-esteem will be inflated.
- Individuals will do things, such as make purchases, without thinking about them beforehand and will make and exhibit poor decision-making skills.
- Individuals will not believe that they have a mental illness.
- Individuals will be more irritable.
- Individuals will have an increased interest in sex and/or may be more sexually active.

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- Individuals may experience delusions and/or hallucinations.

HYPOMANIA (AS EXPERIENCED BY PEOPLE WITH BIPOLAR II AND CYCLOTHYMIC DISORDER)

- Individuals will feel extremely happy, excited, and joyful.
- Individuals will talk more than usual and at a faster speed.
- Individuals will become more active and will find sitting still to be very difficult.
- Individuals will have an increased interest in sex and/or may be more sexually active.
- Individuals will be more irritable.
- Individuals will be more reckless and may make bad choices.

FULL DEPRESSION (AS EXPERIENCED BY PEOPLE WITH BIPOLAR I AND BIPOLAR II)

- Individuals will feel extremely sad and may have crying spells.
- Individuals will experience a major change in their sleeping habits (they may sleep less or more than usual).
- Individuals will experience a major change in their eating habits (they will eat more or less than usual).
- Individuals will be irritable and angry.
- Individuals will worry and will feel anxious about nearly everything.
- Individuals will have little interest in or will get little pleasure from normal activities.
- Individuals will have trouble concentrating and/or making decisions.
- Individuals will have a feeling that everything is going wrong for them.
- Individuals will feel as if they have little or no energy.
- Individuals will have difficulty focusing, concentrating, and making decisions.

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- Individuals will try to isolate themselves from people and will be reluctant to socialize.
- Individuals will have significantly reduced self-esteem.
- Individuals will experience aches and pains that don't have a physical cause.
- Individuals will think about suicide.

MILD DEPRESSION (AS EXPERIENCED BY PEOPLE WITH CYCLOTHYMIC DISORDER)

- Individuals will experience a major change in their sleeping habits (they may sleep less or more than usual).
- Individuals will experience a major change in their eating habits (they will eat more or less than usual).
- Individuals will feel as if they have little or no energy.
- Individuals will have significantly reduced self-esteem.
- Individuals will have difficulty focusing, concentrating, and making decisions.

As you can clearly see, all three types of bipolar disorder share many similar symptoms. The difference is in the number of symptoms present and in the duration and frequency of the episodes.

If an individual is going to be violent, it will most likely appear during a full manic episode, when the person is more prone to irritability, delusions, and hallucinations.

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Lie #6:

People who have bipolar disorder can't hold down a job.

This is a lie, because if you're taking your medication and adhering to your treatment plan, you can expect to attain and maintain full stability, as well as enjoy all the privileges of a normal, productive life—including working at a job.

In fact, there is a school of thought that people who have bipolar disorder are better workers because they are more creative and are people who “think outside the box.”

For some people who have bipolar disorder, working a job outside the home may be too stressful, so they start their own businesses. This is traditionally a highly successful way for these people to go. Some start businesses outside the home, and some start home-based businesses.

Today there are hundreds of ways to start a business on the Internet, which you can then run from home and which can generate a sizable income stream. The best part is that you don't have to have any experience to get started, and most of the start-up costs are minimal.

I suggest starting businesses to many of the people I talk to who have bipolar disorder, because it can be a real benefit for them in many ways. First, it can provide them with additional money that they need to cope with the enormous costs of bipolar disorder.

A University of Texas at Houston study found that the lifetime cost of the disorder can be almost \$625,000. That's not including the money spent during spending sprees or on substance abuse. That extra income can really help when it comes time to cover those expenses.

A second reason that starting a business may be a good idea for you is that it can help reduce your stress levels. Many people find their jobs stressful, and stress triggers episodes, so you need to avoid stress as much as possible.

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Even if you continue your regular job and just run a business on the side, you'll have reduced stress levels because you won't feel so dependent on that regular job for your financial security.

A final reason is that a home-based business can be run even if you have to be out because of an episode. If you are hospitalized or unable to work, someone else in your support network can temporarily take over the business until you get on your feet again. That means income will still be coming in, even while you're unable to work.

Keep in mind that money is really important when it comes to dealing with bipolar disorder. You need money so that your future will be secure and so you can have access to the best treatments available. When your money is limited, so are your options.

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Lie #7:

There is a machine or software program to scan your body or brain and determine if you have bipolar disorder.

This is a lie. Unfortunately, we still have no definitive way to diagnose bipolar disorder. You can't just get an X-ray or a blood test to determine if you have the disorder.

Because of this, misdiagnosis is still a common problem. One reason is that sufferers usually only seek treatment on their own during a depressive episode, since they never recognize a problem during a manic phase. As a result, they may be diagnosed as having just depression (i.e., unipolar depression, or chronic major depression).

Further complicating diagnosis is the fact that many patients with bipolar disorder also have other types of problems, such as eating disorders or substance abuse. If you suspect you've been misdiagnosed or if you have any other problems that may complicate your treatment, it's important to talk about these issues with your doctor.

You see, there are three problems with diagnosing bipolar disorder. One is that since it has received more media attention in recent years, doctors are jumping faster and sometimes incorrectly to the bipolar diagnosis. Another is that bipolar disorder is sometimes diagnosed as something entirely different. And finally, in many cases it is ignored completely for a long time by the affected person.

Let's talk a little bit about what causes these different problems.

SNAP DIAGNOSIS

A problem that is becoming more common as bipolar disorder gains more attention is that of the snap diagnosis. Many doctors have started assuming that patients who exhibit even just a few bipolar symptoms have bipolar disorder. In fact, there are even a growing number of types of bipolar disorder being assigned to these individuals when they don't seem to fit into the other pre-established categories.

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Some mental health professionals worry that this overemphasis on bipolar disorder may cause many patients to be misdiagnosed because doctors will jump to a conclusion about the patient's condition.

MISDIAGNOSIS

A second common problem with a diagnosis of bipolar disorder is that doctors often incorrectly diagnose the illness. This is not always the fault of the doctor, however.

Most patients with bipolar disorder are not bothered by the manic feelings, so they generally only seek help when they are in a depressive episode. When doctors ask about their symptoms, most don't mention those feelings related to the manic episodes, because they either don't realize those feelings aren't "normal" or because they don't see how those feelings could be connected to the depression. As a result, many patients with bipolar disorder start out diagnosed as simply suffering from severe depression or from some other form of mental illness.

IGNORED SYMPTOMS

One of the main reasons many patients wait so long to go to the doctor about their symptoms is because they don't realize they have a problem. The combination of a lack of insight and of the "high" feeling associated with a manic episode means that most people with bipolar disorder feel like they are on top of the world, even as the floor is falling out from beneath their feet. Usually these individuals only go to the doctor if they are in a depressive episode or are cycling rapidly through moods in a pattern that even they can recognize as abnormal.

* * * * *

If you haven't already, you need to find a good doctor and get properly diagnosed. You can only begin to deal with this disorder once you are positive that bipolar disorder is what's causing your symptoms.

If your loved ones have been encouraging you to get medical attention, then you should take their advice. In most cases, the people around you may notice your mood and behavior changes more than you do, because the episodes usually cloud your rational thinking.

Of course, if you're not sure whether or not your symptoms may be related to bipolar disorder or not, then the checklist below may help you determine that. Before you go through these symptoms, however, I need to give you a couple of pieces of important information.

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1. No one will have all of these symptoms, but only having a couple of symptoms does not mean you have a problem. If you have five or more of these symptoms, you should see a doctor.
2. Many of these symptoms can be caused by physical illness, as well as by mental illness. A physician should first rule out all possible physical ailments.
3. Make sure that you don't confuse your normal personality with a serious problem. Everyone is different, and those differences don't automatically signal mental illness.
4. You should get medical treatment if you have any of these symptoms at an extreme level, if you have a large number of symptoms, if the symptoms go on for weeks or months, or if the symptoms start having visible effects, such as poor work performance.

With those things in mind, you can read through this checklist of symptoms:

- Mania
- Depression
- Poor judgment
- Unexplainable anger
- Inability to concentrate
- Losing friends suddenly
- Changing jobs frequently
- Withdrawing from friends, family members, and society
- Being less active than usual
- Being unable to sit still
- Doing things without thinking about the consequences
- Crying frequently
- Thinking about death excessively

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- Having delusions or hallucinations
- Feeling useless, worthless, and hopeless
- Eating less or eating more than normal
- Sleeping less or sleeping more than normal

THE DIAGNOSIS PROCESS

In most cases, you will want to see your family doctor first, then that doctor will determine how to proceed. If he thinks there is the possibility of a mental illness, he will probably refer you to a psychiatrist, a psychologist, or a therapist. Your family doctor can also rule out many other possible causes for the symptoms.

When you do go to the doctor for diagnosis, you will have to provide quite a bit of information so that the medical professional can get a clear picture of what has been going on. Generally, this information includes your medical history and family medical history, as well as a discussion of the symptoms and problems you've been experiencing recently.

The doctor might also consult with your family members if you give him permission to do so. This step is important, because the people around you can provide him with valuable information about how you are acting and how your behavior is changing—changes you may not have noticed yourself.

If he does try to talk to your family members, don't try to coach them or tell them what to say. You want them to be honest and straightforward with the doctor so that he can make a proper diagnosis.

The mental health professional will also conduct what is known as a Mental Status Examination (MSE). The MSE consists of two parts: observation and questions. As the doctor is talking to you, he will watch your mannerisms, behavior, mood, and way of speaking, and he will note if any of these suggest possible mental illness. This is the observation portion.

Additionally, the doctor will ask you questions that are designed to find out more about the problem, such as "Do you ever think about committing suicide?" or "Do you often have trouble concentrating?" Make sure that you answer all of these questions honestly, even if those answers trouble you. When you don't tell the doctor the entire truth, you are only hurting yourself because you will be making it more difficult for him to properly diagnose you.

After the doctor collects all of the necessary information, he will offer a diagnosis and will make some suggestions on the best course of treatment for you.

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Do NOT just assume that you have bipolar disorder based on your own observations. You **must** see a qualified mental health professional to obtain a diagnosis. There are many types of mental illnesses and physical problems that can produce symptoms similar to those of bipolar disorder, so you should never jump to your own conclusions.

You should NEVER try to treat any mental illness without the assistance and guidance of a trained medical professional, even if you have experience with the disorder.

Going to the doctor and asking him, “What’s wrong with me?” can be scary. Most of our minds automatically zero in on the worst-case scenario, so we put off getting treatment for as long as possible even though that question keeps nagging us. If you put off getting a diagnosis, however, you may make things worse for yourself and for your loved ones.

Another reason getting the proper diagnosis is important is that you may also have other problems associated with bipolar disorder that may not seem connected at first. Many patients with bipolar disorder are also dealing with substance problems, anxiety, insomnia, eating disorders, promiscuous sexual behavior, and other serious issues. They try to deal with each of these problems separately and on their own, but only by dealing with the bipolar disorder first can these other areas be dealt with effectively.

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Lie #8:

Someone with bipolar disorder will never get better.

Besides the fact that this is a very negative statement, it is very much a lie. It does take work on the part of the individual, but they can definitely get better.

With proper medication, treatment, and support, it is perfectly reasonable to assume that a person with bipolar disorder can get better. Unfortunately, there is still **no cure** for bipolar disorder, but it can be **managed**.

It can be discouraging at times to have bipolar disorder. However, if you believe that you are always going to be dysfunctional, you are setting yourself up for failure before you even start.

Getting discouraged and believing you will always be dysfunctional are two different things. The first is just a feeling, and it will subside as you see yourself get better. The second, however, is a state of mind—an attitude, if you will, that can be deadly for you.

Check yourself by examining the following. Do you have any of the following thoughts?

- “I am always sick.”
- “I will never get better.”
- “I will never get through this.”
- “Things will always be like this.”
- “I will never amount to anything.”
- “It will never get any better.”
- “I’ll always be stuck being taken care of.”

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- “I am always going to be dysfunctional.”

If you have these thoughts, you are staying in a negative frame of mind, and you are perpetuating a negative pattern of thought. This is bad for you. You need to replace your negative thoughts with positive self-talk.

Believe in yourself, and believe that you will get better. No, you will never get *cured*, but you *will* get better. With you're the help of your loved ones, you can live a fairly normal, productive, healthy, happy life.

However, if you continue believing that you will always be dysfunctional, you will become a self-fulfilling prophecy.

The concept of the self-fulfilling prophecy can be summarized in these four key principles:

1. We form certain expectations of people or events.
2. We communicate those expectations with various cues.
3. People tend to respond to these cues by adjusting their behavior to match them.
4. The result is that the original expectation becomes true.

This creates a circle of self-fulfilling prophecies.

If you believe that the loved ones in your life think you will stay dysfunctional, then you *will* stay dysfunctional. Then what will happen? You will become self-destructive, and possibly even suicidal. Because what reason will you have to become high functioning, successful, productive, or happy? If your loved ones don't believe in you, you reason, then why should you believe in yourself?

You *must* turn this around and become a more positive person, especially as it applies to yourself. Your life depends on it.

You may not realize it, but not all of our stress comes from outside factors. We often place a great deal of stress on ourselves, particularly through our own negativity.

Most of the people that I've met who had bipolar disorder already had an ingrained pattern of negative thinking in their minds that increased their stress and made it more difficult for them to accomplish their goals in life.

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That negative thought pattern may be one reason why, according to the Stanley Bipolar Foundation Network, despite the fact that nine out of ten bipolar patients have their high school diplomas and more than 30 percent have college degrees, 65 percent were unemployed and 40 percent were on welfare or disability. Those negative thought patterns can also interfere with your treatment.⁴

Generally we don't start off being negative with ourselves. When most of us are children, we think the sky's the limit. We can achieve anything we want. As we get older, however, we encounter people who often think they are doing us a favor by "putting things into perspective" for us or by helping us get our heads "out of the clouds." Let me give you an example.

One woman I knew had wanted to be a writer for as long as she could remember. When she talked to her middle school guidance counselor about this dream, however, the counselor insisted that she have a different plan because it was unlikely she would ever achieve that dream.

She was only eleven at the time, and being told by an adult to abandon her dream had a devastating effect on her confidence and her hopefulness for the future. Every time she started to write for fun, she'd think back to what her counselor had told her, and she'd feel as if she were wasting her time.

Eventually, she incorporated that counselor's remarks into her own negative self-talk. She would tell herself, "You're never going to be a writer," "You don't have any talent," and "You'll never have a career that will make you happy."

Those comments were compounded by other negative remarks she heard throughout her whole life from the people who were most important around her, including her parents, her friends, and her teachers.

We have the power to make our own reality. If we continually tell ourselves that we aren't good enough, strong enough, smart enough, or pretty enough, then we never will be. That's why negative self-talk is so detrimental. It creates a reality in which we are destined to fail, because we tell ourselves that's the best we can do.

If you're already guilty of pounding down your self-esteem through negative self-talk, then you can turn things around. First, you need to avoid negative people. Distance yourself from friends and family members who are always telling you what you can't do or what you won't be able to do because of your bipolar disorder. Those people will only succeed at filling your mind with more negativity, and that's not what you want. You need people who will encourage you and who will be positive.

⁴ <http://www.mcmanweb.com/bpfaq1.htm>

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Next, you need to start creating daily affirmations that will combat those negative messages. Daily affirmations should be positive, such as, "I can achieve my dreams," or, "I will stick with my treatment." You should write these statements out on note cards, then recite them to yourself at least ten times a day.

At first you might feel silly and you may think it won't work. However, after you've repeated that affirmation enough times, you'll begin to believe it, and that positive statement will eventually replace some of the negative ones. In fact, any time you hear yourself using negative self-talk you should interrupt with some of your own positive affirmations.

With a more positive attitude, you'll see that your reality changes dramatically. What you tell yourself is possible becomes your truth. By replacing negative thinking with a more positive attitude, you'll reduce your stress and become happier.

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Lie #9:

All psychiatrists are the same and give the same quality of care.

This is a lie, because first of all, all psychiatrists are not the same. Some specialize in certain areas of the field, while others specialize in different areas. As far as the quality of care that they give, that's on a sliding scale. There are good doctors, as well as bad doctors.

I describe this using something I created called the 5-95 rule.

The 5-95 rule says that, basically, out of every one hundred patients a doctor has, I believe ninety-five receive assembly-line treatment. The doctor comes in, looks briefly at the chart, asks a couple of questions, writes a prescription, then moves on to the next patient. With these patients, the doctor doesn't give their conditions a second thought once he leaves the examination room.

The other five patients, however, receive extraordinary care. The doctors are attentive to them, listen to their questions, explain things carefully, try to reduce their concerns, work closely with the families, and think about their conditions even outside of the office.

Every person deserves to receive that type of care, but unfortunately that's just not the way it works. Even the best doctors are going to focus most of their attention on a minority of patients.

Obviously, you want to be in that minority with your doctor and other medical professionals. And the only way to do this and to avoid falling onto the treatment assembly line is for you and your loved ones to become actively involved in the treatment process.

Your loved ones should check in periodically with your doctor to ask about your condition. They should drop by to chat with your therapists and stay in touch with your pharmacist. Every one of your medical professionals should know the faces, voices, and names of the loved ones supporting you almost as well as they know yours.

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The reason this approach works is that it lets the doctor know that someone is looking out for you—and watching him. He knows that he's going to have to stay on his toes. He won't take sloppy shortcuts when it comes to your treatment, because he knows that, if he does, then it's going to come back to haunt him.

People who don't have anyone else watching out for their best interests or who try to keep their treatment secret from their family members are always going to end up in the ninety-five. Hands-on involvement is the only way to keep medical professionals in line and to ensure that you get the best treatment available at all times.

You also must find a psychiatrist who is familiar with bipolar disorder and with treating clients who have the disorder. This is crucial to your care. Although all psychiatrists graduate with the same degree that *allows* them to treat someone with bipolar disorder, they do not all have the *experience* to treat someone with the disorder, and that can make a big difference.

Now, let's touch on the financial end of things. There are many "cookie cutter" psychiatrists out there. These are the ones who are either no-fee or low-cost and work in clinics. They see about twenty patients a day in an assembly-line fashion. Do you want to be a patient of theirs?

The statement "you get what you pay for" does generally apply here. Yes, you may save money, but will you really get the care and treatment that you need? No. You will be gypped out of the therapy that you truly need.

What about the psychiatrist who advertises on TV, on billboards, and in the yellow pages and charges \$250 per hour. Is he the psychiatrist you want? Do you think he would be better just because he charges the most and advertises the best? No. All that means is that he is at the other extreme from the last example.

So, basically, you want to find a psychiatrist in the middle of the two extremes. One who is affordable to you, who has experience in treating people with bipolar disorder, and who you like and feel comfortable with. Yes, you will have to pay more than the cheap clinic doctor, but you (and your care) are worth more, aren't they? You want a *quality* doctor, and for that you will have to pay more; however, it will be worth it in terms of your stability.

Just remember, you cannot judge a psychiatrist or the quality of his care just by how little or how much he charges. There are good doctors and bad doctors in both categories. Not all psychiatrists are the same.

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Lie #10:

There are natural proven cures for bipolar disorder that big business is hiding.

This is a lie. There are absolutely no studies that show this is true, no matter how many people would like to believe it. It's a myth, just like Big Foot.

Despite what many would have you believe, there is **no** pharmaceutical conspiracy in which medication manufacturers are secretly hiding natural cures for bipolar disorder because they're making so much more money selling prescribed medication. (Believe it or not, there are people who really believe this.)

Although there are many "natural proven remedies" out there that claim to "cure" bipolar disorder without medication, none of them are actually proven. The only proven method for successful treatment of bipolar disorder is still medication and treatments such as therapy.

And at this time, there is still **NO** known cure for bipolar disorder—natural or unnatural.

Basically, some of the people who believe this lie, or myth, when confronted with this truth, will then backtrack and tell you that they believe that there are natural treatments that don't require medication to control bipolar disorder. Unfortunately, this argument doesn't make the statement any more true than it was before.

Look, I have up to 11 people who work for me, over 160,000 people who have signed up for my mailing list, and up to 1,000 new people who sign up for my mailing list on any given day. I also get up to 8,000 visitors per day at my website (www.bipolarcentral.com), and I've interviewed over 100 successful people with bipolar disorder.

On top of all that, I review all the newest books on bipolar disorder, I'm up on all the latest information on bipolar disorder, I scan all the newspapers and magazines, I read journals (both medical and psychiatric, not just online), and I go to five different libraries to get all this information—just to bring the most up-to-date information to the people I serve who have bipolar disorder.

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Believe me, if the pharmaceutical company myth were true, ***I WOULD KNOW ABOUT IT!***

But it's ***not*** true. It's a lie. There is not one single "proven natural cure" for bipolar disorder at this time (although there are many, many that claim that they are).

Thinking that big business is involved with pharmaceuticals is just a big lie. I have talked to a lot of people who actually believe that all doctors are in a giant conspiracy with pharmaceutical companies to medicate every single person with bipolar disorder into the ground so that they can't even function.

They believe that all the doctors in the world are out to get them—to take away their creativity, destroy their sex drive, destroy their ability to think, and just make them zombies.

That might sound ridiculous, but I've talked to so many people who literally believe in this global conspiracy of trying to overmedicate people with bipolar disorder. Quite frankly, it's disturbing to me.

And it's completely unfounded. I've researched this. I've checked around. I've spent a ton of money looking into this, and I've discovered that this is absolutely ***not*** the case.

So if you're one of the ones who's interested in alternative therapy solely for personal reasons, I'd encourage you to think through your stance carefully.

First off, I can guarantee you that there is ***not*** a big pharmaceutical conspiracy going on.

Second, most medications have proven themselves safe and effective, when administered under doctor supervision, time and time again.

I'm not suggesting giving up alternative therapy altogether. What I am suggesting is that if you're going to consider alternative therapy that you incorporate those natural treatments into your overall treatment plan **under your doctor's supervision**, with his or her advice—and, of course, that you **NEVER** replace your medication with alternative therapy.

I have never, ever seen a person who could attain and maintain any amount of long-term stability without the use of medication. **NEVER**. Not a single person!

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I have spoken with people from time to time who are off their medication at the time, and they tell me that they don't need medication for their bipolar disorder because they feel just fine.

Then I see them just a few months later, and they're either heading to the hospital or have just come out of the hospital.

For those of you who are considering going off your medication to replace it with one of those "natural proven remedies" for bipolar disorder, consider those people who have gone before you. There is **NOT A SINGLE PERSON** who has been successful at replacing medication with these "cures."

There are people who are manufacturing "natural proven remedies" who are not the pharmaceutical manufacturers and who are selling them online as a business. Be very, very careful of these people, because what they are claiming is **NOT TRUE**. They are simply out for the money. They know how badly people with bipolar disorder want to be cured.

There are usually no clinical studies to back up any of their claims. No research to back it up. And, most importantly, the Food and Drug Administration (FDA) does not back up these "natural proven remedies." That should tell you something right there. To me it says that you are taking a gamble if you use these "cures."

For those that do show clinical studies to back up their claims, the studies are not provable. In other words, they won't actually show you the studies. And the studies only show what they want you to see. The studies are skewed. Frankly, to me, that insults my intelligence.

Whenever someone has a need, there will always be someone who will come along and take advantage of that need. That's what I think we have here.

Yes, people with bipolar disorder would love to be cured from the disorder. They hate having to take medication every day for the rest of their lives. Some of them are against taking pharmaceuticals for personal reasons. So along comes a claim that you can take a "natural" remedy rather than a pharmaceutical one. That appeals to a lot of people.

Bipolar disorder isn't one of those illnesses that gets its own telethon every year like "Jerry's kids." It doesn't have national exposure and fund-raising events for a cure. So when we hear that there is a cure, ANY cure, we hop on the bandwagon. And these people know that, so they pitch us what they know we want: a cure. A "natural" cure. But again, it's **not a proven cure**—or even a cure at all. Because **THERE IS NO CURE** for bipolar disorder. Yes, you can learn to

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manage your bipolar and live a healthy, productive, high-functioning life despite it—but **there is no cure**.

NEVER, NEVER, NEVER go off your medication to take one of these “natural proven remedies.” Trust me. You will be gambling with your life if you do.

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Get Your FREE CUSTOMIZED Mini Course on Bipolar Disorder, FREE Breaking News, and Much More

I have a FREE Mini Course that reveals...

- How to recognize, cope, and deal with bipolar disorder
- **Truth about natural supplements and bipolar disorder**
- How to know for sure if you have bipolar disorder
- **How to quickly and easily handle your loved one's anger, rage, and mood swings**
- How to get your loved one into treatment even if they won't go and deny they have the disorder
- **Why people with bipolar disorder get WORSE after going to a psychiatrist or therapist**
- The shocking truth about bipolar disorder and medication that nobody ever talks about
- **How to talk to your loved one about their bipolar disorder WITHOUT them getting mad at you**
- WARNING: The #1 deadly mistake that people make trying to help someone with bipolar disorder

This course is for those with bipolar disorder, those supporting an adult, or even those supporting a child or teenager. When you visit this website, you can customize the mini course for free for your individual situation.

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This mini course has a \$100 value, but it's yours FREE!

HERE'S WHAT PEOPLE ARE SAYING ABOUT MY FREE MINI COURSE

I am bipolar myself, and your course has helped me in the sense that I know I'm not alone, and it has given me a few tips for how to deal with my everyday life. The most important lesson, however, is that you're teaching us not to give up, but to come up with solutions. I appreciate that. Keep up your good work.

–Ina, Norway

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It has given me a look into something I knew nothing about. The info in your course is wonderful and it is helping me ask all the right question when we go to the doctor...I have a child that came to live with me and didnt know a thing about why her life was such a mess. I know that I just needed to help her. After reading your mini course it has given me hope and direction...Keep the letters coming..I think your great and...truly appreciate your letters. Thank You!

-Constance

I just wanted you to know that your e-mails have helped me as a supporter of a loved one in the way of showing my "wasted time" on figuring why something is being said or happening. This has reduced my stress level...Your e-mails are quick to read...and to be able to get the help quickly when something arises. I think that they are a great help. Keep up the good work. I would recommend the materials offered by David even if it is only the mini courses. It has helped me know the correct things to even ask the Dr's at the appointments and what to look for. Every little bit of support helps!

-Claire, AZ

...I found a lot of useful information in your emails...I started getting your course because I thought I could help her [my sister] and mom understand that she needed her and I was willing to help her...If you have someone you care about with bipolar disease, and is willing to recieve help, please subscribe to David's course it will give you great insights into the world of a bipolar person. He has been there, done that. He knows of what he speaks. No one can cure them but you will be able to better understand what, why, and how.

-Mabel, CA

I have gotten a new perspective on this illness from your emails...it has been really helpful to me. My eyes have been opened to a lot of things involving my daughter's illness...your mini courses are extremely helpful. don't stop the good work.

-Lynell, LA

David, your e-mails have provided alot of information about some of the things I am going thru for my family. It's hard to tell people about bipolar and the effects it has on every part of your life. Your e-mails have helped my family get some insight into what is giong on with me and how to recognise when I 'm having an episode and I thank you for that. I look forward to getting your e-mails...I would recomend your course to anyone I knew who desired information no bipolar

-Dawn, IL

Mr Oliver,

Your mini course is accually very helpfull and Informative. I firmly believe that it is due to the fact that it is comig from a personal point of view. You have gone through the hardships that we are just coming into. Keep up the good work, and dont let anyone make you think twice about what you are doing. here should be a lot more people doing what you are Thank you SO much for themini course and for your time.

-Buck, CA

Iam sure you've done a great job with your course. I am a bipolar suppoter... my sister, the person I need to support, lives far away from me. I live in Greece and she is in Ukraine. I don't think I can really help her right now. I get a free course and I've learnt many things about bipolar disoder. At least I know now what my sister is suffering from...I would recommend [your course] to others.

-Olga, Greece

FREE Bipolar Mini Course

Get your FREE customized mini course on bipolar disorder by visiting
<http://www.bipolarcentral.com/freereport>