

Hello, class. So in today's lesson, we're going to be talking about mood disorders. And in particular, we'll be focusing on one type of mood disorder. Now, mood disorders are any kind of psychological disorder that are marked by a major change in a person's mood or their emotions or affect, whatever you want to call those. So the person, in other words, either feels very good or very bad about themselves. And this is a little bit different from something like say a thought disorder or psychotic disorders.

Now, mood disorders can either come in two forms. They can either be a low affect or a very high affect, which is to say they can have very low emotions or feel down, in other words depression, or they can have very high affect or emotions. They can feel very up, in other words, they're manic or they display mania.

Now, both of these, either feeling very low or very high, can affect a person's thoughts and behaviors as a result of their moods. For example, when a person is depressed, they can lead to certain periods of inactivity where the person isn't doing very much, and also possibly suicidal feelings, whereas mania can lead to an increased amount of activity or energy. And at the high end, it can actually lead to psychotic symptoms, things like hallucinations or delusions. So a person that's very manic might feel invincible, so they might try to do very dangerous things.

Now, besides these two, the person can also switch between both extremes. This is something that was formerly called manic depression. You see, it's a combination of those two. But today, we call it bipolar disorders, which is to say bi-, that there are two, and poles, meaning that there are two extremes. And they move between both of those in different cycles.

Now, these cycles generally occur less than once a year, for three to six months in length, which is to say, a lot of times when we think of bipolar, we think of somebody who quickly switches between moods. And that isn't actually the case with most bipolar disorder people.

Now, outside of this normal once a year or less than once a year, a person can also be rapid cycling, which is to say it can occur for a person four or more times a year. And they can have different changes in mood that occur a bit more frequently than three to six months in length. A person can even be ultrarapid cycling, which is to say there are changes only over the course of the day. Or at the very extreme, a person could be ultradian, which is to say that they experience severe mood changes within a day itself. But these are ones that are a lot more uncommon.

So next let's take a look at several different types of bipolar disorder. Now I'm going to present them in what I call an order of severity. But I want you to take that with a grain of salt, because while some might display even more severe or extreme symptoms, all three of these are serious enough to cause harm in a person's life. So all three

of them should be considered to be important. Just because one displays more severe symptoms doesn't mean that it's more important than another one.

So the first one we have is Bipolar I disorder, which is a person who's been diagnosed as having just one manic episode even within the entire span of their life. So even if you've only had one manic episode, you could still be diagnosed with Bipolar I.

Now generally, it's not just one episode of mania. Usually it occurs in multiple times over a person's life. And also it has to occur in the absence of anything that might cause this, for example, drugs or medication. So there shouldn't be any kind of biological component that's specifically causing it from outside of the body.

Now this seems really simple as a guideline. But it's an extremely severe form of bipolar disorder. And it can impair a person's life to a significant degree, because remember, mania involves a very significant loss of control, where someone can even go so far as to have hallucinations or delusions.

Now with Bipolar I, you don't actually need to have any kind of depressive episode to be diagnosed with it. But a lot of people do experience depression along with their mania. So this is something that you see. It's just not one of the criteria for diagnosing it.

The second one is Bipolar II disorder, which includes the appearance of both depression-- so see depression is a requirement for Bipolar II-- as well as what's called hypomania. Now, hypomania is a bit of a less severe type of mania, where the symptoms that are being displayed are not quite as extreme as full-blown mania. So the person experiences manic symptoms like loss of sleep, a flight of ideas, and very fast speech, being easily distracted, and feelings of grandiosity. But the person doesn't experience the more extreme components, like hallucinations or delusions or any kind of behaviors that require actual hospitalization.

Also, a person with hypomania will often display strong pleasure-seeking behaviors, especially sexual pleasure-seeking behaviors. So you can see how this could be severe and it could have real consequences on a person's life. So a person suffering from bipolar II disorder might evade detection initially because their behavior is seen as something being exaggerated or flamboyant, so the person might seem just very exciting as a person and kind of strange.

But it's important to note that just because this person seems like an extreme or strange or eccentric type of person, it can seriously impair their social lives, as well as their personal lives. It can put the person into situations that are physically dangerous as well. So it's important to note these things, and to help a person that's experiencing hypomania to seek treatment.

Finally, we have cyclothymic disorder, which is a form of bipolar where a person experiences longer periods of

symptoms of hypomania or depression generally at least two months in length, but oftentimes longer. And also but not always, they'll experience milder symptoms of these disorders. Now this is sometimes a disorder that's mistaken for a person's personality. Somebody might just see someone that has cyclothymic disorder and just think that they're a very depressed or very down or low energy person, because it happens in long periods of time.

But it can still lead to very serious issues for that person. It's not always a milder symptom. And it can often lead to experiences in a person's life of being very excited or very depressed that can lead to dangerous behaviors again.

Now, bipolar disorder in general, all three of these that we're talking about, can be treated with drugs, things like lithium, especially for manic episodes, or antidepressants for depressive episodes, as well as psychotherapy to help a person cope with the mood episodes that they might be experiencing, how better to understand and recognize them so they can cope with them better on a personal level. Generally, it's best to use both of these in conjunction to receive the most effective therapy.