

Bipolar Disorder and Preliminary Results of a Qualitative Study on Recovery Through Buddhist Meditation

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Agenda

- Overview of Bipolar Disorder
- Theories and treatments
- Qualitative study

How I got involved with Bipolar Disorder



Naropa graduation, 2013

- Diagnosed age 21
- Dissatisfied with Western views on recovery & meds
- Got into holistic healing and meditation practice
- Recovered in 2004 and continued mindfulness practice
- Then did a clinical master's in CP at Naropa University
- Now writing a dissertation on CP and bipolar recovery

Bipolar Facts

- Worldwide lifetime prevalence of 1%; bipolar spectrum disorders 5% (Jauhar & Cavanagh, 2013)
- The costliest of the behavioral health care diagnoses—costs insurance 400% higher (Peele, Xu, & Kupfer, 2003)
- In the US, annual costs ranged between \$24B and \$45B (Kleinman et al., 2003)
- If a treatment could provide lasting relief for only 1% of patients, that would bring savings of \$240M-\$450M/year



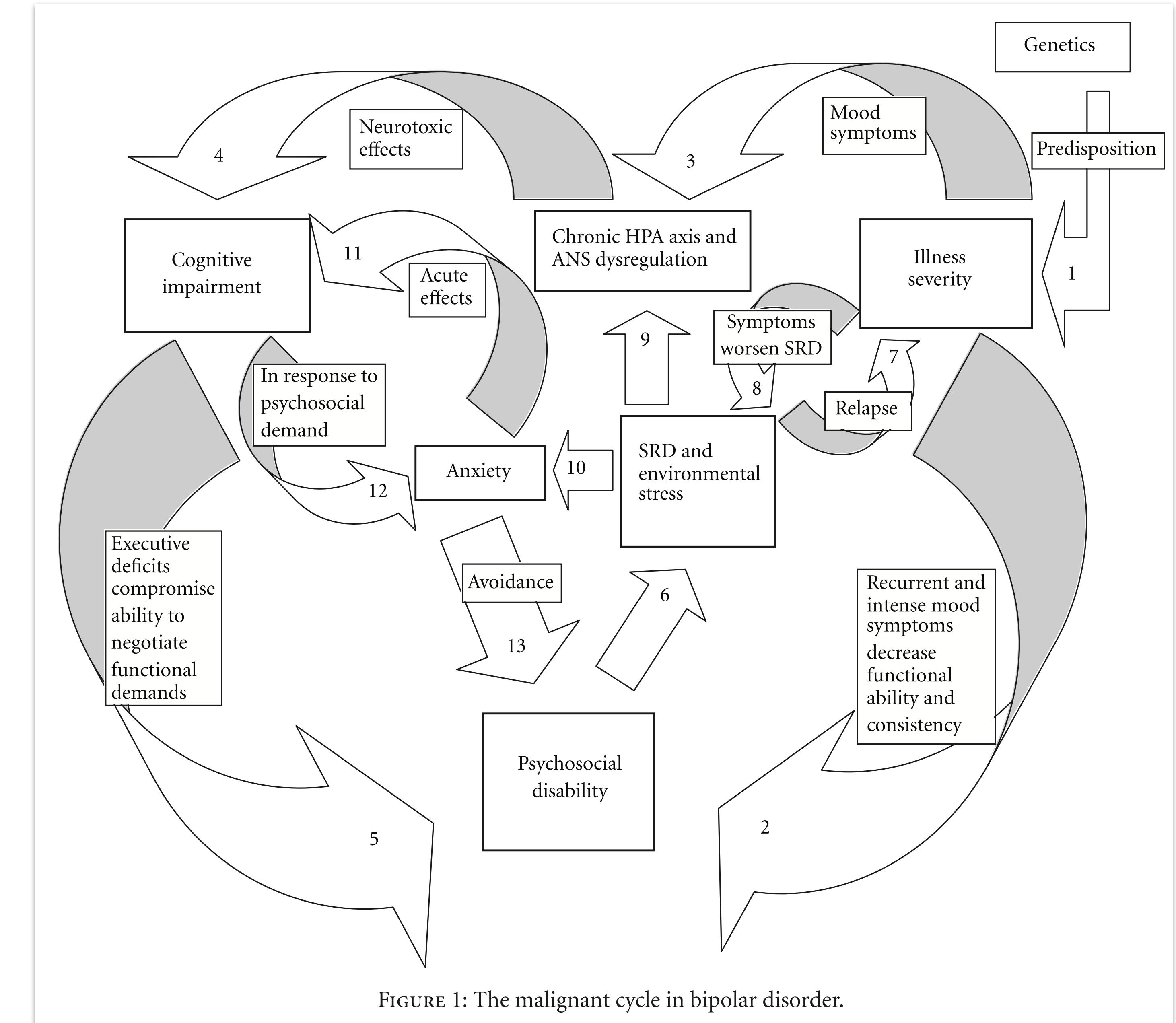
Theories of Etiology

- Brain differences (Macritchie & Blackwood, 2013)
- Cognitive; behavioral; family-based; circadian rhythms; approach system dysregulation (Wright, 2013)
- Genetic predisposition, kindling, trauma history, ACEs
- Spiritual experience (Lukoff, Lu, & Turner, 1998); paradigm shifting (Jackson, 2010)
- Perhaps best viewed as a complex set of interrelated factors

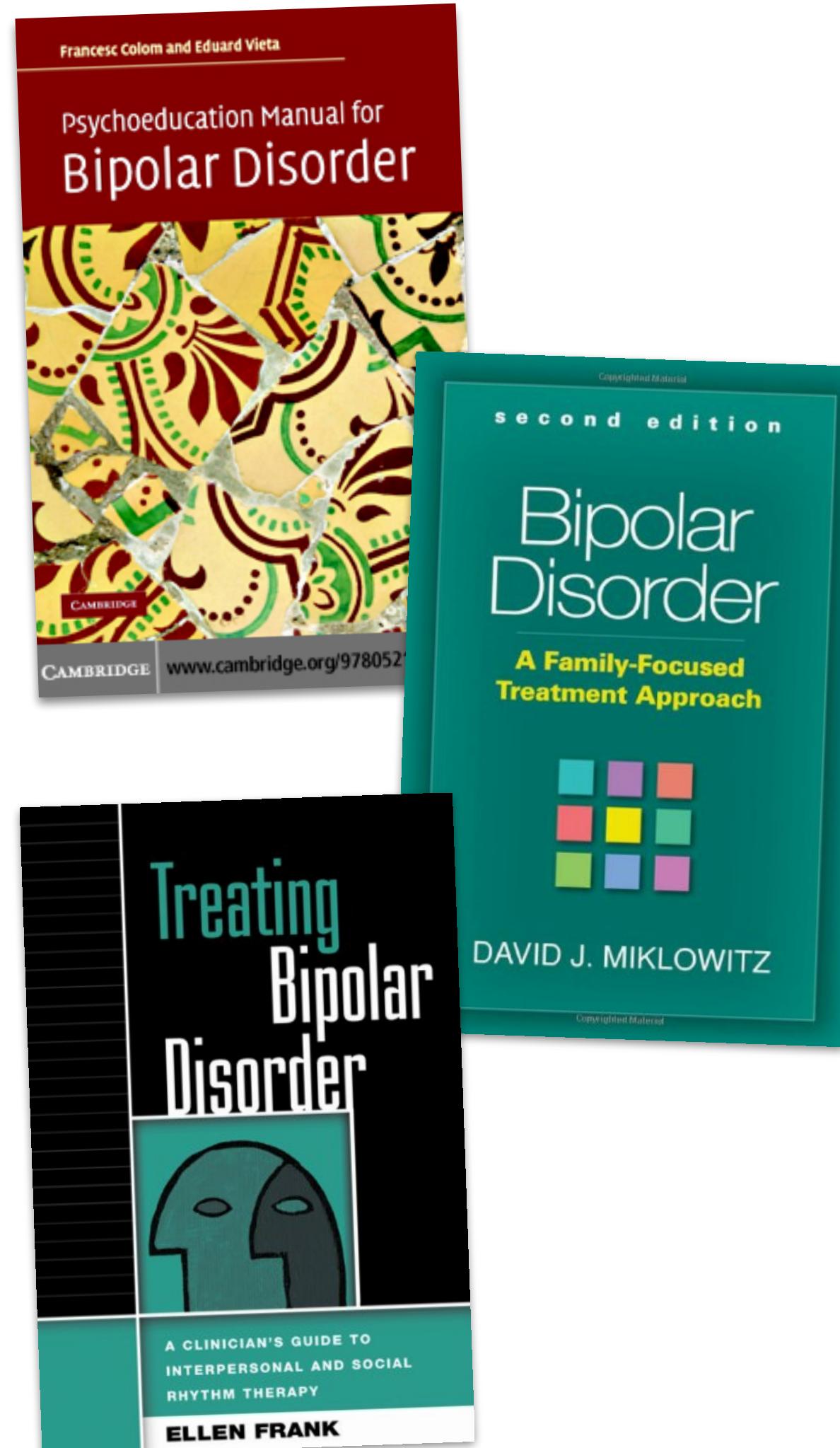
Diverse Functional Outcomes

"Psychosocial functioning in bipolar disorder (BD) runs the full gamut of human potential. Whereas some people with BD accomplish historical landmarks in human achievement, others experience significant difficulties in managing tasks of daily living."

(Levy & Manove, 2012, p.1)

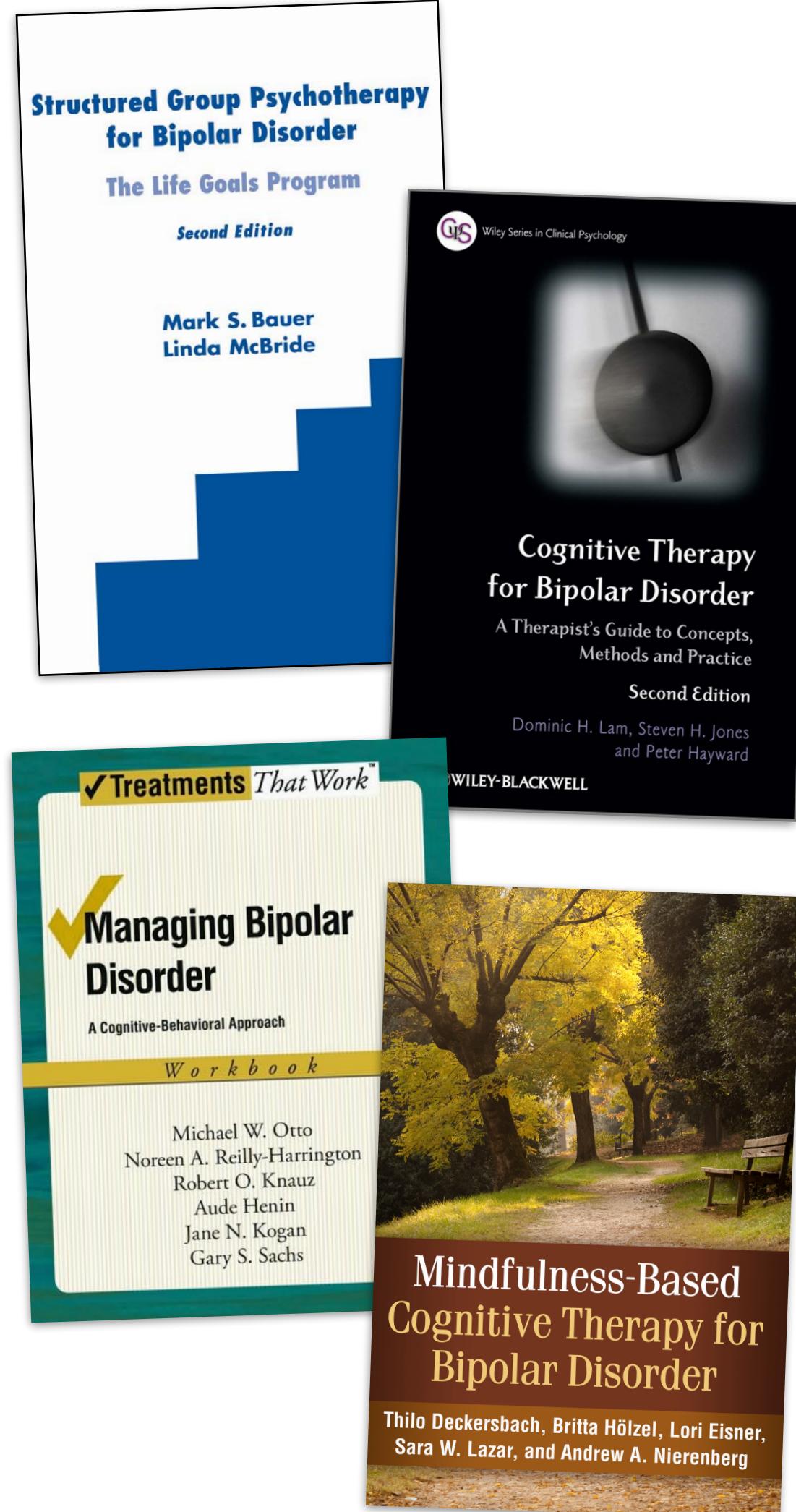


Evidence-Supported Treatments



- **Psychoeducation**
Course of illness, sleep hygiene, med adherence, prodrome detection (Colom & Vieta, 2006)
- **Family-Focused Treatment**
Helping families adapt to the illness and support the IP (Miklowitz, 2008)
- **Interpersonal and Social Rhythm Therapy**
Stabilize social rhythms and reduce interpersonal problems (Frank, 2005)

Evidence-Supported Treatments



- **Structured Group Therapy**
Skills for managing bipolar and enhancing functioning
(Bauer & McBride, 2003)
- **Cognitive Therapy and Cognitive Behavioral Therapy**
Stabilize moods, follow routines, challenge maladaptive core beliefs (Lam, Hayward, & Jones, 2010; Otto et al., 2009)
- **Mindfulness-Based Cognitive Therapy**
Teach mindfulness, reduce rumination, mood diary, work with prodromes, analyze triggers, action plan (Deckersbach, Hözel, Eisner, Lazar, & Nierenberg, 2014; Perich, Manicavasagar, Mitchell, & Ball, 2013; Williams et al., 2008)

Qualitative Study



Lincoln meditation hall, Naropa University

- Based on my own experience recovering from bipolar disorder, I grew interested in how to help others do the same
- So I entered a doctoral program where my dissertation asks the question: "How do people use mindfulness meditation and Buddhist psychology and philosophy to recover from bipolar disorder?"
- I wanted to ask the experts what helped them in their recovery

Now recruiting for a study on

Recovery from Bipolar Disorder through Buddhist Meditation



Have you or someone you know recovered from bipolar disorder using mindfulness meditation and Buddhist psychology and philosophy? Please participate or help them to participate in this qualitative study to advance research and create a new approach to bipolar recovery

The study itself involves a screening process, a one-hour interview, and a followup phone meeting. There is no pay for participation, although co-researchers may find it interesting and helpful to share their experience.

To qualify, participants should:

- Be 18 or older
- Have been diagnosed with bipolar (I) or (II)
- Not have experienced major depression, mania, or psychotic features in the last six months
- Have used mindfulness meditation and Buddhist psychology and philosophy in their recovery

"Recovery" means any of these:

- Improved quality of life
- Symptom reduction
- Disease remission
- Learning to live with bipolar disorder
- Gaining a meaningful role in your community

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Study Design

- n = 10 individuals, 90-minute interview
- thematic analysis method (Braun & Clarke, 2006)
- criteria:
 - 18 or older
 - originally diagnosed with bipolar disorder (I) or (II) at least 12 months ago
 - learned mindfulness meditation from an experienced teacher
 - practiced mindfulness meditation for at least approximately 45 minutes a week for at least 6 months during the 2 years leading up to the study
 - used Buddhist psychology and philosophy in their recovery
 - screen out major depression, psychosis, suicidality in last 6 months
- recovery:
 - disease remission, symptom reduction, psychosocial adjustment, improved quality of life, and/or social empowerment.

Transcription & Analysis

- Conducted interviews in-person or via Zoom
- Using affordable QDA software f4 & f5 (dr. dresing and pehl, GMbH, 2014, 2015)
- Using a foot pedal helped a lot



Volumes/bipolar qual data/analysis/bipolar-qual-study-analysis05.f4 - f4analyse 2.5.4 EDUCATION

Text Selection Summary Distribution Search

Texts +

P05-transcript04-anon
P05 verification interview 2...
P09-transcript03-anon
P09-verification-interview-notes
P01-transcript03-anon
P01-verification-interview
P07-transcript03-anon
P07-verification-interview-anon
P08-transcript09-anon
P08-verification-interview
P04-transcript02-anon
P04-verification-interview
P06-transcript04-anon
P06-verification-interview-anon

Codes +

bipolar as a gift
appreciation for the project
updates
emergent principles
state regulation
shift in perspective to basic goodness
getting to know myself better
Integrating spiritual outlook with a Western approach
circle of healing
pith Instructions
trust in basic sanity
don't give up
learning from difficulties
everything is workable
Buddhist views
in-dwelling goodness
impermanence
ultimate and relative truth
Tibetan Buddhism
tantric view of the inseparability of wisdom and thoughts and emotions
Tara Brach guided meditations
Pema Chödrön CDs
disinterest in bipolar disorder
cessation
akshandas
spiritual experiences
examining the true nature of reality
synchronicity/premonition
non-duality
profound connection- channeling
radiating energy
illumination
confusion with mania
as signposts
not getting attached to spiritual experiences
spirituality as main part of recovery
wilderness
loss of connection to spirituality
experiences outside of worldview
presence of ancestor
vastness
shift in values
meaninglessness
near-death experience
depression
nameless dread
crash
solidarity
couldn't talk
improvement with right social environment

Memos

Speaker 1: Yeah, totally. Cool. Okay. #UU:U2:UB-1#

Um well the first question is, "Please tell me about your experience of bipolar disorder." #00:02:11-4#

Speaker 2: Um, my first experience um when bipolar disorder kind of like came into my field of awareness? was um when I was diagnosed with drug-induced psychosis? in um in Small City 1, Western State 1? and that was my freshman year of college, I think was nineteen— eighteen, nineteen. And I felt like I had a um very eccentric or like, even maybe some moments that could be maybe like borderline— I guess I would say 'extreme.' I don't want to say manic, but definitely I was like an extreme kind of person, tending towards behaviors uh that could be considered manic in a way. #00:03:11-9#

and then when I started using hallucinogens I really um lost all my grounding in experience, like sleep uh sleep deprivation and psychosis, and a lot of, like, hallucination and different things that went along with that? #00:03:31-8#

and I stabilized after about 3 weeks, and that's kind of when the um bipolar diagnosis materialized. And soon after that kind of mania, then I fell into a depression. And um was like struggling with medication? at that time, cuz I really felt like a lot of my symptoms of depression were correlated with my medications, and so I made a pretty strong push to get off medication pretty early. And when I was still really, uh, kind of torn apart from the psychosis experience. #00:04:13-9#

And then I had a like, went to the hospital for depression? um that was when, like, I think about a year later, and at that point I was somewhat, like, suicidal? I guess would be, close, at least that's, like, I couldn't think of anything, like, that was worth living for. And so I was in that frame of mind. I wasn't like, trying to kill myself, but enough to where my parents wanted to bring me to the hospital for that. #00:04:48-4#

Speaker 1: Mm-hmm. #00:04:49-3#

Speaker 2: Then after that, um, I experienced a sort of healing time? Where I like got a job, and started rock climbing, and doing like healthy lifestyle things, and gaining my ability to navigate the world. And that was right when I went to school at University A, and I was off of all medications under the psychiatrist's uh permission, and that was 2 years after my freshman experience, my first psychosis. #00:05:29-0#

And then freshman year of University A, I was hospitalized for a manic episode, first week of school I did a Holotropic Breathwork thing, in a retreat, and um that also coincided with the a month prior to that, I had received my first dharma teaching? So, which has interesting ties into the way, like, I experienced mania in a more positive way. But anyway, um, I was hospitalized then, that was 4 and a half years ago? #00:06:07-6#

And I pretty much have been what I would call symptom-free for 4 years after, after that time. I mean I, of course there's a lot of working with my mind that happens, and just the day-to-day. But as far as anything manifesting as like depression or mania, probably hasn't happened in 4 years. So it was really that 2-1/2 year period from 19 to uh, 21, and now I'm turning 25. #00:06:43-1#

Speaker 1: Wow. So both uh like a definite, uh experience of like a full-blown experience, including both like, full-blown uh manic episodes, and depressive episodes. #00:06:56-7#

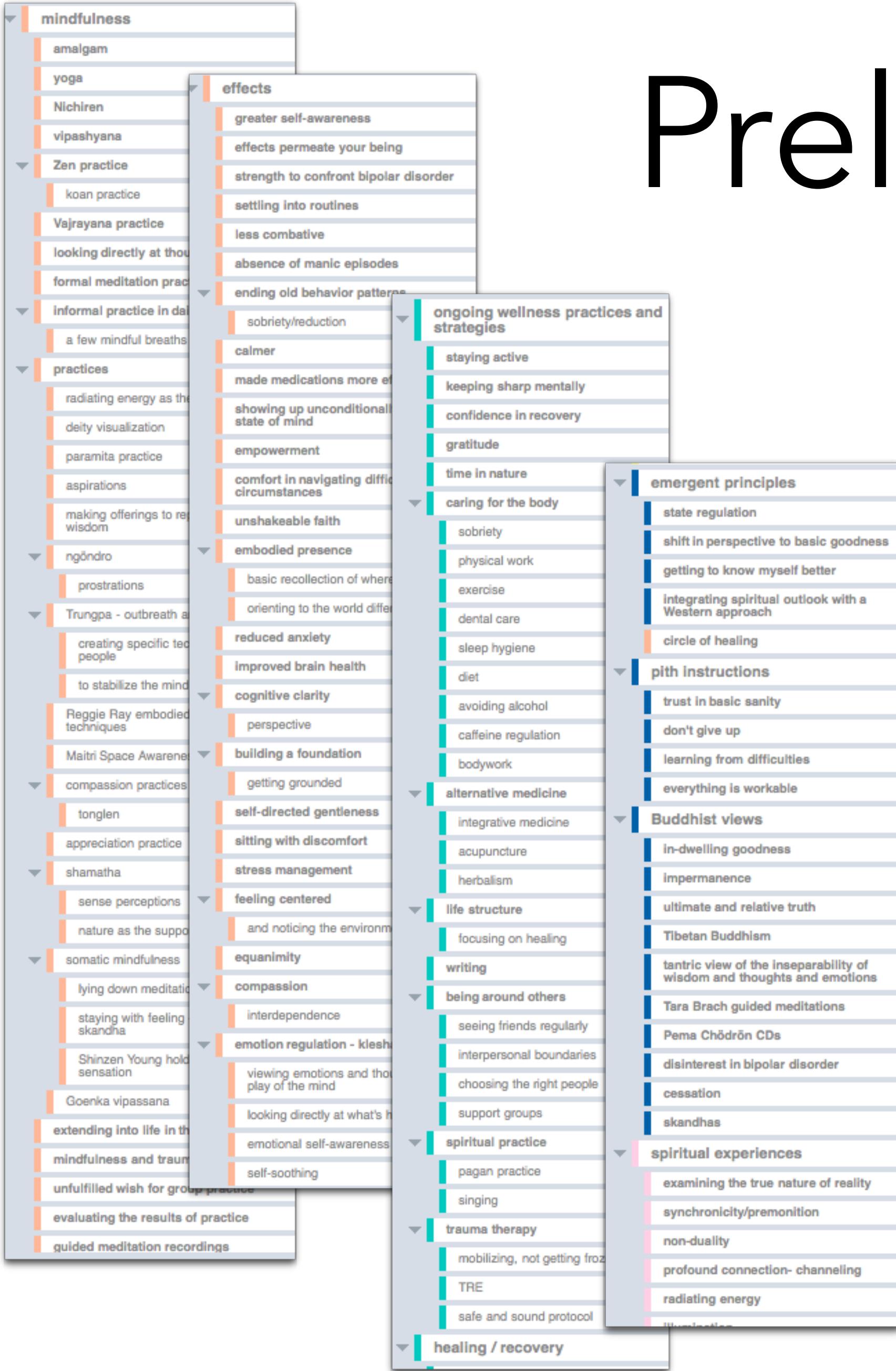
Speaker 2: Yeah. #00:06:57-5#

Speaker 1: Like language, and a long period of stability. #00:07:00-5#

Speaker 2: Right. #00:07:01-4#

cted through Zoom in April 2018. I was in my home office, and clt was in a university classroom. Light filtered in through the windows behind us both.

Preliminary Results



- Don't give up— recovery is possible!
- Every state of mind is workable
- Many different mindfulness practices can help
- Mindfulness practice and Buddhist ideas helped participants increase their awareness, shift behavior patterns, and transform their relationship to their thoughts, emotions, sensations, and reality, thereby reducing suffering
- Other important practices include sleep hygiene, steady routine, exercise, healthy diet, community connections, reducing use of drugs and alcohol, and a meaningful life role

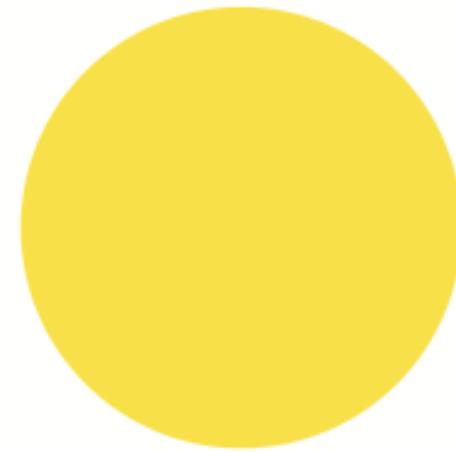
Summary

- Recovery from bipolar disorder is possible.
- Diagnosis is a mixed bag. Helping people understand, cope, and work with their experience is the key point.
- Therapists should help clients: build a life structure that fits, work with their behaviors, emotions, and state of mind; make meaning; and find ways to build a life that matters.
- Different things help different people. Clients should take their own health in hand in figuring out what works for them.
- Mindfulness and Buddhism were pivotal in participants' recovery.

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Get in touch!



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