

The Suprasensory World of Bipolar II Disorder

There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy.

—*Hamlet*

As a clinician researcher I favor differentiating bipolar I and II disorders by the respective presence or absence of psychotic features during manic/hypomanic “high” states. However, I have become intrigued by seemingly nonpsychotic suprasensory changes experienced by bipolar patients. While these perceptions are rarely mentioned spontaneously, if patients are asked about them directly—as I have asked some 30 bipolar I and 50 bipolar II patients over the last year—most appear appreciative of the opportunity to describe nuances that had often long intrigued them.

DSM-5 notes that some patients experiencing mania perceive a “sharper sense of smell, hearing, or vision,” and ICD-10 includes subjective hyperacusis as a feature of mania. I judge such features as more prevalent in those experiencing hypomanic bipolar II than bipolar I states (some 60% versus 10% in my selective patient sample) but have been unable to find any distinctive relevant literature. If these experiences truly are rarer in bipolar I patients, is it that their psychotic features overshadow any awareness of such features, or is it a true difference in prevalence between the conditions?

The bipolar II patients I have talked to have provided a number of examples of such suprasensory changes experienced during “highs,” which generally attenuate or disappear during depressive and euthymic periods.

Smells are commonly magnified, especially “smells of nature,” such as grass, rain, dust, flowers, and pollen, but also toiletries, cleaning products, body odors, food, and particularly coffee. Not only is the sense of smell amplified, but it also can persist, with one woman describing the smell of gasoline continuing for 6 hours after exposure.

Tastes are often judged as more acute, more sugary, or “fuller,” especially for spicy, acidic, or tart foods, and they are not always pleasant, e.g., normally liked tastes “feel off,” sugar makes the person feel queasy, “Some textures make me want to vomit.” Touch appears rarely changed, but one patient observed, “My clothes irritate my skin and feel itchy.”

Vision is commonly sharpened, with things appearing brighter or observed with greater clarity (especially patterns) or more vividly, and some patients wear sunglasses to diminish the brightness. Vision can become more focused (“I observe only one thing at a time,” “Colors and edges are amplified,” “I see everything with greater resolution and I can’t filter things out—such as a scratch on a table”) or, occasionally, diffused (“The periphery expands,” “I see things out of the corner of my eye”).

Hearing can be similarly heightened, with sounds heard more clearly or sub-threshold sounds (e.g., cars on a nearby street) heard distinctly while unheard by others in the patient’s presence. Perceptions of sound frequencies may change (“More precise,” “I detect harmonics more acutely,” “I appreciate the sound spectrum more,” “I hear more timbre variation in tones”). Such changes can influence one’s experience of listening to an orchestra (e.g., “Instruments don’t flow into each other; I hear each separately rather than their merging,” “I can hear sounds and cadences in white noise—I’ve written songs after hearing a ceiling fan or rain”).

Percipience is sometimes increased, with individuals observing that they are more astute in judging people, in seeing patterns in data, or in reading “micro-expressions of people” and nonverbal interpersonal nuances (e.g., “I think everyone is a lot happier,” “I judge people’s body language more accurately”). This domain is commonly best assessed by asking the individual about her or his confidence in gambling or whether there is any changed appreciation of danger. One example of the latter is the following experience: “I was at a bus stop with a friend late at night. A car passed and I sensed something and told my friend we should run and hide in the bushes. Five minutes later the car came back and four men got out with baseball bats, but they failed to spot us. I don’t know what I sensed from the car simply driving by.” Other patients are less worried by danger, judging that they are invulnerable because they are better able to detect risk, although with variable consequences (“I’m much less aware; went surfing in a wild sea and got knocked out but went back in the next day,” “I take huge risks in driving, but have never had an accident as my reflexes are sharpened”).

A related type of increased prescience, “mindreading,” is noteworthy in many, but it seems to be as common in bipolar I as in bipolar II patients (“As I know what people are going to say, I interrupt them,” “I finish people’s answers,” “When I’m driving I can predict what people are going to do before there’s any obvious cue,” “I sense good and bad things before they happen, including accidents and changes in the weather”). However, a selection bias, i.e., remembering only “hits” and forgetting “misses,” clearly must be conceded. Empathy is commonly increased, generally in line with judging people more astutely or in greater depth (“I feel more for people,” “A look from a homeless man can send me off to buy him a burger”).

Individuals experiencing such states are highly likely to report being more energetic and creative at such times (“I write quicker and am more focused,” “With my senses heightened I am inspired by more things,” “I become a creative powerhouse—speedier in drawing connections and all occurring at a greater volume”). A few patients experience synesthesia or “crossed sensory fields,” with one patient stating, “I can actually taste music.”

Numerous studies have quantified increased creativity in people with bipolar disorders, and this characteristic is most commonly interpreted as reflecting the enhanced imagination associated with manic or hypomanic states. In musing about the muse, I speculate that any enhanced creativity is also advanced, if not mediated, by such suprasensory changes. Such changes may advance creativity by diffusion or focusing effects, as illustrated, respectively, by the individual who detects cadences in “white noise” and the individual who hears each instrument in the orchestra rather than the orchestra as a whole. Explanations require divining.

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