

## ABOUT BIPOLAR

Bipolar disorder is a lifelong condition, but it is highly manageable with proper treatment, which typically includes medication (such as mood stabilizers), therapy, and lifestyle adjustments. It is not a character flaw or a sign of weakness, it is a medical condition rooted in brain chemistry and biology. With the right support, many people with bipolar disorder lead full, productive, and meaningful lives.

During a manic episode, a person may feel unusually elated, irritable, or energetic, often sleeping very little, talking rapidly, making impulsive decisions, or engaging in risky behaviour. During a depressive episode, the same person may experience profound sadness, loss of interest in daily activities, fatigue, difficulty concentrating, changes in appetite, or even thoughts of suicide.



# Ampurire's battle and balance with bipolar disorder

After years of living in ignorance, Ampurire was finally diagnosed with bipolar disorder, a disorder that attacks the mind, shifting a person between episodes of intense energy and crushing despair.

BY EDGAR R. BATTE

She started asking a question but no one around her seemed interested in answering what exactly they were treating. She noticed doctors, medicine and conversations about her that did not include her.

"I kept asking, what is this?" Janepher Ampurire recalls. "What is bipolar?" The word had appeared on a medical form, written there without explanation.

So she went looking for answers on her own, reading, searching, trying to match what she felt inside with what she was finding online. That is how she began to understand something that had already begun to take her life apart.

### The undoing

Before the diagnosis, she remembers the airport, where she worked, she had built a career in tourism. She enjoyed the work. It was the kind of job that suited her. It was fast, people-facing, demanding and alive. She was dependable and present, the kind of person colleagues leaned on without thinking twice. Then the job began to stretch beyond what one person could reasonably hold.

"I was doing everything," she says. "Sev-

en jobs in one." She moved between reservations, operations, marketing, coordination; roles that demanded different kinds of thinking, all at once.

At first, it felt like pressure she could manage, the kind you push through because you believe you are capable. Then small things began to shift. She started forgetting. She would open emails and leave them unfinished.

Tasks that once felt natural began to feel heavy. She slowed down in ways she could not explain. Nights stretched without sleep. Her body began to ache, but not in a way that could be pointed to or diagnosed.

She moved from one hospital to another, searching for something physical that could explain what she was feeling. Tests were done and when she was given the results, she was reportedly normal.

"They would say everything is okay," she says. "But I knew I was not." Depression was the first diagnosis and it sounded manageable and containable. A psychiatrist suggested she takes a break, be around people she loved, step away from the pressure that

had been building. She took that advice seriously.

She resigned from her job. "I thought I needed a break," she says. It felt like the responsible thing to do—to pause, reset and regain herself. Cape Town became that break because it would offer a change of environment, and a chance to breathe differently.

### The attack that changed everything

For a while, it held. She moved through the city the way anyone might when they are trying to start again. She visited and took in new spaces, holding onto the possibility that something new could emerge from the pause. She had plans to study, and build something different. Then things began to slip. Money disappeared in ways she had not planned for. Opportunities that had seemed possible began to collapse. The city, once open and full of possibility, began to feel unfamiliar, then distant. And then one night, while out for dinner, she was attacked. A friend refused to give up his phone. She remembers telling him to let it go but he refused. He was beaten, cut and left bleeding on the ground. In that moment, she made a decision that was less about courage and more about survival.

Ampurire let go of everything she had. Phone, money, anything they wanted. She needed to get out alive. But leaving did not mean she was safe. The night became disjointed and difficult to fully piece together. She ran, hid and tried to make sense of what she had just seen. She recalls: "At some point, I thought he had died. Then he appeared again. I could not understand it."

After that, Cape Town changed. Winter came and deepened everything. She tried to keep going by finding small work as well as trying to fix her documents. It became difficult to navigate a system that did not easily accommodate someone in her position. All the while, she avoided telling her family what was really happening. "I did not want to worry them," she says.

But inside, things were shifting. Fear

settled in. "I could not trust people," she says. "Even the ones around me."

Trust, once natural, became something she had to negotiate. Even simple acts like walking outside, sharing space with others, holding a conversation, began to feel complicated. There was a constant alertness. She remembers the isolation more than anything else. Tubes, monitors and machines were attached to her body and doctors who came, observed, spoke among themselves, and left.

"No one tells you anything. They just look at you, talk, and go," she says. Days passed like that as time blurred. At some point, something in her refused to continue like that. She removed the machines, walked to the glass, knocked and asked, simply, what was happening to her.

It was necessary and a refusal to remain outside her own experience. The doctor started responding and communicating with her. Such instances made her home sick.

### The return

Getting back to Uganda was not a clean, planned return. It came together through fragments, thanks to friends who helped where they could, small acts of support that added up just enough to make it possible. She finally had to let her family know, and it was there to support her back home. However, her mind was not intact. Her family was waiting. "They were very happy," she says.

There was relief in their faces, joy in their reception, the kind of Ugandan welcome reserved for someone who has been gone too long. However, she felt none of it. "I could not feel anything," she says.

No laughter, tears and reaction that matched what was happening around her. It was just a kind of emptiness that sat where emotion used to be. Back home, the search for answers continued, but the pattern remained. Doctors spoke to her and her family and prescribed medication. The conversations still happened around her, until she saw the word again—bipolar. That time, she did not let it pass.

She held onto it, went online and read. She tried to map her experience onto what she was learning. It was not immediate clarity, but it was something in terms of language, structure, and a way of beginning to understand what had felt chaotic.

Later, a doctor finally sat her down and explained in a more direct way. "That was the first time I understood," she says. "That there is something. And I have to deal with it."

She accepted in layers, as she asked questions to understand the condition more.

Inside the hospital, she started noticing the people around her. And to her, they were not just as patients, but individuals with lives beyond the space they were in. "They were brilliant," she says. "Doctors, lawyers, people who had built lives."

Then she opened her room. There was tea and bread over which they had conversations. It became a space where people could speak without being assessed and reduced to symptoms.

"They could talk freely because I was like them," she says. It became something informal but meaningful as a space where people could see each other through shared experience.

And in that space, something shifted. "I realised many people are going through this quietly," she says. That realisation has shaped how she carries her own story, and uses it to reach others and explain what she once did not understand. "I live with bipolar," she says. She pauses. "And I am okay with that."

Janepher Ampurire, lives positively with bipolar disorder.

