

CLOSE TO HOME



DEALING WITH
bipolar
disorder



Choosing Life

by Ingrid Peters Fransen

Choose life so that you and your descendants may live, loving the Lord your God, obeying him, and holding fast to him.—Deuteronomy 30:19-20

Every morning I look in the mirror and do not know who might be looking back at me. I wonder what the day will hold. Will it be a day of relative calm? Or will it be a day when my voice becomes higher-pitched, and my speech speeds up, gushing out of me in staccato fashion while my mind tries to keep up with the ideas that come rushing in?

Will I balance my checkbook, or will I shop until I drop? Will it be a day of tears, or a day of rage? Will it be a day when I re-read a sentence countless times because I can't remember what I have read, or a day of brilliant insight? Will I spend the day napping because exhaustion overtakes me, or will I need to go to emergency at 3:00 a.m. to get drugs to put me to sleep?

Whenever I am overcome by a bottomless abyss of sadness or crazed by a rage that respects no boundaries, I clutch to, or I grasp for, the message, "Choose life."

I had my first bipolar episode 18 years ago—a mixed episode in which my mood alternated between depression and mania on a daily basis for over a month. I was diagnosed with depression 13 years ago and with bipolar affective disorder seven years ago. After my diagnosis of bipolar, it took me three-and-a-half years to stabilize. Since I was diagnosed and entered treatment, the duration, frequency, and severity of the episodes have all decreased.

I miss the intensity of emotion—joy was more intense, sadness was more intense, rage was more intense, the feeling of injustice was more intense. Life now seems muted by comparison, but I choose meds because of the people around me. My children have been the worst casualties of my disorder, but the church has provided them with models of stable families. They have welcomed my children into their homes, Sunday school, summer camp, youth groups, and programs.

For me, the church has been somewhat less hospitable. Some members of the church are leery of a person whose mood is so unpredictable and, at times, quite destructive. I understand their apprehension. Perhaps the person most frightened by the tempest of my disorder is me.

Some church members, however, see me through the lens of my abilities, not my disorder, and have supported and befriended me. My nearest and dearest friend is a model of Christian charity, loving me unconditionally and meeting me weekly regardless of my inclination. My psychiatrist is a Christian

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who understands the importance of faith in the process of healing. Most importantly, God chooses life for me—blessing me with children and a grandchild. My children also choose life for me—forgiving me my transgressions.

What is bipolar disorder?

Bipolar disorder, also known as manic-depressive illness, is a name given to a group of emotional conditions in which people experience frenzied bursts of energy and periods of depression, and, in many cases, swing wildly between the two. For some, these swings can be mild, but for others they can be very severe. They affect not only the person's mood but also the way they think, behave, and function. Episodes usually last a week or longer.

Bipolar disorder is typically a life-long condition. It has strong biological roots, but it is also influenced by what is happening in a person's life. If it is not properly treated, it can seriously harm a person's ability to function and diminish their quality of life. People with bipolar disorder are at risk of anxiety disorders, substance abuse, and suicide. Other medical problems sometimes associated with the disorder include heart disease, hypertension, and difficulty managing weight.

Bipolar disorder affects approximately one to three percent of adults and is equally distributed between males and females. A number of famous people in history, including artists and leaders, have had the disorder; some have dealt with it well, others not.

The disorder must be taken seriously because it can have many negative effects in a person's life and in the lives of those around them. But consistent medical treatment can bring improvement, and people with bipolar can manage their disease and lead productive lives. The most common forms of treatment are medication and psychotherapy. These can be used alone, often together, or in combination with other treatments. Approximately one in three people

with this disorder will remain almost free of symptoms just by taking mood-stabilizing medication.

What are the symptoms of bipolar disorder?

A "manic episode" can include:

- exaggerated self-esteem.
- extreme irritability.
- rapid, unpredictable emotional changes.
- decreased need for sleep.
- excessive energy.
- excessive talking.
- racing thoughts.
- distractibility.
- involvement in high-risk, often pleasurable behaviors such as wild shopping sprees, sexual indiscretions, or foolish business investments.

An episode of depression can include:

- feelings of sadness and tearfulness.
- loss of interest in work, hobbies, and people.
- social isolation.
- significant weight loss or weight gain.
- insomnia or excessive fatigue.
- agitation.
- excessive feelings of guilt or worthlessness.
- impaired concentration or decision making.
- fixation on death, or suicidal thoughts.

Bipolar disorder, the Bible, and the Christian story

As [Jesus] walked along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” Jesus answered, “Neither this man nor his parents sinned; he was born blind so that God’s works might be revealed in him. We must work the works of him who sent me while it is day; night is coming when no one can work. As long as I am in the world, I am the light of the world.”

—John 9:1-5

In the Gospel stories of the Bible, the people that Jesus heals don’t usually have a big speaking role. But this story in John 9 is different. Here, the man born blind is front and center in the story, taking an active part in his healing and speaking of his experience. (Please take time to read the whole story.)

Surprisingly, though, this man does not ask to be healed. Jesus simply sees him and then, after a discussion with his disciples, talks directly with the blind man about his need for healing. To receive the healing, he does as Jesus asks. He goes and washes at the pool of Siloam, and his blindness is cured.

If you have bipolar disorder, you may not be the first person to recognize that you need healing. It may be that people around you will suggest that you see a doctor. Either way, it’s your choice. If you want mental health, then you will need to go through the steps of healing (see page 8).

In the first part of the story, the disciples miss the point. They see the blind man, and they veer off into a debate about sin and about who is responsible for the blindness. When you have the symptoms of a bipolar disorder, you and the people close to you

Bipolar disorder and suicide

People with bipolar disorder are 60 times more likely to commit suicide than are the general population. Their attempts at suicide are also much more likely to succeed. Those who are coming down from a manic phase may be sad about losing their “high” state or about the depression that will now set in. In general, the bipolar mood cycles are extremely stressful, and suicide can seem to be an attractive way out.

If you have bipolar disorder or suspect you have it, and are having suicidal thoughts, it is important that you talk honestly with someone who cares. If someone close to you has this disorder and is suicidal, give them permission to talk through their feelings, and offer to help them find the support they need. Let them know that you are walking with them.

might be tempted to talk for a long time about the causes. Why is this happening? Whose fault is it?

But Jesus gets right to the bottom line: how can change happen, and how can God be honored through this situation? If you want healing, you must get beyond just words and discussion. And God wants your healing journey to reveal the goodness of God.

The story follows the man as he begins to live a new life as a seeing person. It’s not easy. People are unsure about his identity, because they have always known him by his disability. They ask him questions, and they don’t like his answers. He speaks from his own experience, and yet people doubt him and dismiss him.

In your healing journey, you will need to find your own voice. It will be a journey of discovery, and Jesus will be with you. This good news story of the blind man ends with a remarkable conversation in which Jesus reveals who he is and the newly healed man believes. Your healing journey can be your witness to the power of God in your life.

Steps toward healing

If you think that you have bipolar disorder or are developing it, here are some important steps toward managing it:

- 1. Get professional help immediately.** Bipolar disorder is a serious condition that responds to treatment, so there is no reason why you should wait. Speak first to your family doctor, who will refer you to a psychiatrist and psychologist who have experience in treating the disorder. They will likely begin by asking you for a full history of your symptoms. For this, ask a family member to help; they may have recognized the symptoms even before you did.
- 2. Expect medication.** Since bipolar disorder has a strong biological component, you will very likely need medication. Taking medication does not mean that you are weak or a failure. Rather, there is a problem with the chemicals of your brain and with the way they are produced. Medication helps to regulate the chemical processes.

Not everyone responds to each treatment in the same way, so a combination of treatments may be required. Even while you are on medication, a relapse into a manic or depressive episode is possible. If a relapse happens, it should be taken seriously and followed up with your treating professionals, but it doesn't necessarily mean the drugs are not working.
- 3. Be open to psychotherapy as part of your treatment plan.** Therapy can help you work with the stress, relationship difficulties, sleep disruption, unhealthy thinking, and other factors that can affect the onset, severity, and duration of your mood episodes. Your psychiatrist, psychologist, or licensed clinical social worker will discuss

one or more healing approaches that can be helpful to you—such as cognitive behavioral therapy, interpersonal and social rhythm therapy, and family-focused therapy.

- 4. Learn about the disorder.** Bipolar disorder, like other mental illnesses, is often misunderstood. Proper education about the causes and treatment of the disease is important not only for you, but also for your loved ones and your faith community. All need to know what to expect and how to respond.

Your physician and therapist(s) are good sources of information. Make sure you ask them any questions you have. They may point you to helpful reading material, websites, and videos about the disorder (some are listed on page 10). Pass on as much information to family and friends who are supporting you; consider organizing an education session for them.
- 5. Follow your recommended course of treatment.** Sometimes people with bipolar disorder do not want to comply with their treatment plan. If life seems stable for a time, or if a manic episode makes life intensely enjoyable, stopping the medication can be very tempting. But at such times, continuing the plan is especially important. Many, including Ingrid in the opening story, have succeeded in doing so by allowing their family and friends to hold them accountable in sticking with it.

In sum, your treatment plan is more likely to work well for you if: you are properly informed about the disease; know the importance of medication; nurture good relationships with your doctor and therapist(s); and surround yourself with people in your family, church, and circle of friends who understand what you are experiencing.

For further awareness

Books

The Healing Project. *Voices of Bipolar Disorder*. New York: Lachance Publishing, 2010.

Mariant, David. *Surviving Bipolar's Fatal Grip*. Santa Clara, CA: Mariant Enterprises Ltd., 2006.

Websites

Depression and Bipolar Support Alliance.
www.dbsalliance.org

Mood Disorders Society of Canada.
<https://mds.ca>

National Institute of Mental Health (USA)
www.nimh.nih.gov

The role of the church community

When someone acts erratically, with confusing actions and mood swings, it's natural for people in the church to ask, "Why are they doing this?" We may be tempted to point to what we think is the cause, such as parenting styles or childhood trauma. Like the disciples in the story of the blind man, we might want to label the behavior as sin.

But when we understand bipolar disorder, the questions change. Erratic behavior happens when people have this biologically-rooted psychiatric disorder. The "why and what" questions can change to a focus on "who": here is a person suffering from a mood disorder. If they scream and make a scene, if they make impulsive or foolish purchases, we can understand rather than judge. Like Jesus, we can address the person in a calm and hopeful way. We can offer the light of God, and expect to see God working in this person.

Healing takes time. Following treatment plans can be challenging. Success is more likely if the person with a mood disorder has a community to support him or her. People in the church can be a stable, loving, patient presence. They can act as God's hands and feet, helping to bring God's light.

If you are the loved one of a person suffering from bipolar disorder...

Caring for your loved one takes commitment, patience, and perseverance. Becoming aware of the condition through reading and conversations with the therapists can go a long way toward understanding the behavior and moods of your loved one. But in addition to information, you will need emotional and practical help. Share your struggles with trusted friends and caregivers in your congregation. Join—or form—a support group in your community.

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**Local resources for help with
bipolar disorder:**

**For more information on other Close to Home
titles, go to:**

www.mennomedia.org/closetohome



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