

# What It's Like Living with a Mood Disorder, As a Mental Health Professional

During a mixed state, I feel trapped in my body

By Hannah Owens, LMSW | Updated on March 21, 2024

I'm a licensed social worker who has been living with schizoaffective disorder bipolar type for over a decade. Schizoaffective disorder is basically like if schizophrenia and bipolar disorder had a baby—I experience psychotic symptoms (like hallucinations and delusions) as well as mood symptoms (like depression and mania).

Mood disorders can be upsetting and scary, both for those living with them and the people around them. Here, I'll explain my mood symptoms—depression, mania, hypomania, and mixed states—and share what it's like living with a mood disorder.

## A Quick Explanation

For most people with a mood disorder like bipolar disorder or schizoaffective disorder, depressive and manic episodes can last a few weeks, a few months, or more.

However, I experience something called “rapid cycling”—when I have a mood episode, it generally lasts anywhere from a few hours to a few days (though my depressive episodes do tend to be longer, and can last for months).

Although my depressive and manic symptoms are the same as others whose episodes last longer, this “rapid cycling” sets my experiences apart from most people living with a mood disorder.

## My Depression

Many people experience depression in their lifetimes, but the difference between someone who has experienced a depressive episode and someone who has a mood disorder like bipolar or schizoaffective disorder is that the depressive episodes are recurring.

I never know when a depressive episode is going to hit or how long it will last when it does—this uncertainty makes it especially frightening.

## What Depression Can Look Like

Depression can look like many things. Personally, when I'm experiencing depression, I am visibly slowed down. It's difficult to talk, and people notice that I'm speaking slower and more laboriously than usual. All I want to do is sleep (though for some people, their depression makes it almost **impossible to sleep**—both are technically symptoms of depression) and I often have episodes where I cry uncontrollably.

These crying bouts can hit suddenly and hard. They often take me by surprise and leave me sobbing for anywhere from a few minutes to hours. They've hit me at work, at school, and at home; when I'm surrounded by people or by myself.

Back when I was studying acting in college and I would cry like this, my teachers used to tell me to "use" that feeling—I tried explaining to them that I couldn't "use" it because it wasn't really "me" crying, but no one ever understood that.

When I'm depressed, it also becomes very difficult to think. It's like I'm on a 10-second delay—I can't process information as quickly as I can when I'm not feeling depressed, and this is incredibly frustrating.

When I was in grad school, I spent almost the entirety of my first semester in a serious depressive episode; this led me to seek accommodations for some of my more lecture-heavy classes, where I felt I just couldn't keep up. Luckily, my professors were very kind and understanding. But having to work through a deep depression like that was draining, both mentally and physically.

I also feel my depression in my body. My chest feels like a cavernous hole, and my body feels heavy. It's like I'm imploding—my chest is a black hole that's pulling me and everything around me into it, and from which I can't escape. I feel literally hollow.

## "Favoring" Depression

I have far more depressive episodes than manic or hypomanic episodes. People often "favor" one over the other, but the presence of both depression and mania are necessary for a diagnosis of bipolar disorder or schizoaffective disorder bipolar type.

(There is also a schizoaffective disorder depressive type, where the only mood episodes are depressive episodes.)

## Reach Out

If you're depressed, it might seem hopeless to reach out for support. You might feel as though nothing will ever change, or that people won't understand what you're going through. I'm here to tell you: reach out anyway. You might be surprised how many people love you and want you to feel better.

I've been fortunate enough to have parents who are incredibly supportive, a boyfriend who wants to take care of me when I am feeling bad, and friends who have always been there for me. But you won't know how many people want to help you until you ask. You don't have to suffer alone.

## Let's Talk About Suicidality

The severity of my depressive episodes changes. I've experienced everything from mild depression—times when it's hard to get out of bed and stay motivated—to making a plan to kill myself. Suicidality is something that has often accompanied my depression, and it's something that's difficult to talk about, especially with people who have never been suicidal themselves.

At its core, suicidality does not make sense—we are programmed to fight for survival. But if you are experiencing suicidal thoughts or urges, dying suddenly makes more sense than living.

It's a deep, inexplicable, almost physical conviction that I feel throughout my entire being. That's what makes the often-used adage "Suicide is a permanent solution to a temporary problem" so difficult and infuriating to hear when I'm suicidal—it goes beyond problem-solving. It goes beyond logic, and it goes beyond explanation.

Luckily, I have always been able to muster up the presence of mind to reach out to a professional when I am suicidal—whether that's my therapist or a crisis hotline—and I've never made an attempt. But I have had to ask a roommate to hide my medication from me so that I didn't intentionally overdose.

**If you are feeling suicidal, *tell someone.***

If you have a therapist or psychiatrist, reach out to them—they might be able to offer you extra sessions to help support you while you are feeling this way, and they can work with you to set up a safety plan. Tell a trusted friend or family member what you are experiencing, and ask them if it would be alright if you called them or spent time with them when you are feeling like you want to kill yourself.

## Get Help Now

If you do not want to tell a loved one what you're going through, or if there is no one you trust with that information, reach out to a crisis hotline. 988 is the national Suicide and Crisis Lifeline (I've used it multiple times), and the Crisis Text Line (if you don't want to or can't talk to someone on the phone) is reachable if you text "HOME" to 741741.

**988**

People who talk about their suicidality are less likely to go through with it.

Set yourself up with a network of people you trust (even if those people are the ones working at crisis hotlines) so that you're not dealing with these feelings alone.

## My Mania

Mania is a mental state where your energy is heightened and your thoughts race, and it's often accompanied by almost delusional levels of self-esteem and confidence as well as little to no regard for consequences and a diminished need for sleep. These things make manic episodes potentially dangerous—people often report excessive spending and risky behavior like hypersexuality, for example.

I've experienced both. I had a particular predilection for dropping hundreds of dollars at a time at Victoria's Secret when I was manic, which aided and abetted the subsequent risky sexual behavior.

When I'm manic, I want to talk—I want to talk a *lot*. I'm usually a pretty quiet person, but during my manic episodes, it's like a switch gets flipped and I am ON. I've spent hours calling friend after friend and talking at light speed about absolutely nothing. Often, in fact, my thoughts are whizzing in and out of my mind so fast that what I am saying doesn't actually make any sense. It's like my mouth can't keep up with my brain.

Mania, for me, is all about pressure. I feel physical pressure in my body and my brain to go go go go go. It's incredibly difficult to temper my words and actions, and I feel as though I'm crawling out of my skin.

While some people can stay in manic episodes for days, weeks, or months, mine are usually very short—much shorter than my depressive episodes tend to be. My mania usually lasts anywhere from about 45 minutes to a few hours, and it's always accompanied by what I call a “crash.”

Without fail, the end of one of my manic episodes is a sudden and deep depression where I have a crying spell, like the ones I described. It's like I've just stepped off the side of a cliff; one moment I am high as a kite, and the next I'm in a pit of despair. This despair can either be a one-time affair, where I cry for a while and then reach some sort of equilibrium, or it can lead to a longer depressive episode.

## Coping With Mania

Mania can seem uncontrollable while it's happening and embarrassing after the fact. You might have said or done some things that later, in the cold light of day, you wish you hadn't. You might not even remember what happened during your manic episode. But talking with loved ones about setting up a plan for when you're manic can help—you can enlist others to help establish boundaries and keep you safe from yourself.

You might say to a loved one:

- “Let's set up a plan for when I'm having a manic episode.”
- “If I call you when I'm manic, please remind me that it's not a good time to go shopping.”
- “If I'm manic, can you come hang out with me to make sure I don't do anything I regret?”
- “When I'm manic, I tend to say things I don't mean—please don't take it personally if I say something strange to you.”

Chances are, your loved ones will be willing and eager to help you. If they're not—if they seem afraid or angry—that's a good opportunity to educate them about your condition, what you experience, and what you need from them.

## My Hypomania

I was misdiagnosed with bipolar II disorder for many years. While bipolar I disorder is characterized by true manic episodes, bipolar II's manic episodes are actually

hypomania (and people with schizoaffective disorder can experience either one). Hypomania is a less intense form of mania—there's less of a chance of risky or dangerous behavior, there's little delusion involved, and it doesn't necessarily affect your sleep.

While I find manic episodes to be exhausting and deeply uncomfortable, hypomania, in my experience, can actually be fun sometimes.

I feel buoyed and light, and while my energy is definitely increased and my thoughts are faster than normal, I don't experience the "crawling out of my skin" feeling.

Hypomania, for me, generally just means that I'm in an unusually good and chatty mood for a few hours. It also isn't accompanied by the crash of a manic episode—I tend to just "even out" after a while.

Hypomania isn't all great, though. I've definitely had hypomanic episodes where I've said things I shouldn't have. I tend to be disruptive and voice opinions that I otherwise would have kept to myself. Sometimes it comes across as funny, but often it's awkward; I usually still end up regretting my actions.

## My Mixed States

Last, but certainly not least, are my mixed states. Out of all my mood symptoms, I hate mixed states the most. A mixed state is when you have the energy of mania or hypomania but the low mood of depression.

It's actually in mixed states that most people with bipolar disorder die by suicide—you are emotionally compelled to make a plan and have the energy to go through with it. Mixed states are nefarious and dangerous and incredibly, unbearably uncomfortable.

During a mixed state, I feel trapped in my body. My hands hurt and my chest feels tight, like there's a boa constrictor squeezing the life out of me.

At the same time, it feels like my body is being pulled apart, like it wants to go everywhere at once, but I feel so depressed that all I can do is curl up in the fetal position and try to keep my body together until it passes.

When I first started having really bad symptoms, over a decade ago, I spent a lot of time in mixed states. During these episodes, I found that I was often calling my

parents, especially my dad. I would go outside and walk around for hours because sitting still felt unbearable, crying on the phone because I was so uncomfortable. My parents listened to me with patience and empathy, and I don't know what I would have done without their support.

*Who you choose to call when you're feeling bad can make a world of difference.*

For example, my mom was too emotionally involved in what I was feeling; it made me feel guilty to call her when I was symptomatic because it upset her so much. My dad was able to be more objective with me, and I felt I could share more freely with him.

It might take some trial and error to find your best point person, but don't give up.

All this to say, use the resources that you've got. Family, friends, partners—they all love you and want you to be well. Tell them what you're going through so that they understand.

*You may not find solutions to your problems, but you don't have to deal with those problems alone.*

## My Challenges

I've experienced mood symptoms for years and years. At first, I was misdiagnosed with clinical depression (in high school and college), but looking back, there were definitely stretches of time where I existed on three hours of sleep a night and made unrealistic but glorious plans that I abandoned as quickly as they cropped up—classic mania.

These are some snapshots of the challenges I've faced as someone living with a mood disorder:

- I was on lithium, considered the gold standard in treating bipolar disorder, for eight years—but all it did for me was destroy my kidneys and leave me with stage 3B chronic kidney disease.
- The psychiatrist I worked with for many years had me take an experimental type of ketamine to treat my depression. Whenever I reported that I was still experiencing depressive symptoms, all he did was increase the dose—which meant that every other night I took so much ketamine that I went into a K-hole

and literally felt like I was dying every single time. I should have fired him so much sooner than I did.

- I was told in college—by a teacher in that same acting program—that I was only funny because I was depressed. This made me feel like my worth was directly tied to my mental illness and that, paradoxically, getting better would mean I was no longer good at my job.
- I read the entire Hunger Games book series in three days (during which time I did not sleep) and then immediately sat down in the middle of the night and wrote 100 pages of a novel in a desperate, pressured fervor. (To this day, The Hunger Games gives me major ick.)
- I've hidden in the bathroom crying at work more times than I can count.

And although I am finally in a place now—with the help of some great therapists and psychiatrists—where depressive episodes are few and far between and I am hardly ever manic or hypomanic, I still live every day with the fear that I could wake up the next morning and not be myself.

## And My Successes

Despite being intensely symptomatic nearly every day, I graduated from NYU's graduate social work program with a 4.0.

I made it through two intense clinical internships where I worked with people who were living with the same kinds of serious mental illness that I was. Half the time I felt like I was an imposter because I was experiencing the same things that the people I was there to help were experiencing, and half the time I felt no one was better suited than I was to treat these people because I knew exactly how they were feeling.

Ultimately, though, my experiences with mood disorders have given me the empathy and understanding to approach my work—be it clinical work with patients or my work as a mental health editor—with care, insight, and a personal connection that drives me to try to help people like me.

## The Many Faces of Mood Disorders

Just as with any mental illness, my mood symptoms are unique to me and do not necessarily represent others' experiences. Not everyone has rapid cycles—most people with bipolar disorder experience their manic or depressive symptoms for much longer periods of time than I do. I am also on different medication than most people with bipolar disorder.



For many who experience mania, traditional antidepressants can actually cause manic or hypomanic episodes; but because I do not have bipolar disorder and instead have schizoaffective disorder, things really turned around for me when I started taking an antidepressant along with an antipsychotic.

At my first job out of grad school, I worked closely with a woman who regularly experienced suicidal depression—so much so that she was frequently hospitalized for most months of the year. My own experiences with depression and suicidality helped me foster a strong bond with this woman, because while my fellow coworkers could not understand her feelings and compulsions, I absolutely could. We spoke openly about her symptoms and I was able to approach our relationship without judgment.

Unfortunately, when I left that job, she happened to be in the hospital again after another bout with suicidality; I regret to this day that I was unable to continue our work together or even say goodbye.

My own experiences also helped me recognize when a diagnosis was incorrect.

At the day program I worked at through one of my internships, one of the participants I was assigned was an older Black lady who was diagnosed with bipolar disorder. However, after working with her for just a few weeks, it became clear to me that this diagnosis was incorrect.

She also had an intellectual disability, and when I spoke to her plainly about her “bipolar” symptoms, she recited a speech about “mood swings” that someone had clearly drilled into her. When I asked her about these “swings”—whether she sometimes felt very, very sad or sometimes felt very, very energized—she had nothing to say other than, “I get angry sometimes.”

Ultimately, this turned out to be a very complicated situation, because the disability benefits that she and her sister, who was her caretaker, received were based on a bipolar diagnosis and we didn’t want to negatively affect her only source of financial support. Still, I left with the satisfaction that my own symptoms had allowed me to recognize an injustice.

## Final Thoughts

As someone who has lived with a mood disorder for more than 15 years, I understand how difficult life can be for both those with mood disorders and their loved ones. I’ve

cried my way through depressive episodes and laughed my way through manic episodes; I've been hospitalized during a mixed state and waited more than a decade for a correct diagnosis.

Although everyone's experiences are different, I hope that reading about my life with a mood disorder has helped mitigate some fear, misunderstanding, or feelings of being alone.