



mindfulness for bipolar disorder

HOW MINDFULNESS *and*
NEUROSCIENCE CAN
HELP YOU MANAGE YOUR
BIPOLAR SYMPTOMS

William R. Marchand, MD

“William Marchand brings together his knowledge and experience as a psychiatrist with his insight and wisdom as a mindfulness practitioner. The result is an informative guide, full of practical tools for managing bipolar disorder, enhancing well-being, and living a more fulfilled life.”

—**Paul Thielking, MD**, assistant professor of psychiatry at the University of Utah School of Medicine

“Mindfulness for Bipolar Disorder integrates recent findings from clinical, scientific, and meditation communities to help one understand the reason for their struggles, describes the treatment currently available, and then honestly presents how adding mindfulness practice to one’s life will reduce suffering associated with bipolar disorder.”

—**Rev. Jim Daiko Bilskie, PhD**, Soto Zen monk, veteran, and PhD in environmental physics

“Finally—a book written for real people, with an easy-to-follow plan of action. ... William Marchand’s compassionate wisdom brings to light a new way to manage bipolar disorder, and offers a step-by-step approach to using mindfulness, as well as numerous meditations. This book offers insightful wisdom from Marchand’s perspective as both a psychiatrist and mindfulness teacher.”

—**Mary Beth Cooper**, journalist, communications specialist, and avid supporter of mental health awareness

“Mindfulness for Bipolar Disorder extends far beyond management of bipolar symptoms. This easy-to-read, well-written book is a valuable resource for all humans, whether living with bipolar disorder, another chronic illness, or life in general (which can be a chronic condition). The practice of mindfulness is a gift, available to all, that will have a powerful impact on your life.”

—**Karen Dittrich, MD**, discovered mindfulness and meditation after being diagnosed with multiple sclerosis twenty-two years ago

“[Marchand’s] book is a breakthrough in the advancement of the treatment of bipolar disorder, a more intractable condition. In this book, readers will find a combination of scientific knowledge and the techniques of meditation as practiced for centuries. As a highly regarded psychiatrist, Marchand is able to offer proven methods for the cessation of suffering. By doing so, he has shown not only his professional acumen, but also his compassionate heart and wisdom in the service of others.”

—**Victor Perri**, practicing Zen Buddhist and lawyer for over thirty years in areas including labor, employment, disability law, and civil rights

“In Mindfulness for Bipolar Disorder, Marchand offers a unique flavor of mindfulness practice for a serious and difficult mental illness. It combines well-balanced, ancient, traditional techniques with modern empirical, practical, and repeatable wisdom from Western science and medicine. Mindfulness

for Bipolar Disorder covers a remarkably broad range of symptoms of the illness—including the quiet, nuanced, such as noticing the difference between ‘pleasure’ and ‘happiness’—with pragmatic tools and techniques for their management. Marchand’s style of writing is not only accessible and easy to understand but is also influenced by deep kindness and compassion for his patients. Readers can expect to have the sense that their condition is not a hopeless and untenable disorder, but rather a challenging set of symptoms that can be managed with relatively simple mindfulness-based practices

—**Adam Shishin Lintz**, husband, father, student of and practitioner in the Soto Zen tradition, software architect, and martial artist

*“Marchand’s caring professionalism comes through in spades in his insightful and compassionately written book, *Mindfulness for Bipolar Disorder*. With a clear understanding of the science behind both bipolar disorder and mindfulness practice, Marchand honors readers’ unique struggles, while encouraging hope for a better future. If you buy one book on bipolar disorder, make this one.”*

—**Erica Marken**, Soto Zen Buddhist who serves on the board of directors for Two Arrows Zen Center in Salt Lake City, UT

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introduction

This book is for anyone who suffers from bipolar disorder. As you know, this illness can be very difficult to treat. Traditional treatments, such as medication and psychotherapy, are effective; however, many people continue to experience depression, mood elevations, and other symptoms despite receiving appropriate care. Unfortunately, very few people with bipolar disorder are completely symptom-free as a result of conventional treatments alone. That is the bipolar puzzle—how to live well with a chronic condition that doesn't always respond well to treatment.

To live with your illness, it is critical for you to use as many recovery strategies as possible. The aim of this book is to provide another effective tool for your bipolar recovery toolbox. That tool is mindfulness meditation.

A Mindful Approach to Bipolar Symptoms

Are you ready to try a new approach to living with bipolar disorder? The mindful approach to bipolar symptoms is radically different from traditional treatments. By practicing meditation, you can learn how to be present with your bipolar symptoms rather than try to get rid of them. Doing this will, in turn, make your symptoms less intense. This may seem counterintuitive, but it works. Our minds normally respond to symptoms with automatic thinking patterns that actually make them worse. In contrast, unpleasant emotional states tend to become less intense and fade away when we let them be. Learning how to do this can totally change your relationship with your illness. Mindfulness isn't about being passive, though. Once you see and experience reality as it is through mindful awareness, you have the freedom to act. Mindfulness is about liberating yourself from habitual thinking patterns and behaviors that keep you stuck.

Scientific research has shown that mindfulness is helpful for people with bipolar disorder and that meditation practice can rewire the bipolar brain. In this book, I will guide you through the process of developing a mindfulness meditation practice that will help you live well with bipolar disorder.

The idea for this book originated with my own practice of mindfulness in the Soto Zen Buddhist tradition. In this tradition, we aim to sit in open awareness, watching phenomena arise and pass. By doing so, we see that everything is impermanent, including our own thoughts and emotions. Like clouds in the sky, they arise and pass. We also see that our minds tend to cling to certain things, often negative experiences and feelings. Through awareness of the present moment, we can notice our tendency to hold on to negativity and we can let it go. We can relax in the moment without needing to fix or change anything. That ability has helped me to fully appreciate my own life, moment by moment.

The Zen tradition also has a strong emphasis on compassion, and while there are many ways to practice compassion, we focus on sharing the transformative power of mindfulness with others. This ties in with my work as a psychiatrist, where over many years of working with bipolar patients, I've recognized the need for more creative tools to reduce their suffering. That recognition led me to start teaching mindfulness classes for people with bipolar disorder—and now it has led to this book.

Writing this book is an extension of my work as a mindfulness teacher and my personal mindfulness practice. Articulating the concepts of mindfulness to help you solve the bipolar puzzle has deepened my own understanding and practice.

What Is Mindfulness Meditation?

Meditation can sound mysterious, but it is simply the process of focusing your attention rather than letting your mind wander. You can be mindful at any time or in any place. For example, during daily life, you can focus all of your attention on any activity, such as washing your hair or taking out the garbage. During formal meditation, the focus can be on the breath or on physical sensations. The aim is to be fully present in each moment, feeling the sensations, hearing the sounds, and seeing the sights. This sounds simple—and it is a very simple concept—but it is a skill each of us has to learn. Our minds don't want to stay focused on one topic. They tend to wander and ruminate.

Try this simple experiment. Sit in a comfortable position and close your eyes. Start counting your breaths. Count “one” for the first inhalation-exhalation cycle, “two” for the next cycle, and so on. Count to ten and then start over. Do this for about three minutes. If your attention wanders and you lose count, then start over with one. Notice what happens. For most people, the mind immediately starts to drift. We start to think about the past or the future rather than stay focused on the breath. Sometimes we may not be able to count beyond two or three before the mind meanders down some path or other.

In mindfulness language, this tendency of the mind to wander is referred to as *autopilot*, because the mind automatically starts to think about the past or the future. Most of the time, you don't make a conscious decision to think about something; your mind goes there on its own. Autopilot isn't good or bad; it's just how the mind works. However, many of these automatic thinking patterns can be less than helpful. An example that may be familiar to you is having repetitive thoughts that are excessively self-critical. Another unhelpful thinking pattern is spending hours turning something over and over in your mind when you are upset. You can be carried away by these thoughts without even realizing it.

Autopilot thinking patterns are often associated with unpleasant emotions, such as sadness, anger, or anxiety. Most importantly, these patterns have been shown to intensify mood symptoms and to contribute to anxiety, stress, and depression. The good news is that there is a solution for the problem of autopilot. It is called mindfulness meditation. That is what this book is about.

Mindfulness is a type of meditation during which you focus your attention on the present moment. As best you can, you keep your awareness on the sights, sounds, and physical sensations that are occurring right now—in this very moment. This is in contrast to autopilot, which is always fixated on the past or future. When practicing mindfulness, you experience thoughts and emotions, but instead of being carried away by the never-ending torrent of cognitions and feelings that can flood your mind, you experience your thoughts and emotions as an observer. By developing a mindfulness practice, you can spend more time with your attention in the present moment, just watching the deluge.

Mindfulness Meditation Practice for Bipolar Disorder

Living our lives more mindfully has many benefits. This is true for everyone, but a mindfulness practice can be especially helpful for the symptoms of bipolar disorder.

As you know, bipolar disorder causes episodes of both depression and mania. Symptoms of a depressed mood include sadness, the inability to experience pleasure, negative thinking, and disturbances of sleep and appetite. In contrast, mania involves excessively happy or irritable mood, high energy, rapid speech, and out-of-character behaviors. Those with bipolar disorder often also experience anxiety (an excessive or inappropriate fear response), irritability, and negative thinking. Bipolar disorder also can cause unreasonable beliefs about the self. Finally, because of bipolar disorder, you may find it difficult to experience joy and satisfaction in your life. A mindfulness

meditation practice can help you manage these symptoms and be happier.

Your Eight-Step Mindfulness Recovery Plan

This book provides an eight-step mindfulness recovery plan to help you manage the symptoms of bipolar disorder and lead a more joyful and satisfying life. Part 1 explains how mindfulness can help you. Part 2 of this book provides the steps you can take to develop your own mindfulness practice. Here is a preview.

STEP 1: YOUR DAILY MEDITATION PRACTICE

Sitting meditation is the foundation of a mindfulness practice. In chapter 4, you will start your bipolar recovery plan by learning how to practice sitting meditation on a daily basis.

STEP 2: TARGETING BIPOLAR DEPRESSION

Autopilot thinking patterns often bring on or worsen bipolar depression. Sometimes negative thinking patterns lead to feelings of depression, or it can be the other way around: feeling sad can bring on autopilot. Either way, autopilot thinking patterns and symptoms of depression almost always end up in a vicious cycle with each making the other worse. The solution is to move into a mental state of mindful awareness of the present moment. In chapter 5, you will learn to use a short meditation, the mindful minute, to move out of autopilot and into mindfulness when you are feeling depressed.

STEP 3: CALMING THE ANXIETY OF BIPOLAR DISORDER

You experience anxiety when your fear response is malfunctioning. Either you feel anxious for no reason (an out-of-the-blue attack of panic) or your response to a given situation is greater than the situation deserves (you may experience excessive worry and anxiety in response to stress). The brain's autopilot thinking response to anxiety almost always makes it worse. Chapter 6 will teach you to sit in meditation with anxiety and let it fade away.

STEP 4: OBSERVING YOUR THINKING PATTERNS

People with bipolar disorder tend to think negatively about life in general and about themselves in particular, and these automatic thinking patterns can increase depression and anxiety. In chapter 7, you will learn to become more skillful at being a mindful observer of your negative thoughts about life and yourself. In meditation, you can stay in the moment and watch your thoughts come and go like clouds in the sky. As you watch your thoughts, you can see how they are often irrational and illogical. Watching them gives you distance from them.

STEP 5: WORKING WITH BIPOLAR MANIA AND DESIRE

One of the most troublesome symptoms of mania is intense desire. This can lead to out-of-control character behaviors, such as excessive shopping, substance use, and sexual promiscuity. Chapter 8 builds upon previous chapters and extends your mindfulness practice to being present with desire. Rather than feel the need to act on cravings, you can learn how to watch these feelings as they come and go. However, getting to this point takes considerable practice.

STEP 6: MANAGING IRRITABILITY AND ANGER

Irritability and anger are common symptoms of bipolar disorder and can occur during either

depression or mania. Of course, feeling frustrated and upset from time to time is normal, but as with excessive desire, too much irritability can cause problems in your life. In chapter 9, you will learn how to use mindfulness to manage anger and irritability.

STEP 7: RETHINKING YOUR BIPOLAR SELF

You may be overly self-critical during depression and have an inflated sense of self during mania. Chapter 10 will help you develop a new relationship with your thoughts about yourself. You will discover through mindful awareness that you are perfect in each moment and that there is nothing that you need to fix or change.

STEP 8: BEING BIPOLAR AND HAPPY

Autopilot thinking can mislead you into believing that happiness is based upon external circumstances—that you'll be happy when you get this or that (new car, new phone), when something good or other happens (you get a raise at work, go on vacation), or maybe when you get rid of something bad that you have but don't want (a debt, a conflict with your partner). Mindfulness teaches you that the mind is never satisfied. Nothing you can get (or get rid of) will make you happy. Chapter 11 will show you how true joy and happiness exist in each and every moment—right now—rather than at some point in the future. By learning to stay in the present moment, you become able to see and experience the joy that was there all along.

How to Use This Book

The chapters in this book are meant to build on each other, so you should read them in order, starting with chapter 1. Part 1 helps you prepare for the mindfulness practices that you'll begin in part 2. Chapter 1 explains how mindfulness can help those with bipolar disorder and includes a review of the evidence for the effectiveness of mindfulness-based interventions. Chapter 2 covers the neuroscience underlying bipolar disorder and underlying mindfulness. Chapter 3 covers some basic concepts of mindfulness meditation, including the need for self-compassion.

In part 2, it's important to do all the meditation exercises, practicing them as well as you can. An appendix provides some other meditations that you may want to try. In addition, you may find guided meditations to be helpful, especially as you first start to practice mindfulness. Therefore, guided audio versions of all the meditations in part 2—and of two meditations in the appendix—are available for you to download at <http://www.newharbinger.com/31854>. (See the very end of this book for more information.)

This book is based on my experience teaching mindfulness to individuals with bipolar disorder as well as on my personal meditation practice. In most chapters, you'll find stories about real people with bipolar disorder who are using mindfulness to live well with it. These stories come from my work as a psychiatrist and mindfulness teacher, and I hope you'll find them inspiring as well as instructive. The stories are all true, but details have been extensively changed so that no story represents an actual person.

This book is also based upon research. A reference list at the end includes all the cited sources, which you can use for further information on any given topic. I've also included a list of suggested reading material and a glossary of important terms.

You may have already taken or be planning to take an in-person mindfulness class. If so, this book will complement what you learn. Taking a class is a great idea, but you also can use this book without a class. It will provide you with everything you need to develop a mindfulness practice. You also may

want to consider joining fellow mindfulness practitioners online for support and information
<http://www.WilliamRMarchandMD.com>.

What You Can Expect

Mindfulness is a powerful tool. However, it is important to have realistic expectations about it. Your meditation practice won't cure bipolar disorder or keep you from ever having episodes of depression or mania. However, with mindfulness you can expect to have fewer episodes and you can expect the episodes that you do have to be less severe. By spending more time in mindful awareness and less time on autopilot, you also can experience more joy in your life.

This book and your mindfulness meditation practice are not intended to replace any of your other treatments, though your meditation practice may help your other treatments work better. In particular, mindfulness meditation can help you get more from psychotherapy. This is because psychotherapy is all about change. In order to change, it is necessary to first become fully aware of your own autopilot-driven thinking patterns and behaviors. Mindfulness helps you see these clearly in the moment as they occur. Importantly, you learn to observe these patterns and behaviors without self-judgment. Nonjudgmental awareness of how our minds work is the key to change.

Without exception, everyone who has completed one of my mindfulness classes has found it to be helpful. Many have found it to be life changing. But while mindfulness is a deceptively simple concept, being mindful is harder than it looks. It is a skill that anyone can learn, but it takes practice. What does this mean for you? If you want to add this tool to your recovery toolbox, it means practicing the methods in this book. You will have to practice meditation almost every day. Daily practice is best. That said, none of us ever practices as much as we want to. Just do the best you can and always have compassion for yourself.

Mindfulness is experiential. Reading this book is like reading a menu. Practicing meditation is like eating the meal. I am honored to take this nourishment with you. Let's get started.

GETTING READY TO PRACTICE MINDFULNESS

the missing piece in the bipolar puzzle

This chapter discusses how and why a mindfulness practice can help you live better with bipolar disorder. It opens with a brief review of the language of bipolar disorder. Before getting started, however, I want to acknowledge that you know more about bipolar disorder than I ever will. You live with it every day. My purpose is not to tell you all about bipolar disorder but rather to make sure that we are speaking the same language. Bipolar terminology can be complex and confusing, so this is a good place to begin.

Talking About Bipolar Disorder

You may have been diagnosed with a subtype of bipolar disorder. There are three primary diagnostic subtypes: bipolar I disorder, bipolar II disorder, and cyclothymic disorder (American Psychiatric Association 2013). There are additional diagnostic categories for bipolar symptoms that are due to another medical condition as well as other categories for bipolar symptoms that do not meet all of the diagnostic criteria for one of the three primary subtypes. Because there is more than one bipolar condition, the term *spectrum* is commonly used to refer to the entire group of bipolar disorders. The information provided in this book is for anyone with bipolar disorder, regardless of the specific type, and the words “bipolar disorder” and “bipolar spectrum” will be used interchangeably.

Bipolar Mood Episodes

Bipolar spectrum conditions are mood disorders. People with bipolar disorder experience two kinds of mood abnormalities: major depressive episodes and periods of mood elevations. In other words, people with bipolar disorder experience both poles of the mood spectrum. That’s where the term *bipolar* comes from. Table 1.1 lists the symptoms required for a diagnosis of a bipolar depressive episode. Episodes of mood elevations are called *manic episodes*, if severe, or *hypomanic episodes*, if milder. Table 1.2 lists the symptoms required for a diagnosis of a manic episode, and table 1.3 lists the symptoms required for a diagnosis of a hypomanic episode.

Table 1.1 Diagnostic Criteria for a Bipolar Depressive Episode

Five or more of the following symptoms must have been present for at least two weeks and include either depressed mood or loss of interest and pleasure; these symptoms must occur most of the day, nearly every day, and cause significant distress or impairment:

- Depressed mood
- Markedly diminished interest or pleasure in most activities
- Increased or decreased weight or appetite
- Increased sleep or insomnia

- Increased or decreased motor activity
-
- Fatigue or loss of energy
 - Feelings of worthlessness or excessive or inappropriate guilt
 - Diminished ability to think or concentrate, or indecisiveness
 - Recurrent thoughts of death or suicide (American Psychiatric Association 2013)

Table 1.2 Diagnostic Criteria for a Manic Episode

A manic episode is a period of abnormally elevated or irritable mood along with increased activity lasting at least one week (or any duration if symptoms are so serious that hospitalization is required). Psychotic symptoms may be present. Manic symptoms are present most of the day, nearly every day, and interfere with your ability to function. They must include three or more of the following symptoms—or four or more of these symptoms if your mood is irritable but not abnormally elevated—that represent a noticeable change from your usual behavior:

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative, or feeling pressure to keep talking
- Thoughts going faster than normal
- Distractibility
- Increased goal-directed activity
- Excessive involvement in pleasurable activities that have a high potential for painful consequences, such as buying sprees or sexual indiscretions (American Psychiatric Association 2013)

Table 1.3 Diagnostic Criteria for a Hypomanic Episode

A hypomanic episode is a period lasting at least four days of abnormally elevated or irritable mood along with increased activity, with symptoms present most of the day, nearly every day. Symptoms do not limit your ability to function, require hospitalization, or include psychosis, but they represent a clear change in behavior from normal and are obvious to friends and family.

They must include three or more of the following symptoms—or four or more if your mood is irritable but not abnormally elevated—that represent a noticeable change from your usual behavior:

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative, or feeling pressure to keep talking

- Thoughts going faster than normal
-
- Distractibility
 - Increased goal-directed activity
 - Excessive involvement in pleasurable activities that have a high potential for painful consequences, such as buying sprees or sexual indiscretions (American Psychiatric Association 2013)

Bipolar Subtypes

For a diagnosis of bipolar I disorder, you must have had at least one manic episode. Almost everyone diagnosed with bipolar I disorder also experiences depressive episodes and hypomanic episodes, and many people with bipolar I disorder often experience even milder mood elevations as well. In this book, *mood elevations* is a general term referring to episodes of manic or hypomanic symptoms, as well as to episodes that are even milder.

A diagnosis of bipolar II disorder requires at least one episode of major depression and at least one hypomanic episode, but manic episodes are not part of the picture. If you were diagnosed with bipolar II disorder and then experienced a manic episode, your diagnosis would change to bipolar I.

Cyclothymic disorder is when there are episodes of mood elevations that do not meet the full criteria for a hypomanic or a manic episode, and there are periods of depression that do not meet the full criteria for a major depressive episode. Additionally, to meet the diagnostic criteria for cyclothymic disorder, the mood episodes must be numerous over a two-year period for adults or over one year for children and adolescents. Table 1.4 lists the diagnostic criteria for major depressive disorder, bipolar I disorder, bipolar II disorder, and cyclothymic disorder.

Table 1.4 Diagnostic Criteria for Mood Disorders

Disorder	Required	May also have	May not have
Major depressive disorder	Major depressive episode	Mild depressive episodes	Manic or hypomanic episodes
Bipolar I disorder	Manic episode	Depression and hypomania	N/A
Bipolar II disorder	Major depression and hypomania	Mild depressive episodes	Manic episodes
Cyclothymic disorder	Mild episodes of depression and mood elevations	N/A	Major depressive, manic, or hypomanic episodes

Bipolar Disorder over Time

Bipolar disorder is considered a chronic condition. Chronic means that it is long lasting. Many other medical conditions are chronic, such as diabetes, high blood pressure, and heart disease. Like most other chronic conditions, bipolar disorder is considered a lifelong illness. Once someone gets this condition, it does not go away on its own, and it requires long-term treatment. Unfortunately, there is currently no cure for bipolar disorder. Therefore, the aim of treatment is remission of symptoms. In other words, the goal is to get rid of any current mood symptoms and then to prevent relapse.

This chapter will describe conventional treatments for bipolar disorder and then introduce the benefits of adding a mindfulness practice to your treatment program, as a client named Eve did. Her story will help to illustrate the challenges of diagnosing and treating bipolar disorder.

Eve's Story

Eve has bipolar II disorder. Her first episode, at age seventeen, was a major depressive episode. This episode was severe and caused significant impairment. Before becoming depressed, she had

~~been an honors student and a star player on her high school volleyball team. Once she became depressed, her grades suffered, and she quit the volleyball team. She no longer had much energy or motivation to do anything, she slept too much, she lost her ability to experience pleasure, and her mood was profoundly low. She ultimately attempted suicide and was subsequently hospitalized.~~

Eve's depression was rapidly followed by several hypomanic episodes, and she was diagnosed with bipolar II when she was eighteen. Since then, Eve has never had a mood elevation that meets the criteria for a manic episode, which is why her diagnosis has remained bipolar II. Eve also has milder mood episodes, which could give the appearance of cyclothymic disorder. The difference is that Eve has had at least one episode that meets the criteria for a full mood episode.

Today, Eve is forty and experiences very good control of her symptoms. She has only short mild episodes of depression and has not had a mood elevation for several years. Her depressive episodes usually last a few days at most and come on only every few months. However, this was not always true. Like many people with bipolar illness, Eve did not respond to the first medications that she tried. Over the first few years of her treatment, she continued to have several episodes of major depression that would last a month or more, and she also had several hypomanic episodes each year. For Eve, the difficulty was finding a treatment approach that was effective at preventing relapse. What eventually worked for her was taking a mood stabilizer to control her current symptoms, and using psychotherapy as well as mindfulness to help prevent depressive episodes. Fortunately, Eve and her mental health care providers were eventually able to find this combination of medication and nonmedical treatments, which has helped Eve reach a place where she can live well with her disorder.

Eve's experience of bipolar disorder is not unusual. Diagnosis as well as treatment can be a challenge. It may take time and some experimentation in treatment to find out what works best.

Conventional Treatments for Bipolar Disorder

Bipolar spectrum disorders are conventionally treated with medications and psychotherapy. For bipolar I disorder, medication is considered to be required. Those with bipolar II disorder also typically require medication as a component of their treatment. There is less research available to guide the treatment of cyclothymic disorder.

Medication Treatment of Bipolar Spectrum Symptoms

Bipolar disorder frequently requires the use of more than one medication, which is sometimes called *combination therapy*—as opposed to *monotherapy*, when only one medication is needed.

Three categories of medications are effective for the treatment of mania or hypomania: anticonvulsants, lithium, and antipsychotics (Goodwin 2009). These medications are often called *mood stabilizers*. Anticonvulsants were originally developed to treat epilepsy, but two of these, valproate and carbamazepine, are effective for mania. There are two general categories of antipsychotics, first-generation agents and second-generation agents (SGAs). While both are effective for mood elevations, only SGAs are typically used in the United States to treat bipolar disorder.

For someone with severe manic symptoms, treatment might start with lithium, valproate, or an SGA. An SGA is typically used if psychotic symptoms (hallucinations or delusions) are present. The

is some evidence that combining SGAs with other mood stabilizers is the most effective treatment for mania (Scherk, Pajonk, and Leucht 2007), so two medications may be used for severe symptoms or there is an incomplete response to one medication. For milder mania, monotherapy is more common.

Bipolar depression is treated differently from unipolar depression. Antidepressants are the primary treatment for unipolar depression, whereas some research suggests that using antidepressants alone for bipolar depression can bring on mood elevations or cause more frequent shifts, or *cycling*, between mania and depression (Vazquez, Tondo, and Baldessarini 2011; Pacchiarotti et al. 2011). Because of this, most experts recommend against treating bipolar depression with antidepressants alone. Some research suggests that antidepressants can be safely used in combination with a mood stabilizer, but the effectiveness of antidepressants for bipolar depression has been questioned (Nivoli et al. 2011) and many experts recommend mood stabilizers as the primary treatment (Grunze et al. 2010; Yatham et al. 2009).

Finding the right medication often takes time. For example, Eve was initially treated with antidepressants alone and then continued on antidepressants in combination with a mood stabilizer. In retrospect, it seems likely that antidepressants were causing her to cycle and have frequent relapses.

Psychotherapy for Bipolar Disorder

Psychological approaches to bipolar treatment play an important role, and research indicates that adding psychotherapy to medication enhances the symptomatic and functional outcomes of bipolar disorder (Miklowitz 2008). Interpersonal and social rhythm therapy, cognitive therapy, interpersonal therapy, and family-focused therapy have all been recommended as adjunctive treatments for depression; however, there is currently no evidence to suggest that any psychotherapy strategy is effective for mania (Goodwin 2009). Further, many people experiencing mania (unless it's very mild) will most likely be unable to participate in psychotherapy. Cognitive therapy is one of the most commonly used psychotherapies for depression, and its aim is to change thinking patterns that are illogical and unhelpful.

A mindfulness practice can help you achieve benefits from cognitive therapy as well as other psychotherapies. Eve found that her mindfulness practice helped her recognize some thinking patterns that had become a habit for her and were making her symptoms worse. Since mindfulness facilitates uncritical acceptance, she was able to recognize these autopilot thinking patterns and to avoid being critical of herself for having them.

The bottom line is that while effective conventional treatments are available, the treatment of bipolar spectrum disorders is challenging. In particular, bipolar depression often does not respond well to treatment (Sienaert et al. 2013). Traditional psychiatric medication and psychotherapy approaches are not enough. That's where a mindfulness practice can come in. While practicing mindfulness cannot replace any of these treatments, it can help.

Mindfulness and Meditation for Bipolar Disorder

Developing a mindfulness meditation practice takes time and effort, but it is time and effort well spent. A number of investigations have looked specifically at whether mindfulness may be helpful for those with bipolar disorder. The answer is yes, it can. One study indicated that mindfulness could be used effectively by individuals with bipolar spectrum illness (Weber et al. 2010). Other studies have shown improvement in depression (Deckersbach et al. 2012), anxiety (Perich et al. 2013), and emotional regulation and thinking ability (Ives-Deliperi et al. 2013; Deckersbach et al. 2012).

Mindfulness also can help reduce negative mood states, help you to relate differently to negative thoughts, and reduce the impact of mood episodes (Chadwick et al. 2011). Finally, there is evidence for increased psychological well-being, positive mood, and psychosocial functioning (Deckersbach et al. 2012).

Many studies of other conditions also show that mindfulness is helpful for the symptoms of bipolar disorder. Much of this research involves two mindfulness-based programs that were developed for clinical use. The first of these, mindfulness-based stress reduction (MBSR), was developed by Dr. Jon Kabat-Zinn (2013) at the University of Massachusetts Medical Center as a secular method to utilize Buddhist mindfulness meditation in mainstream clinical practice. MBSR includes education about stress and ways to cope with it. The mindfulness component includes sitting meditation, a body scan (sequentially focusing on sensations of specific body parts), and yoga. MBSR also involves the cultivation of a number of attitudes, including becoming an impartial witness to your own experience, acceptance of things as they actually are in the present moment, and watching your thoughts come and go (Kabat-Zinn 2013).

Mindfulness-based cognitive therapy (MBCT) was developed by Zindel Segal, Mark Williams, and John Teasdale (2002). MBCT is based upon MBSR and combines the principles of cognitive psychotherapy with those of mindfulness. MBCT also uses secular mindfulness techniques and teaches recognition of and disengagement from patterns of ruminative negative thinking that contribute to mood and anxiety symptoms. Some of what you will learn in this book is drawn from MBSR and MBCT.

How Mindfulness Can Help

You can reasonably expect that mindfulness will help you live with bipolar disorder. This book specifically targets these bipolar symptoms: depression, anxiety, negative thinking patterns, impulsive behaviors, irritability and anger, and poor self-concept. Here's some additional evidence for how it works.

REDUCING BIPOLAR DEPRESSION

Depression typically causes much more distress than mania, so reducing depression can have a very positive impact on your life. (See table 1.1 for common symptoms of depression.) The mindfulness methods that you will learn in this book draw on those used in MBSR and MBCT but are modified here to address bipolar disorder. The evidence supporting this approach comes from studies indicating that MBCT, which was specifically developed for depression, can help reduce current symptoms (Van Aalderen et al. 2012) and prevent recurrence (Segal et al. 2010). There is also strong evidence that MBSR works for depression (Goldin and Gross 2010). Chapter 5 uses mindfulness techniques to specifically target bipolar depression.

MANAGING ANXIETY

Most people with bipolar disorder experience anxiety. Many studies have shown that mindfulness can reduce anxiety (Vollestad, Sivertsen, and Nielsen 2011). Chapter 6 will teach you how to use mindfulness to manage your anxiety.

ADDRESSING BIPOLAR THINKING PATTERNS

Chapter 7 tackles the problem of ruminative thinking, which contributes to depression, anxiety, irritability, and low self-esteem. A number of studies have shown that a mindfulness practice leads to

less ruminative thinking (Campbell et al. 2012).

CHECKING IMPULSIVE BEHAVIORS

Mania and hypomania (see tables 1.2 and 1.3) may cause an intense desire for pleasurable activities and lead to impulsive behaviors, such as spending sprees, substance use, and sexual indiscretions, without regard for the consequences of your actions. Chapter 8 will help you use mindfulness to be present with desire without needing to take action to satisfy it.

DECREASING IRRITABILITY AND ANGER

Excessive irritability is a common bipolar symptom associated with both depression and mania. Mindfulness has been shown to reduce emotional reactivity (Goldin and Gross 2010) and thus decrease the tendency to respond to situations with intense anger. Chapter 9 will show you how to experience less irritability.

IMPROVING YOUR SELF-CONCEPT

Chapter 10 targets how you think about yourself. Most people with bipolar disorder have self-critical and self-deprecating thinking patterns. You will learn how to break out of this thinking rut and realize that, in each moment, you are perfect just as you are.

Finding Happiness and Joy

Mindfulness is also about finding happiness and joy in being bipolar. You can expect to do this, too. The final chapter of this book is dedicated to helping you discover the delight of being fully present with your life, moment by moment and breath by breath.

Like many people with bipolar disorder, you may believe that it's impossible to experience true happiness. Through mindfulness, however, you will come to see how limiting that belief is; you will discover that it just isn't true. Of course, bipolar disorder isn't easy to live with, but you can experience as much enjoyment and pleasure in your life as anyone else.

What's Next?

Chapter 2 will discuss the neuroscience of bipolar disorder and show how you can use mindfulness to rewire your brain. Chapter 3 will provide everything you need to know about the practice of mindfulness and meditation. With that background, you can start on your eight-step mindfulness recovery plan, which is covered in part 2.

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