



SALEM Digest

Autumn 2005 • Topics of interest to friends of Salem Christian Mental Health Association

Bipolar Disorder: A Road Best Traveled with Others

June Zwier

There are two ways of telling a story or bringing an idea forward. When we read material that is written by “experts” and “scholars” we might think it interesting and informative but it does not really reach us at times; it reads like a textbook.

On the other hand, we often remember the contents and meaning of stories told to us by friends or relatives, perhaps around a fire, and these stories become part of the way we see the world and understand it. This approach to educating others is narrative.

June Zwier has done an excellent job of putting together the experiences of people; describing the events of their lives. In reading this narrative we are reminded that an illness is not just a label and people are not illnesses. We are reminded that there are people with very real and sometimes very challenging experiences who need our understanding, care and support. Thank you all for bringing your experiences to light.

Steve Rolfe
Homestead Christian Care



Imagine one day feeling euphoric, excessively happy with grand ideas and feeling like the world is your oyster, that you are invincible and haven't a care in the world. So much so, that you irrationally spend all of your savings in one day, and try to convince yourself that your unrealistically huge ideas are the wave of the future and will one day make you famous.

From here, you become extremely irritable, you don't sleep for days; starting many new projects but not finishing them, you can't stop your racing thoughts or talking loud and fast continuously for days, and all this extra energy with no sleep leads to reckless behaviours and decisions. You may even start hearing and seeing things that aren't there and may end up in the hospital.

Then you plummet into a deep depression. Now you can't get out of bed. You lose interest in every-

thing, have no energy or motivation, experience changes in appetite, develop digestive problems and headaches, have trouble concentrating on anything, withdraw from everyone around you, and feel worthless, inadequate and hopeless, maybe even suicidal, feeling life is not worth living or is simply too much of a struggle.

What I just described to you is an example of an episode that someone with bipolar disorder (also known as manic-depression) might go through. Christie says, “I can't stop my behaviour—things are not at all what they seem. I don't know what's real and what's not, so I have no regard to consequences and can't stop my impulses. For me, I had an extreme interest in sex—a desire to seduce or be seduced and a desperate need for attention. I was fixated on certain things and out of control.”

Karen remembers feeling “super strength and feeling no pain, existing on 2-3 hours of sleep a night. Your mind races and it feels as if you have super powers. It doesn't matter what's in your way, no one can touch you.”

Both said there is a positive side to the mania. “You feel great—it's such a relief from the depression. I could accomplish things and felt like I was floating. I felt super happy and very good about myself.” The highs, however, often swing out of control and then the decisions made or behaviour displayed (if remembered) often make the

continued on page 2

Director's Corner

Mark Vander Vennen,
MA, MEd, RSW

Dear Friends,

Wouldn't it be something if churches acted as the hosts of the reconciliation processes that take place in their local communities?

That question has captured the imagination of Salem's Board of Directors—so much so that the Board has approved a two-year pilot project to explore its implications.

Over the next two years, Salem will jointly train and support church host volunteers in three areas of Ontario—Halton Region, Simcoe County and Durham Region—to serve as the “hosts” of restorative justice conferences. You may have heard of restorative justice (or restorative practices): it's a structured process whereby someone who has hurt another person is able to repair the harm and make amends to the satisfaction of the victim and the others involved. Teaming up with the Ontario Multifaith Council on Spiritual and Religious Care, a provincial organization of chaplains which, since its inception, has had significant participation by the Christian Reformed Church, the project aims to help kick-start restorative justice conferencing in those three areas of Ontario.

The “church host” concept was developed by Rev. Bruce Schenk, a Lutheran chaplain who now serves as the lead on the

continued on page 4

“
**Taking a
pill is
not going to
solve the
problem
but it
should enable
you to
begin to
work on
it.**
”

SALEM Digest

Vol. 22, No. 2
Autumn 2005

Editor

Judy Cook

Layout & Design

Marian den Boer

SALEM Digest

is a publication
of Salem
Christian
Mental Health
Association, a
non-profit,
charitable
organization.
RN 13056 6011 RR
0001

1 Young St.
Suite 512
Hamilton, ON
L8N 1T8
Telephone:
(905)528-0353
(866)347-0041
Fax:
(905)528-3562
Web:
www.salem.on.ca

Bipolar Disorder

continued from page 1



person feel ashamed or embarrassed, which can worsen the depression that usually follows. Suicidal thoughts are common and suicidal attempts often occur (15% of people with bipolar disorder actually die by suicide).

Getting the diagnosis of bipolar is actually a relief for many as they go through a terrible struggle to get there. Ellen found the diagnosis provided “relief and uncertainty—relief because it meant I'm not just inherently bad and uncertainty due to not knowing what could be done.” Christie “had a feeling I was bipolar but the doctors always said I was depressed. I felt depressed already in high school but didn't go for help because I was so afraid. The bipolar diagnosis finally explained some of my behaviours and symptoms.”

The diagnosis is only the beginning and is helpful only to explain what is taking place. In reality much is left to the individuals and their families to research, discover and seek out. Ron (Ellen's husband) said, “At first it seemed like an answer to an everlasting problem. Now we had a reason. You start off with hope that with corrective measures and treatment we could have a normal life. But what is on paper and in the books is only their (medical professionals') perspective. We had no idea what it really meant for us until we researched it. People need to hear the hard facts about personal responsibility:

persons and families themselves have to do the work. Diagnosis helps you understand but it doesn't change anything until you do something about it.”

Ellen agreed that you have to be pro-active. “I received too much feedback that made me think I was a victim and it's easy to fall into the victim role; but if you don't take responsibility you won't get better.”

Carolyn's mom said the same thing. When her daughter was diagnosed nine years ago she had to educate herself, which included detailed research and data about the diagnosis, medication and healthcare options available. She became her daughter's powerful and unstoppable advocate until Carolyn was able to take on more responsibility to help herself.

Christie, who was diagnosed just recently, said “At first, hospitalization was helpful as it took away responsibility and stressors, but I also tried to take advantage of whatever support was offered including the medication and follow-up day treatment program.”

Ron said, “You need to think outside the box and not just wait for the professionals as there is no set pattern or step-by-step process with bipolar.” For Ellen, “being pro-active is easier said than done. It may mean giving up some of your perceived individual rights such as financial and social decision making. To be healthy you need to become an expert on risk management. All areas of your daily life such as eating, drinking, sleeping, working, have to be assessed.”

What was not helpful in

Christie's experience was "people not understanding that the illness takes over so they were putting me down and blaming me." For Ron a major frustration was the time element. "It might take three months to get an answer to a question, or to wait for paperwork, or to figure out the next step forward. The professionals don't seem to understand the whole family is living with this illness."

Equally frustrating is trying to figure out the mental health system—"the hospital emergency procedures, personal rights of the patient, privacy and confidentiality laws that play havoc on the mind and exclude the family or spouse."

Ellen agreed, "The mental health legalities are not easy to understand and families have to educate themselves about their rights. It was also up to us to bring all the pieces together as the mental health system is not a cohesive unit. We were not told about many resources available and too much follow-up is left to the patient. We also need to understand that mental illness doesn't exist in a vacuum—there are social, environmental, psychological, and other factors. Taking a pill is not going to solve the problem but it should enable you to begin to work on it. There are no magic pills and meds alone aren't going to do it."

In the end all agreed there

is hope and they willingly shared things that were helpful. Karen remembers how her church helped with her children when she went through a bad episode and was not able to function. "Friends in Christ took my children so they were always in loving Christian homes. People never took my illness out on my children."

For Christie, "consistent support is important so I don't always have to retell my story, as well as being treated gently and with compassion. This only comes with some education about the illness and then realizing I'm doing the best I can to cope."

Ron found the church helpful when "in the times of crisis, meals, child care, etc. were provided. Our community is very good and people ask how they can help. But because bipolar is long-term, support goes down over time." He totally agrees that "pills are not the only answer but there's a lot of baggage to work through and choices to be made. You hope it will continually get better but need to expect that crap is going to happen and accept it as something you are willing to live with. There is definitely stress on the family and it's not a rosy picture but you made a commitment. She is still the

continued on page 4



Facts and Figures

- o Bipolar Disorder affects approximately 1% of the adult population
- o Initial episodes usually occur before the age of 35
- o Bipolar affects men and women equally
- o The mood swings do not only affect mood but also how people think, behave, and function

Recommended Resources

- o New Hope for People with Bipolar Disorder, *J. Fawcett, B. Golden, N. Rosenfeld, Three Rivers Press, 2000*
- o An Unquiet Mind, *K.R. Jamison, Vintage, 1997*
- o Surviving Manic Depression, *E. Fuller Torrey, Michael Knable, Basic Books, 2002*
- o Mood Disorders Association of Ontario (MOAO), www.moaddisorders.on.ca
- o Canadian Mental Health Association, (CMHA), www.cmha.ca
- o Centre for Addiction and Mental Health, www.camh.net
- o For Report on Mental Illness access: www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html
- o All Together Now, a handbook by Health Canada, access: <http://www.phac-aspc.gc.ca/mh-sm/mentalhealth/mhnp/pdf/together.pdf>

Classis Quinte Mental Health Initiative

To help congregations provide a supportive Christian community to address the needs of those with mental illness and their families

Sponsored by the Christian Reformed Churches between Ajax and Kingston and Salem Christian Mental Health Association

For more information contact:

June Zwier (905)623-9901
junezwier@sympatico.ca
 Winnie Visser (905)373-4050
winnievisser@netscape.net

Bipolar Disorder

continued from page 3



person I chose to marry and although we didn't expect this, life has ebbs and flows. There are reasons to separate but a whole lot of reasons to stay."

Ellen found it helpful "to pull together a diverse health team, including a competent psychiatrist, literate M.D. and some counselling and community services such as

Salem, VON and COPE."

"Initially, knowing people are praying for you is nice but depending on your mental state prayer may not be helpful. Biochemically at times you are unable to process the idea of spirituality. But as you reach more consistent stability, spirituality becomes a key component to health."

"With education and support, bipolar is not such a traumatic mystery—it becomes like any other illness that requires periodic medical attention. But to get there,

people need to talk more about this even with their own families. We know more now about the illness and my hope is that people won't be quiet. My most encouraging experience is that people want to learn but I have to be willing to be open and then they ask questions."

My concluding comment comes from Ellen. "I am happy the church is making an effort to have this issue brought forward and I hope we continue to so that in my children's generation there won't be the stigma anymore."

Special thanks for their contributions to this article go to Carolyn Watters, Karen Reitsma, "Christie" and Ron and Ellen Kuipers who really provided the content for this article. I only hope I have shared your words and wisdom well.

June Zwier, M.Div.

June is a therapist and Program Developer at Salem Christian Mental Health Association. June has a passion for seeing churches become more



supportive communities around mental health needs. Previously, she worked for the Canadian Mental Health Association in which she was responsible for developing a clubhouse which is a supportive community environment for people with mental illness. June is a member of the Ontario Association of Marriage and Family Therapy.

Director's Corner

continued from page 2

Ontario government's implementation team for restorative justice under the new Youth Criminal Justice Act. Bruce presented to Salem's Board last Fall, and the pilot project was approved in the Spring of 2005.

Why am I so excited about this project, and how does it connect with Salem's "mental health" mission? So often in therapy clients are dealing with the unresolved after-effects of past wrongdoing, harm and violence. The violations may have occurred years, even decades earlier, but they continue to have a devastating impact on people's lives. Wouldn't it be better, where possible, to repair the harm when it occurs? More and more therapists are therefore embracing restorative justice or practices as the "therapy of choice" in many such situations. In fact, the inclusion of restorative practices is

now becoming a leading growth edge in the field of mental health.

Finally, in June, 2005, after two years of study, the Synod of the Christian Reformed Church of

Restorative justice is a structured process whereby someone who has hurt another person is able to repair the harm and make amends to the satisfaction of the victim and the others involved.

North America concluded that "restorative justice is based on biblical principles of reconciliation, accountability, forgiveness, and healing" and strongly "encouraged churches and leaders to preach, teach and embody concepts of restorative justice" (the report is available at <http://www.crcna.org/>

[whatweoffer/resources/synodical/downloads/2005_Report_justice.pdf](http://www.crcna.org/whatweoffer/resources/synodical/downloads/2005_Report_justice.pdf)). If you're interested in being a church host volunteer in restorative justice, or in having your church serve in this way, I'd love to hear from you (markvv@saalem.on.ca or 1-866-347-0041).

The church host restorative practices pilot project is just one area that Salem's Board is testing out for possible future activity. Check out next Spring's *Digest* for a more complete description of them all!

The apostle Paul tells us that we have been given "the ministry of reconciliation" (2 Cor. 5:18). May God bless you in all of the reconciliation efforts that you already undertake, and please pray for Salem's clients as they work through the often agonizing process of bringing resolution to past hurts and wrongs!