

Bipolar Disorder: The Psychological Architecture of Recovery

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ABSTRACT

While the conventional view offers symptom management through lifelong medication, this approach led, in the author's case, to full and lasting recovery. This article presents an alternative, experience-based perspective on bipolar disorder. It proposes that bipolar episodes arise not from spontaneous biochemical dysfunction, but from unresolved psychological dynamics, such as internal conflicts, absence of personal meaning, and identity struggles, which, over time, can trigger neurochemical changes. Drawing on the author's lived experience of long-term illness and eventual recovery, the article outlines a process grounded in self-observation, psychological inquiry, and structured meaning-making. While the conventional model emphasizes emotional regulation through lifelong medication, the author's approach led to full recovery - not by suppressing symptoms, but by transforming the inner structure that gave rise to them.

Keywords: Bipolar Disorder Recovery, Depression, Mental Health, Psychological Scenario, Chemical Imbalance, Narrative Transformation, Separation Theory, Jungian Analysis.

INTRODUCTION

For decades, bipolar disorder has been framed as a chronic, biologically determined illness. The dominant view attributes its cause to chemical imbalances in the brain, often focusing on neurotransmitters like serotonin and dopamine. From this perspective, long-term pharmacological treatment is seen as the only viable form of management. Patients are told that recovery is unrealistic - the most they can hope for is remission, often fragile and temporary.

But what if this view is incomplete?

This article challenges the assumption that bipolar disorder is purely biological and unchangeable. It offers a different perspective- one that draws from personal experience, psychological insight, and real-world examples. Rather than reducing mental illness to biology, it examines how emotional dynamics, unresolved life conflicts, and relational breakdowns

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shape what we call “bipolar disorder”

I am not approaching this topic as a theorist. I am writing as someone who recovered not through medication, but through a long process of insight, self-observation, and investigation of own psyche.

If you assume that bipolar symptoms originate in unresolved psychological conflict that triggers biochemical changes, then recovery should follow the same path in reverse: by resolving the underlying psychological dynamics. In this framework, full recovery is not only possible but logically consistent with the condition's origin.

HISTORY OF MY BIPOLAR DISORDER

I was born into a complicated family dynamic. My father had psychiatric problems. The marriage was falling apart, so my birth was not desirable, followed by an unsuccessful abortion. Although my mother took care of me and my older brother physically - feeding and clothing us - she often complained her “two tails” ruined her chances of remarrying. I grew up feeling like an unwanted burden. She did eventually remarry again, but more to a man she treated as her most important child. Not a father to her children. She used to say “a husband is more important than children.” She also repeatedly compared me to her ex-husband, attributing her hardships to both of us. These messages shaped my negative self-image early on, laying the groundwork for depression, suicidal ideation, and ultimately hospitalization.

I was admitted to a Soviet psychiatric hospital, where treatments were harsh: aminazine, sulfazine, and insulin shock therapy. These triggered my first manic episode and led to a diagnosis of bipolar disorder - at a time when the condition was poorly understood and rarely discussed. There was no information or psychological support, and my mother, a physician, believed only in medication. “Take your pills when you feel something,” she used to say. That “something” was a puzzle, I didn't see myself as a sick person. I wanted to understand what was wrong with me.

Our relationship with the mother reflected the mood swings itself. In manic states, I rejected her completely and couldn't even call her “Mom.” In depression, I blamed myself for being a horrible daughter, apologized, and tried to please her. She, in turn, only accepted me when I was depressed, supporting my guilt and self-blame and rejected me in another state.

There was a certain mark pointing to mood changes “ability or inability to call her “mom”. That added to the mystery of my condition.

I used to ask my mother a question “Do I have an illness or am I just a bad person? If I'm sick, why don't you treat me like a sick person, but if I'm just a bad person, why did you put me in a hospital?”

The answer was “Both” But then the question arises “what do you need to change and what to cure?” On my work serving clients with mental issues, I tried to understand where was a person's traits and where was an illness.

Each phase of disorder brought drastic changes. Depression came with memory loss, cognitive fog, appetite and sleep disruption, and emotional paralysis and mental pain. Mania brought extreme insomnia, racing thoughts, and irritation. The mental pain was severe. I used to become silent, eager to please, and belief I was the worst person on earth.

The manic phases were marked by severe insomnia, racing thoughts, irritability, excessive talking and reaching out too many people, and frequent conflicts, especially concerning lies or injustice. Different creative ideas filled up my mind, but it was difficult to fulfill them. Though intense, my episodes were never psychotic or violent.

Despite it all, I had a full life. I completed my education, married and divorced, gave birth to a daughter, and moved away from my city partly to avoid relatives who could hospitalize me without a need. I lived in different Soviet republics and eventually emigrated to the U. S. after the USSR's collapse. There, I began seriously searching for help in understanding and changing my condition.

I had long noticed a curious pattern: before each depressive episode, I would dream of people being trapped in dead-end situations. While others found a way out. I could not. In depression I didn't have bad dreams and after awakening felt good for a while till the real-life situation returned with a feeling of being stuck in a real life.

Once I started to have such dreams just after the depression was just over. It was strange and in result I started to work with Henry Reed, a dream analyst associated with the Edgar Cayce Foundation. He had also recovered from bipolar disorder using Jungian ideas. His framework made sense to

me and offered hope. Though we lived in different states, I insisted on working with him remotely. Our correspondence, despite limited email access in those years marked the beginning of a path toward healing.

Henry helped me to work separately with mania and depression as distinct processes. I worked hard using psychological tools, dream interpretation, nutrition, yoga, and meditation.

But the foundation of recovery came through my daughter. We lived through difficult seven years together and those years forged a powerful bond. Unlike my mother, my daughter accepted me in both states, seeing depression as an illness and helping to disprove my self-accusations. That kept me from going into deep black depression. While realizing my overall hard personality and not great social image, she did not perceive me as a bad person or bad mother. We developed a mutually supporting and understanding relationship. It changed the message I had received from my mother. Daughter accepted me without conditions

I achieved what I consider full recovery. Over time, all symptoms faded. Depression disappeared, and manic surges transformed into creative focus. The inner split dissolved. I became one coherent, stable, and whole person. After 33 years of mood swings I have more than 20 years of a stable life.

HISTORY OF DAUGHTER'S BIPOLAR DISORDER

For years, our relationship had been a key stabilizing force in my daughter's life. After her marriage, her husband began to assert control by undermining her self-esteem and reframing her closeness to me as emotional dependency. "You're nothing without your mother," he implied — turning a source of support into a perceived flaw. He demanded that she cut off contact with me for a year. After relocating to a city, where he had both a job and an apartment, she became entirely dependent on him. In addition, my mother and brother suddenly began expressing concern for her, which translated into efforts to turn her against me "for the sake of her marriage."

Concerned about the situation, I turned to a psychologist about that disturbing situation, but he applied the standard

framework of "psychological separation," advising me to step back and cease involvement. This recommendation ignored the actual dynamics at play and, I believe, contributed to the deterioration of my daughter's emotional state. Increasingly isolated, she found herself dependent on a man who was also destroying her internal stability.

She began to have periods of depression, which were marked by internalized versions of her husband's criticisms. Eventually, she had a severe manic episode with psychotic features and was hospitalized. The psychosis expressed profound confusion about her identity, no longer knowing who she was. She was diagnosed with bipolar disorder.

Specialists attributed my daughter's bipolar disorder to a genetic predisposition, a conclusion that conveniently reinforced my relatives and son-in law's effort to separate me from my daughter. But this perspective ignores one important fact: during the years of our close relationship, she showed no signs of mental illness. The symptoms only emerged after our relationship was damaged by a constant campaign of influence and criticism from her husband and my relatives. Although those people were considered mentally healthy, their actions caused psychological harm. Ironically, those considered "normal" were the ones who caused the most psychological damage.

At the time, I had already basically coped with my bipolar disorder. I shared this publicly, hoping to give my daughter hope. Instead, my openness was weaponized. Her husband used that information to argue that bipolar disorder was a chronic illness requiring lifelong medication, and that contact with me was a threat to her.

I suggested that she see a psychologist to help her regain her autonomy. But the therapist she met subscribed to the theory of "psychological separation." The therapist reframed maternal care as controlling intrusion. The mother, once perceived as a source of support, became a toxic influence in the therapeutic narrative. This shift fit perfectly with her husband's plans.

From that point on, communication between us was considered harmful. The logic was circular: since I was seen as dangerous and any attempt to reach out was interpreted as evidence of harm.

PROFESSIONAL RESISTANCE TO RECOVERY

Recovery began when I started recognizing the underlying structure behind my episodes. Through dreams and self-inquiry, I began to see that depression reflected a psychological prison, shaped by internalized beliefs about being a burden, useless and harmful. In this state, suicide appeared as the logical solution to freedom from that prison.

Mania served as a psychological alternative, breaking through in the opposite direction- not into death, but into life: intense energy, overflowing ideas, and the sense of possibilities. It was emotional liberation. But that freedom used to come without the internal skills or structure needed to navigate it. The natural result was collapse. And back to the prison.

When I began to understand this dynamic, the bipolar pattern lost its mystery. What once felt like an overwhelming riddle became something I could observe, understand, and ultimately transform. First the work was done on restructuring the depressive part of the scenario - the root of the cycle. The manic state was easier to bring to order. The symptoms faded.

Recovery, for me, meant not managing symptoms, but rebuilding my internal architecture, creating a stable self I could be comfortable with.

After that was done, I wanted to share my experience-partially to have a right to help my daughter, and partly to discuss with a professional my process of recovery. My relatives completely ignored the news. Professionals rejected a term "recovery", insisting on a term "remission". I discussed it with many professionals in the USA and in Russian psychological forums. In public forums and private consultations alike, I was told to use the word "remission." For me the difference was crucial-meaning of those words was different.

"Remission" implies a temporary pause in symptoms, always with the expectation of relapse. "Recovery," on the other hand, implies something different. It did not make sense that after that complicated psychological work, I did build a stable myself, something would split me up and the life proved it.

Some professionals even viewed my insistence on the term "recovery" as evidence of mania, as though belief in one's own healing were inherently delusional. Others refused to consider any account that did not fit the biochemical model.

No one asked how I had reached stability. No one wanted to explore the process that led me to it.

Another way also led to nothing. I tried to obtain an objective mental health evaluation and that also was impossible. Unlike physical health, where tests and observations anchor diagnosis, mental health assessments often begin with a question about intent- why the person is seeking that kind of evaluation. That alone skews the results.

THEORY VS. REALITY: MELANIE KLEIN, SEPARATION THEORY

During one session, a psychological analyst introduced me to Melanie Klein's theory of the "good breast" and the "bad breast"- a framework suggesting that bipolar disorder may stem from an inability to integrate split images of the mother as both nurturing and frustrating. The analyst proposed that this theory applied directly to both me and my daughter: that our difficulties stemmed not from external pressures or trauma, but from early internalizations of the maternal figure. According to this view, a child internalizes a mother as both nurturing and frustrating and bipolar disorder, in adulthood, may reflect a failure to reconcile these split images.

But the analyst disregarded key facts I shared: that my daughter and I had a close, supportive relationship for many years; that her condition worsened only after sustained psychological pressure from her husband and relatives; and that she once accurately described both the positive and negative aspects of my personality- an act of emotional integration, not psychological splitting. This living, relational history was set aside in favor of a theory built on hypothetical infant perceptions.

I understand the value of psychological models. But I also believe they must be applied only after understanding the full picture. When theory replaces true understanding of the situation it stops being a tool and becomes a barrier. In our case, the theory itself became part of the problem. It reshaped how professionals perceived our relationship and justified a new script, which promoted my daughter's husband: the mother as toxic, the daughter as needing separation at any cost.

This pattern was reinforced by another dominant framework: Separation Theory. While originally designed to

support adult autonomy, in practice it can produce harmful consequences. Concern and parental involvement are pathologized. The mother's voice is discounted. Acts of care are recast as control. I once mentioned to a psychologist that my daughter had struggled with a college class and I advised her to get a tutor. I did not get the chance to explain that the tutor became her husband - that I myself created the issue. She interrupted me making a professional commentary "You controlled the life of your adult daughter"

There is a troubling assumption embedded in many therapeutic models: that single mothers of only children are inherently overbearing or toxic. But such relationships can be deep, balanced, and mutually supportive - not distorted by power dynamics, but rooted in shared survival and trust. In contrast to traditional families, where parents may be absorbed in their own conflicts or overwhelmed with multiple children, these dyadic bonds can be uniquely humanizing.

Unfortunately, the professionals rarely trust clients and rely more on the theories they know. At least that was what I observed. Ironically, Klein's theory, which was supposed to explain the past, ended up shaping the present. Instead of helping us understand what had happened, it helped build a narrative in which my presence could only be harmful. And once this framework was accepted, every event was interpreted through it. My actual behavior no longer mattered. The "bad breast" had taken root and was growing with the time, completely displacing the "good breast".

But I believe the human psyche is not frozen in childhood. It is dynamic and capable of transformation at any stage of life. It grows through insight, disruption, reflection, and reconnection. Many therapeutic models, however, remain fixated on early developmental interpretations - especially those rooted in infant perceptions or childhood traumas - as if the adult mind were nothing more than an extension of early wounds. In doing so, they ignore the evolving, self-aware part of the psyche - the one that can recognize patterns, revise meaning, and move forward.

PSYCHOLOGICAL PILL AND RIGHT THOUGHT

When people talk about bipolar disorder, they usually refer to brain chemistry: serotonin and dopamine fluctuations, lithium, and constant monitoring. But if we step away

from medical definitions and look closely at the fabric of experience itself, something remarkable becomes clear: a single thought can either stop the fall into the abyss- or cause it.

Taking a psychology class in college, I asked the professor a question: "In depression, what comes first: depressive thoughts or chemical changes in the brain?" She had no answer. Later, other professionals were saying, "It depends." In the case of bipolar disorder, the common claim was that chemical imbalance comes first.

However, my real-life experiences gave me a different answer. Over time, I began to notice something striking - those certain thoughts or realizations could trigger a shift as powerful as medication. I called this the Right thought or Psychological Pill.

This effect occurred when a specific thought matched an underlying psychological structure like a key fitting into a lock. In such moments, the chemical imbalance of the brain could be instantly restored.

Here are the supportive examples:

Emotional Resonance

Once during a deep depression, I brought my disabled clients to a park to learn how to photograph. One boy with Down syndrome took his first photo and burst into joyous excitement, running around and shouting: "I made a picture!"

His emotion hit me like a wave - pure, unfiltered positivity -and my mind cleared. The depression vanished instantly.

The Illusion of Rescue

In the middle of a depressive episode, my daughter received a marriage proposal from a college boyfriend. I saw it as a way out- a possible rescue from our shared struggles -and encouraged her to accept. When she agreed, I felt sudden relief: for two days, the depression lifted completely. Then it returned. Looking back, I think my psyche sensed the future more clearly than I did at the time.

Detection the cause

I asked a therapist for medication to stop my depression. During a session he told me a story about a man who invented a "perpetual motion machine," was mocked, fell into a deep

depression and ended up in the hospital. On my way home, I suddenly realized: lately I had also been offering my own ideas for autistic children to different places, absorbing a lot of rejection. As soon as that thought got into my brain the depressive glass helmet was gone, energy flew in. I returned the pills.

Recognizable pattern

I approached a psychologist hoping she could mediate and help restore my relationship with my daughter. But she immediately aligned with the dominant psychological trend- Separation theory. Instead of hearing my perspective, she looked for any fault in me, subtly disregarding my version of the story. We worked non-stop for three days.

At work afterward, I suddenly felt the creeping signs of depression - familiar, intense. I paused to ask myself: Why now?

Then it hit me: I had just relieved my relationship with my mother of being unjustly blamed, but now the same is done by a psychologist. The moment I realized this; the depression disappeared.

That was the final proof that I could decode my emotional state and reverse what is called the 'chemical imbalance of the brain.' From that day forward, I was no longer trapped in the mystery of my bipolar disorder. That was the end of it!

Collapse After Resolution

After years of psychological strain caused by her husband's interference in our relationship, we all seemed to resolve the issue and experienced a genuine reunion. It brought deep emotional relief. And yet, soon after, my daughter experienced her first manic episode.

I'd see it as a sudden release of prolonged internal tension. The collapse didn't come during the fight- it came in the calm that followed, when the need to hold everything together disappeared. I recognized this pattern from my own life: after long battles, even when the outcome was positive, I often fell into depression. Bipolar episodes, then, may be better understood as responses not to events, but to internal structural shifts- especially when unresolved tension finally dissolves.

The Monster of Lie

In another case, I had been reading too much about "Monster-toxic mother" in my daughter's notes. Probably it gives her some support. The description was vivid and I started to feel familiar symptoms of bipolar depression. I curled up under the blanket, but suddenly a sharp thought broke through: "But this is all a lie." I jumped out. The depression was gone.

PSYCHIC ALCHEMY- A SHIFT IN PERSPECTIVE

These moments suggest that highly charged meanings, when they correspond to inner reality, can recalibrate brain chemistry. While the biomedical model attributes depression to neurotransmitter imbalances (such as serotonin deficits), these experiences suggest an alternative view: that meaning, when fully integrated, can activate neural and physiological mechanisms that restore emotional balance.

During my recovery, I learned to recognize the early signs of depressive episodes. They emerged as subtle shifts in inner tone or specific thoughts. With enough self-awareness, I began to intervene. Just as one treats the first signs of a cold, I treated these signals with what I call "the right thought".

This is not superficial optimism or positive thinking. A "right thought" is a precise cognitive insight- one that fits the lock of a hidden inner structure like a key. When this alignment occurs, the shift is not only psychological, but neurochemical. The mind clears, and the emotional field reconfigures. I used to do it for my daughter as well.

If thoughts can trigger distressing symptoms, then logically, thoughts can also undo them. Recovery, in this view, is not achieved through suppression, but through understanding.

Bipolar episodes - both depressive and manic- are not random malfunctions. They emerge from accumulated cognitive contradictions, unresolved emotional scripts, and sustained internal conflict. The so-called chemical imbalance is not the cause, but the consequence.

Emotional stability can persist even under painful external conditions, but only when the inner narrative is conscious and coherent. If every part of experience is acknowledged, processed, and given meaning, the psyche remains integrated. Inner clarity serves as protection: it may not change external reality, but it prevents collapse from within.

This approach is not a rejection of biology, but a rethinking of its place. Where current models treat symptoms as isolated malfunctions, a more integrative view seeks coherence in the whole system- both psychological and physiological.

Recovery, then, is not merely the silencing of symptoms. It is the reconstruction of inner architecture - thought by thought, discovery by discovery. This is the essence of psychic alchemy: the transformation of inner chaos into clarity - not through suppression, but through truth.

A DESIRED SPECIALIST

From my experience, the most serious mistake professionals made was placing theory ahead of real experience. Instead of seeing what is, they interpreted what “must be.” Healing, however, doesn’t begin with theory-it begins with trust. Trust in the client’s perception, narrative, and intelligence. Theory should not lead the process. It should follow careful attention to real life.

As an experienced client, over time I’ve formed an image of an ideal specialist.

First, they are a Researcher, treating my situation as unexplored territory. They listen carefully, ask clarifying questions, and pay attention to contradictions and inconsistencies. Their focus is active, logical, and open, directed toward genuine understanding. Once we share

a clear picture of the situation, the specialist becomes a Scientist, bringing in relevant theories, tools, and experience, creating experiments to help determine what, if anything, can shift the situation in the desired direction. Then comes Collaboration: a client does the work, and the specialist offers support and thoughtful guidance.

In real life, I never met such a specialist. But the image lives and so does the hope.

FINAL NOTE

My genetic makeup hasn’t changed. In many ways, my external circumstances are now even worse: I’m completely cut off from my daughter and grandchildren and perceived by them as the “toxic monster,” And yet, for more than two decades, there has been no trace of bipolar disorder in my life. Some specialists may point to age or hormonal changes as a reason for this stability. But I know people much older than me, who continue to struggle with mood episodes, despite regular medication. From my experience, it wasn’t time, biology, or luck that brought recovery, it was discovering the true core of the problem.