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Concerns of Bipolar Disorder Self Injury

In bipolar disorder, there is sometimes concern about bipolar disorder self injury. This can take many shapes, but is always serious.

One form of bipolar disorder self injury that is coming most recently into the public consciousness is self mutilation, or "cutting". This practice is found in people with other diagnoses, too. Bipolar people are just some of those who self injure.

Cutting, burning or other self harming behaviors are often seen in adolescent girls and others, even in men. Much of this is a part of bipolar disorder self injury.

Although people who self mutilate are often depressed or beyond that, suicidal, these acts are not intended as suicide attempts. They are often desperate acts of those who feel out of control, worthless, or angry. It is no wonder, given the similar symptoms, that this is often a case of bipolar disorder self injury.

Suicide, of course, is the most extreme form of bipolar disorder self injury. Before suicide, there may be suicidal ideations, plans for suicide, and possibly many attempts before suicide is committed, if it ever is. In any case, all threats of bipolar disorder self injury should be taken seriously.

Suicidal thoughts may cloud the thinking of a depressed person to the extent that he or she can think of nothing else. It may seem that the world would be better off without them, or that they can show others that they should have been treated better. At this stage there is concern of bipolar disorder self injury, but the ideas are just at a simmer.

When a person begins to make plans, the danger of bipolar disorder self injury becomes more imminent. A person may make elaborate plans for years. Another person may only think of a plausible way to go about it. The trouble is that either of these people may at any time actually commit suicide. It is never easy to predict the likelihood of bipolar disorder self injury.

Many times a person's suicidal tendencies will not be noted unless an attempt is made. While some attempts seem more serious than others, a wise person will treat all attempts seriously. More serious attempts could be those where a note was found, or the outcome was more certain in comparison to other sorts of attempts. Bipolar disorder self injury is always possible in these situations.

Whatever the method of attempt at bipolar disorder self injury, there is

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seriousness attached to it. After all, people who have attempted suicide in the past are 40 times more likely to commit suicide than those who never have attempted it before.

If a person begins to make final arrangements, or to set his or her affairs in order for no particular reason, suicide may be on his or her mind. It could be as simple as giving away possessions, or as complex as making financial arrangements. If this is suddenly seen in a bipolar individual, it should be determined whether or not that person is in danger of bipolar disorder self injury.

Many thoughts, plans, or attempts actually do end in suicide. 11 percent of deaths in the US are as a result of suicide. More women than men attempt suicide, but 80 percent of the deaths by suicide are by males. More and more adolescents are committing suicide every year. Bipolar disorder self injury, then, is a distinct and growing problem.

It is difficult enough dealing with the affective, social, legal, and physical consequences of the disease. Self harm and suicide make attention to bipolar disorder self injury most necessary.