



# Managing Bipolar Without Medication

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## Prescription Without Medicine: Mindful Management of Bipolar Disorder

Many of us have heard of mindfulness to manage bipolar disorder. Journaling and guided meditation are just two techniques used to reduce relapse into bipolar depression triggered and worsened by mindless ruminations of doom and gloom.

### **Buddhist Spirituality's Link to Mindfulness**

2,400 years ago, Chinese and Eastern Indian Buddhists used tai chi, chanting, yoga and meditation to attain awareness, practicing acceptance of what cannot be changed.

Buddhism hit Japan in at least 552 AD, although Chinese sources say the spread of the practice was centuries earlier. There are many schools of Buddhism in Japan, the best-known being Zen.

### **Doctrine, Not Dogma**

Buddhists maintain mindfulness can be attained without Buddhism, while Buddhism is impossible to practice without mindfulness.

The goal of meditation in Buddhism has three purposes: knowing the mind, training the mind, and freeing the mind. Buddhists take responsibility for reprogramming their thoughts rather than allowing external forces to shape them.

### **A New View**

Symptoms, like rapid cycling bipolar or bipolar depression, cast a shadow over our perception of reality. It's as if we're wearing dirty eye glasses. We can switch lenses by choosing a clean, clear pair, so why don't we?

### **Speedier Recovery**

During a year-long relapse into depression I catastrophized constantly, judging myself and the situation. Terrified it would go on forever, shame and fear ruled the day.

During my last four relapses, I redirected my thoughts using mindfulness-based techniques. Along with adjustments to my medication, regular exercise, supportive diet and supplements, I was able to continue my activities and increase those I like most.

Typical of my depressed state I was disinterested in my usual pastimes and enjoyed them less. I was not to be deterred. Intuitively I knew I must keep moving.

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It all paid off; I dug out of the darkness each time in four months or less, not a year.

## **No Doctor's Appointments, No Drugs**

The exciting therapies of dialectical behavioral therapy (DBT) and cognitive behavioral therapy, (CBT) integrate principles and practices of mindfulness. Just two of the goals are to improve distress tolerance and develop assertive communication skills; reducing anxiety and self defeating patterns.

DBT was authored in the 80s by Marsha Linehan. She struggled silently with borderline personality disorder while developing this much heralded treatment.

She publically announced her illness at the same time she presented her life's work. Luckily for us, later years showed DBT had broader applications for mental health conditions than originally thought.

A DBT course is less time-consuming than standard outpatient treatment. It takes six months and a several hours a week. There is an hour of one-on-one talk therapy, occasional 15-minute psychiatric evaluation and group class, where DBT principles and skills are taught and practiced so the consumer can continue once discharged.

Evidence proves mindfulness-based, non-medication therapies such as DBT and CBT are effective for a multitude of chronic behavioral issues, including bipolar disorder, depression and eating disorders.

## **Acceptance**

In DBT, patients are taught to acknowledge overwhelming feelings and to refocus on simple things, usually of an external nature. Something as simple as looking at the wallpaper or carpet can turn down the volume on negative thoughts generating painful emotions.

*Next page: stress hormones and what we can control to keep stress levels down.*

## **Acceptance**

By building constructive communication skills, people can articulate feelings in a non-abusive, non-manipulative manner — increasing their chances of being understood. Many people, including myself, feel alone and have the need to be heard.

## **Worth the Investment**

Insurance companies increasingly cover DBT, which makes financial sense considering the patient acquires coping skills rather than lifetime of prescribed medication. If one adds the risk of medication's side effects it's plain as day why DBT is attractive to patients, treatment providers and insurers.

## **The Science**

A recent Oxford University study found that mindfulness-based cognitive therapy reduces depression relapse by 44 percent. Thirty percent of British physicians prescribe mindfulness-based treatment for patients with mental health conditions and emotional difficulties.

Neurologists find structural changes in the brain relative to the amount of time stress reduction methods are practiced. For example, a mere eight weeks of mindfulness-based stress reduction techniques thickens parts of the brain used in making decisions, creativity, learning and memory.

These studies also show a thinning of the part of the brain that involves fear response. This suggests people who redirect their thoughts from fear are less stressed.

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## **Stress Hormones: A Vicious Cycle**

Fear and anxiety activate the flight or fight reaction, producing the troublesome stress hormone cortisol. Cortisol is inexorably linked to high blood sugar, high blood pressure, high cholesterol and weight gain, particularly around the waist.

Disproportional weight gain in the midsection is a well-known side effect of mood stabilizing atypical antipsychotics. Called visceral fat, it wraps around and pressures the heart, liver, kidneys and pancreas, compromising function.

Not only that, belly fat produces even more cortisol! This stress hormone is now known to inhibit the production of feel good neurotransmitters like serotonin, negatively impacting our moods.

## **Here's What We *Can* Control**

We need to take charge of what we can and practice mindfulness techniques to keep our stress levels down while waiting for new advances in medicine.

Researchers have been scrambling for years to develop effective treatments to counter metabolic side effects of second generation or atypical antipsychotics. Stateside, final studies are garnering media attention and once final stages are complete will be sent in for FDA review.

Challenges appear when I'm making other plans, requiring me to be fully present so I can improvise my way out. I find it hard to be creative when I'm paralyzed with fear.

My chronic pain recently prompted me into a guided meditation. Tuning in, I realized the problem was my stinking thinking. Catching and correcting this is helping me greatly.

As I practice mindfulness, paying attention to my environment and the present, life gets easier. Now I remember my conversations and can find my car in large parking lots!

I've ditched the idea of mood swings as up or down, good or bad. I will not tolerate black and white thinking in my head living rent free!

By being mindful and choosing constructive, solution-based thoughts, I experience life in full-blown Technicolor. That's what I want and how I want it. How about you?