

Understanding Bipolar Disorder

By Todd W. Hall, Ph.D.

From the time Tracy was in early adolescence, she had “hyper” spells for several days at a time. She would read two or three books at once, cook large quantities of food even though she normally did not like to cook, and go on buying sprees. At first, Tracy’s family thought this was normal adolescent behavior. But after a while they began to notice that Tracy had low spells after her hyper periods. She stayed in her room for several days and refused to talk to anyone. Her cycles became more intense and frequent until Tracy was finally hospitalized for a suicide attempt during one of her depressed episodes.

In another case, John started displaying an extremely high level of energy, sleeping less than three hours nightly, and talking excitedly with nearly everyone he met about some big plans and ideas. One night he started running at 1:00 a.m. and ran until he was so exhausted that he fell down and injured himself. Then he stayed up the rest of the night writing one hundred pages of fiction that he was convinced would be published. The next morning he did not feel tired.

Tracy and John were both suffering from bipolar disorder – one of the most perplexing and severe psychiatric adjustment conditions, and one that can cause incredible suffering for individuals, friends, and family.

Formerly known as manic depression, bipolar disorder gets its name from the unpredictable mood swings, ranging from the pole of extreme highs (mania) to the pole of deep lows (depression).

Imagine the emotional high you feel after a very positive event – like receiving an award at work, falling in love, or reaching the top of a mountain you’ve climbed. Then multiply the intensity of that feeling three or four times, speed it up to “fast forward,” triple your energy level, and imagine feeling that way around the clock for days, weeks, or even months until you collapse from exhaustion. This is a little like what mania feels like.

You may be wondering, *What’s the problem with having so much energy?* Here’s the problem. First, you are probably doing a lot of exaggerated and unwise things during your manic state. Many of your ideas are unrealistic and your perpetual motion, excitement, and exaggerated talking tend to alienate even the best of friends. Second, your high will end. When it does, you will crash into deep depression. Ten to fifteen percent of people with bipolar disorder end up committing suicide. Tracy, for example, whom we introduced at the beginning of this booklet, became suicidally depressed after a manic episode. “There’s no hope,” she said. “My mood swings just get worse and worse, and I’ll never have a normal life.” She lost interest in most things and slept through the day, finally trying to “end it all.”

At least one person in every one hundred suffers from bipolar disorder. The illness typically begins in the late teens or early twenties. Men are more likely to first have an episode of mania; women are more likely to first experience a depressive phase. The earlier bipolar disorder begins, the more severe the course of the disorder tends to be.

Unmanaged bipolar disorder wreaks havoc in one’s personal, vocational, and family life, and the symptoms recur throughout a person’s life. Over a ten-year period, people with bipolar disorder experience an average of four episodes and five hospitalizations. Even those who have few repeated crises can experience significant ongoing problems between full-blown episodes.

The good news is that bipolar disorder is one of the most treatable of mental disturbances. Not all people suffering serious mood swings fall into the extreme disturbances of bipolar disorder. Some suffer from cyclothymic disorder, a less severe problem with fluctuating moods that last for shorter periods and are much less debilitating.

Although bipolar disorder causes significant disruption in the sufferer's life, many with mild to moderate forms of the disorder are exceptionally creative and forceful leaders. In fact, some of history's most influential figures have been retrospectively judged to have suffered from bipolar disorder or some other closely related emotional disorder. Among them are political figures like Winston Churchill, Daniel Webster, and Benito Mussolini. Religious leaders like Joseph Smith, the founder of Mormonism, William Cowper, the poet and hymn writer, and C.T. Studd, the founder of the student missionary movement, all seem to have suffered from bipolar disorder.

Mania

People in a manic episode are excessively elated, irritable, moody, and energetic. They have little need for sleep (two to three hours per night is common), have rapid and pressured speech, racing thoughts, and may jump abruptly to unrelated topics without transitions. They are also distractible and impulsive. Some drive recklessly. Others go on wild spending sprees, running up thousands of dollars on credit cards or bouncing check after check. Many have an exaggerated sense of their importance and abilities.

In milder manic episodes, the increased energy, rapid thinking, and limited need for sleep can temporarily lead to incredible productivity. People can also become extremely outgoing and sociable and may be convinced that they are brilliant conversationalists or the life of the party.

In severe manic episodes, people with bipolar disorder become psychotic, that is, their thought processes and ability to judge reality are radically impaired. Initially they may be slightly overconfident about their abilities; eventually, they become convinced that they can predict the future or run the country. Sometimes Christians in a manic phase may stop their regular responsibilities and intensely read the Bible or talk for hours and hours to one person after another about God.

Jerry, for example, ran a small but successful shoe store for nearly ten years. Then he entered a manic state and started making grandiose plans for expanding his business. He was convinced his plan would corner the market in his entire state, and probably the entire United States. He rented space for more than twenty stores and ordered tens of thousands of pairs of shoes before his family could stop him. Fortunately, his wife was able to make arrangements to nullify the new building leases and return the shoes to the manufacturer before the family and the business went completely bankrupt!

The elevated, expansive mood that is part of bipolar disorder is often difficult to diagnose at first. Many people think a manic person is simply a very happy, high-energy, elated person. They do not recognize that the mania may also cause the person to be paranoid, irritable, and excessively intense. Mild mania is easily confused with normal mood fluctuations.

Like Tracy, some people with the disorder have to see many different doctors over a period of several years before someone diagnoses the real cause of their problems.

Depression

Depressive episodes of bipolar illness are characterized by the opposite of the manic pole of the emotional continuum. People in depressive episodes feel sad and depressed. They have low energy levels, an increase or decrease in sleep, loss of interest in enjoyable activities, feelings of worthlessness, difficulty concentrating, and

suicidal thoughts. Christians in a depressed state typically feel incredibly guilty and self-condemning, and may be convinced that God couldn't love them or that they have lost their salvation.

Some may alternate between the extreme moods of mania, depression, and normality. Occasionally, however, both the mania and depression are experienced at the same time. This is referred to as a "mixed episode." Such an episode is characterized by irritability, anxiety, and feelings of worthlessness. Levels of high energy and activity, decreased sleep, and impulsive behavior may accompany suicidal thoughts. Mixed episodes can be extremely dangerous if the person is suicidal, because the manic symptoms may give a person enough energy to carry out the suicide plans that the depression has triggered.

Family Stress

Both manic and depressive episodes place incredible stress on friends and family. Since people in a manic state can be unreasonable, emotional, and impulsive, family members fear they will do something hurtful or disastrous. They may get the family into serious debt, have several affairs, quit their jobs, and engage in other foolish behavior. Family members of those in a depressed state can become extremely frustrated when, time after time, their efforts to support and encourage them are rejected and rebuffed.

Causes

Currently, we do not have a clear understanding of precisely what causes bipolar disorder. The higher frequency of bipolar disorder among first-degree relatives, however, strongly suggests a genetic basis as a major, if not *the* major factor in causing the disorder. Coupled with this genetic predisposition may be other physiological factors, as well as long-standing emotional conflicts.

From a spiritual perspective, all human problems, including physical and psychological ones, ultimately stem from the disobedience of Adam and Eve that brought sin and evil into society and into individual lives. However, there does not appear to be any particular sin problem in the lives of most people suffering from bipolar disorder. Many fine Christians struggle for much of their lives with this distressing affliction.

When Christians suffer from bipolar illness, they usually experience major shifts in their spiritual lives. During manic states they can be excited and extra visionary, throwing themselves into Bible study, witnessing, or ministry with nearly superhuman effort. They are sure that God has given them a special plan. Then, during depressed states they become lethargic, guilt-ridden, and even hopeless about having a relationship with God at all.

Medical Treatment

One of the most difficult things about treating bipolar disorder is that there is no complete cure. However, while bipolar disorder is difficult to deal with, it can usually be effectively managed with proper professional care over the long term. Medication, psychotherapy, and lifestyle changes minimize and overcome the most devastating effects of this disorder and enable sufferers to live normal lives at home, work, school, and church. Treatment, however, must be planned for the rest of a person's life, and it nearly always involves taking medication for many years. Although this can be difficult for bipolar patients and their family members to accept, it is absolutely essential.

The current drug treatments for bipolar disorder typically include what are referred to as mood stabilizers – usually lithium carbonate, divalproex sodium (Depakote®), or carbamazepine (Tegretol®). Depending on a number of

factors, such as the specifics of the person's symptoms and the stage of the disorder, the physician may also prescribe antipsychotic, antidepressant, or anti-anxiety medications.

While medications do not work perfectly, they help a substantial percentage of people. Approximately 50 – 70 percent of people in a manic state are helped by lithium. Unfortunately, many bipolar patients don't stay on their medications. Some miss the "high" they experienced during manic episodes and want to return to a state in which they felt on top of the world. Others are bothered by unpleasant side effects, like weight gain, memory or concentration problems, and tremors. Others who begin to feel better assume they do not need to continue with medication, and quit without consulting their physician.

One of the most helpful things family members can do for a person suffering from a bipolar disorder is to help him or her keep taking the prescribed medications. If you are close to someone with this disorder, also encourage him or her to begin or continue psychotherapy and learn to deal with these issues. This will help the person accept dependence on medication and treatment, which could be life-saving.

Another critical issue to address at the beginning of treatment is the presence of any drug abuse. Fifty to sixty-five percent of people with bipolar disorder abuse drugs – usually stimulants like cocaine or amphetamines, or depressants such as alcohol. They use these drugs for several reasons, but especially to recreate the "high" of a manic episode and to relieve their depression. Drug abuse may also be caused by the impulsive pleasure seeking in a manic episode. Good treatment always includes attention to drug abuse because it will sabotage any efforts to manage the disorder.

Psychotherapy

Psychotherapy is an essential complement to medical treatment for people with bipolar disorder. Professional counseling helps patients deal with the emotional problems and stressors that trigger the onset of manic or depressive episodes. It can also resolve many of the unstable relational problems, internal struggles, and depressive moods that accompany acute phases of the disorder. Medication alone does not have nearly the positive effect as the combination of medication and good, long-term, ongoing psychotherapy.

Lifestyle Changes

If you have been diagnosed with a bipolar disorder, there are several lifestyle changes that you can make to help manage your illness. In addition to working closely with a psychiatrist, being faithful in taking prescribed medication, and receiving psychotherapy, you should:

1. *Abstain from the use of all drugs or alcohol.* Stimulants can trigger a depressed bipolar person to flip into a manic episode, while sedatives can trigger a depressive phase.
2. *Get regular sleep.* Bipolar disorder is closely tied to a person's core body rhythms. While a manic episode can change a person's sleep patterns, changes in sleep can also trigger a manic episode.
3. *Minimize caffeine intake.* This can also indirectly trigger a manic episode.
4. *Educate yourself and your family about the disorder.* Then work together to prevent stresses that trigger recurrences.
5. *Discuss with family members ahead of time a plan of action.* It helps to deal with future episodes ahead of time. This is done most effectively when the bipolar person's insight and judgment are not impaired during the middle of an acute manic episode.

6. *Join a support group.* This should include both close Christian friends who can offer regular spiritual support and a support group of other individuals with bipolar disorders and their family members. Since people with bipolar disorders often feel that no one understands their mood swings and erratic behavior, support from others who have had similar experiences can be very helpful.

People suffering from bipolar disorders can go through periods of incredible suffering, as can their families. With competent, thorough, and consistent counseling, medication, and practical lifestyle choices, however, they can lead very successful and meaningful lives.

Frequently Asked Questions About Bipolar Disorder

1. *What causes it?* Physiological factors appear to play the most important role in causing bipolar disorders. There is, for example, some evidence of a genetic link. Emotional factors, however, such as excessive stress and loss of close relationships can trigger the disorder.
2. *Can it be cured?* There is no absolute cure for bipolar illness. Most sufferers, however, can remain relatively symptom free if they comply consistently with their medical regimen, receive competent, ongoing psychotherapy by a therapist who understands the depth issues of the disorder, and adjust their lifestyle, including eliminating alcohol and non-prescription drugs.
3. *Can a person with bipolar disorder keep his or her job?* By all means. People who are compliant with medications, continue psychotherapy, and adjust their lifestyle are able to live normally for most of their lives. If or when they do have recurrences, family understanding and proper medication can generally reestablish stability in a relatively short period of time.
4. *Does bipolar illness involve demon possession?* No. Many committed Christians suffer from bipolar disorder, and like non-Christians, they respond to medications such as lithium carbonate. When a person responds to medications, that is clear evidence that the problem is physical or emotional, not a matter of demon possession.
5. *Are there any side effects of the medical treatments for bipolar disorder?* Yes, there often are. But the consequences of not taking medication may literally be death by suicide or impulsive, dangerous behavior. The person must stay on his or her medication.
6. *How long does it take for medication to work?* Often, there is improvement within one week of beginning treatment. It may take much longer, however, to find the precise, proper dosage for lithium carbonate as well as other medications. The correct dosage is the one that provides optimal relief of symptoms with minimal side effects.
7. *How can psychotherapy help?* First, it helps patients understand the disorder and learn the importance of taking medication regularly. Second, patients learn to accept themselves with their disorder. Illnesses such as bipolar disorder can tear at one's self-esteem and make one feel lonely, isolated, and cut off from others. Third, patients grow stronger emotionally, learn to regulate their moods, and handle the conflicts and stresses that can precipitate an acute phase of the disorder. Psychotherapy can also assist patients and their families to deal with their struggles better and work together to manage and control the illness.
8. *How can I help a family member with bipolar illness?* Get professional help as soon as you see a manic or depressive episode coming on. Help him or her comply with medical treatment. Be patient and encourage that person to accept him or herself with the disorder. Pray. If your family member becomes suicidal or a danger to self or others, take your loved one to a hospital as soon as possible, or if he or she is not willing to go with you, get help immediately from the police or other crisis team.

9. *Can't God heal bipolar illness?* Yes, he can. But he rarely does that apart from medication and the counseling and personal growth that comes from facing one's suffering. Persons suffering from bipolar illness and their family members can receive great strength from their faith in Christ as well as their dependence on the Word of God. Christian fellowship also provides much needed support. The result is that patients can grow incredibly by learning to accept and face their suffering as part of living in a fallen, sinful world. They can also learn to help others as a result of their own suffering. And they can have lasting hope that the best of life is yet to come – life in eternity with our Heavenly Father. Faith, in other words, can help people live well with their disorder.

One Book You Must Read

One book is a *must* read for anyone suffering from bipolar disorder, as well as for family members: *An Unquiet Mind* by Kay Redfield Jamison, Vintage Books, New York, 1996. Written by a professor of psychiatry at Johns Hopkins School of Medicine who personally suffers from bipolar disorder, it is a beautifully written, professionally accurate, moving personal account of learning to live well with bipolar illness. The author does not indicate that she is a Christian, but the book can be extraordinarily helpful to Christians as well as non-Christians. Do not miss this book!

Resources

National Alliance for the Mentally Ill (NAMI)
3803 N. Fairfax Drive, Suite 100
Arlington, VA 22203
Main: (703) 524-7600
Helpline: (800) 950-6264
<http://www.nami.org>

Depression and Bipolar Support Alliance
55 E. Jackson Blvd, Suite 490
Chicago, IL 60604
Toll free: (800) 826-3632
<http://www.dbsalliance.org>

Depression and Related Affective Disorders Association (DRADA): search the Internet to find a support group in your area

References

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington D.C.
2. Hoffman, M. L., *Developmental Psychology*, Vol. 30 (1), Jan 1994, 26-28.

Todd W. Hall, Ph.D., is Professor of Psychology and Editor of the *Journal of Psychology and Theology* at Rosemead School of Psychology, Biola University where he has served for more than 15 years. Dr. Hall teaches graduate courses in the areas of the integration of psychology and theology and attachment-based psychoanalytic therapy. He has developed the Spiritual Transformation Inventory (STI), a spiritual assessment tool used by Christian colleges and secondary schools around the country. He co-authored *Psychology in the Spirit: Contours of a Transformational Psychology* (2010) with Dr. John Coe. Dr. Hall maintains a small clinical practice in which he specializes in attachment- based psychoanalytic psychotherapy with adults.