

ON COUNSELLING THE MANIC DEPRESSIVE

INTRODUCTION

This paper attempts to provide a theological and spiritual basis for Christian ministry to the manic depressive. It should be read alongside "How to Survive as a Manic Depressive" which sets out five principles which if followed should allow the manic depressive to recover a purposeful, stable life. These are

- (1) Medication
- (2) Support group
- (3) Creativity
- (4) Structure
- (5) Journal time.

To these I would now add

- (6) Self-knowledge.

Both papers take as their starting point the belief that ministry to the unstable *must* be couched in neutral, non-religious language at least *until the sufferer indicates to the contrary*. We should not preach to the sufferer any more than we would to the starving - there is a more immediate task to hand, the relief of suffering. Whatever our ultimate goals, this has to come first. The sufferer will have beliefs of one kind or another of his or her own. He may be someone for whom the very mention of Christianity will be a trigger point. Now is not the time to come into conflict. Instead what we do is to point him down a road which if followed will lead him to the waiting, healing God in whose image he was made. Our hope is that the principles we recommend will work because although not religious in expression they are actually founded on good Christian teaching like the house built upon the rock.

I would emphasise therefore, if your immediate goal in ministering to the manic depressive is evangelistic in the conventional sense, this paper and perhaps even this work are not for you.

WHAT IS MANIC DEPRESSION?

Manic depression is a psychotic condition arising from a chemical imbalance in the brain through which the sufferer can experience very rapid swings of mood between the highest peaks of elation and the blackest depths of depression. There is at present no cure for it but in many cases it can be successfully contained by medication such as lithium carbonate, rather as diabetes may be contained but not cured by insulin. Electro-Convulsant Therapy (ECT) is also used, controversially, to treat it and with varying degrees of success.

Between the extremes there is a midway, "normal" state in which a measure of stability returns and this is what psychiatry seeks to achieve. This is the state in which the sufferer is most likely to seek counsel and also to listen to it.

The counsellor who is serious in his or her desire to understand what life is like for the manic depressive should consider enrolling in MDF The BiPolar Organisation. This is not a religious body but publishes an excellent quarterly magazine, "Pendulum" which I strongly recommend. (MDF welcome carers as well as sufferers as members.)

THE SIX PRINCIPLES

I want now to look at each of the six principles in turn in order to suggest a scriptural basis or parallel for each.

1. Medication

When Jesus healed lepers he expressly made them subject to the medical authorities of his

day who were the priests (Matthew 8:4, Luke 17:14). He did not exempt them from their legal obligations. So under no circumstances at all, even after prayer for healing has taken place, must we encourage the sufferer to change or stop his medication without the full sanction of his doctor or psychiatrist.

2. Support Group

Jesus spent the better part of his public ministry training the twelve apostles whom he had chosen to be his successors. When he went through the ordeal of Gethsemane he singled out three of them to act as his support group in prayer. They let him down, but the principle remains : those who have suffering to endure need to surround themselves with as much love as they can find.

Imagine someone standing outside with a thick, heavy black cloud separating them from the sun. They can do nothing to penetrate it and consequently "walk in darkness". Such is depression. If they have one or more friends with mirrors who can stand outside the rim of the cloud, the friends can direct their mirrors so as to reflect the light of the sun inwards to the sufferer, who begins to enjoy light once more. Such is the role of the support group in love and in prayer.

3. Creativity

We encourage creativity and the use of beauty as a means of providing uplift, personal growth and a healthy thought life. The biblical pointer for this comes directly from St Paul:

"Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable - if anything is excellent or praiseworthy - think about such things." (Philippians 4:8 NIV)

4. Structure

We urge the sufferer to build structure and patterns of regularity into his life to act as tramlines which take a minimal amount of effort to follow when depressed. The most obvious parallel for such structure in scripture is the regular round of feasts and sacrifices laid down in Leviticus which undergirded the entire existence of the Old Testament Jewish people.

5. Journal Time

In "How to Survive..." I encouraged the sufferer to sit once or twice a day in quiet reflection and record his or her thoughts in a journal. Sitting in quiet reflection with or without a journal is itself a powerful healing process and for those who want it a springboard to prayer. The Bible calls it "waiting on God". Some find it helpful to use a candle or night light as a focus of attention, to draw sufferers out of themselves. The type of prayer used, if any, depends on the sufferer. Some will prefer something passive and unstructured. Others may benefit from the rich structure of a form of liturgy such as the daily office.

(Note : I can strongly recommend "Celebrating Common Prayer - A Version of The Daily Office SSF" (Mowbray, 1992).)

6. Self-knowledge

Self-knowledge is a principle bequeathed to us by the Greeks. It also lies close to the heart of most of the world's major faiths including Christianity in which seeking to know God and seeking to know oneself go hand in hand. The New Testament takes it for granted as a spiritual goal, drawing attention to it principally where it is lacking. For instance Jesus (in some manuscripts) says to James and John who had wanted to give the Samaritans a veritable blasting,

"You do not know what kind of spirit you are of" (Luke 9:55 NIV).

The story of Peter's denial has the very obvious moral that Jesus knew Peter better than Peter knew himself. St Paul, who commends self-knowledge, writes more frequently of its opposite, self-deceit:

On counselling the manic depressive

"Do not think of yourself more highly than you ought, but rather think of yourself with sober judgment, in accordance with the measure of faith God has given you" (Romans 12:3 NIV).

"If anyone thinks he is something when he is nothing, he deceives himself" (Galatians 6:3 NIV).

"Do not deceive yourselves. If any one of you thinks he is wise by the standards of this age, he should become a 'fool' so that he may become wise" (1 Corinthians 3:18 NIV).

"Therefore let anyone who thinks that he stands take heed lest he fall" (1 Corinthians 10:12 RSV).

Self-knowledge is one of the principal goals of psychotherapy.

There is much that the gentle and loving counsellor, shining the lamp of truth, can do to help the sufferer by enabling him more clearly to understand himself and his condition and by carrying him through the painful experience of self discovery, especially after a breakdown.

HELP

Where the sufferer is in a position to receive spiritual counsel there is a wealth of resources available both to him and indeed to the counsellor, even when ordinary prayer and bible reading are difficult or impossible.

For instance they may wear or carry a cross or crucifix for encouragement.

Or they may benefit like countless other Christians from reciting some form of the Jesus Prayer, that is,

"Lord Jesus Christ, Son of God, have mercy on me, a sinner".

This old meditation from the Orthodox Church on the Name of Jesus should be allowed to sink deep into the psyche, bringing healing into the unconscious.

Another common practice is to "put on the full armour of God" which St Paul lists in Ephesians 6:10-18, tailoring it to suit our needs. For instance we may take up or put on

the belt of truth to hold us together
the breastplate of righteousness to protect our heart
the shoes of the gospel of peace to direct our steps
the shield of faith to put out Satan's flaming arrows
the helmet of salvation to protect our thoughts
the sword of the Spirit to guard us in truth.

Sometimes the counsellor may discern that the disorder has echoes of genuine evil attached to it, in which case he must be very, very wary; fools rush in. One thing he can do before reaching for his exorcism manual is quietly to ask for angelic help. We know that the angels are there to help us (Hebrews 1:14). Jesus could have called on twelve legions of angels to save him from the cross but declined to do so (Matthew 26:53). St Michael in particular is held up before us in scripture as a mighty spiritual warrior and as the vanquisher of Satan (Daniel 10:13, Revelation 12:7-9). The following ancient prayer for his help used to be said after low mass and can bring support today :

"Holy Michael, Archangel, defend us in the day of battle; be our safeguard against the wickedness and snares of the devil. May God rebuke him, we humbly pray; and do thou, the Prince of the Heavenly Host, by the power of God, thrust down to hell Satan and all wicked spirits who wander through the world for the ruin of souls."

I myself (a Protestant) have found that saying the Hail Mary around the beads of the rosary to be enormously effective when at rock bottom and scarcely able to think.

On counselling the manic depressive

FOR THE EXTREMES

Most of the above has been written with the stabilised ("normal", centrally placed) manic depressive in mind. What can we do for those at either extreme, other than just pray?

The patient who is manic greatly needs to be listened to, as I have explained in "How You can Help a Friend Who is Manic". The deeply depressed need to experience our love, which we can demonstrate in various ways. The first is by simple touch - holding hands or stroking. Another is by reading to them. Or we can go for a walk together. Physical techniques such as massage, relaxing and reflexology can all bring a measure of relief. Unlike the manic, we must not expect the depressed to say very much. Look out for special treats. If they are bedridden, the gift of, say, a teddy bear will encourage self-love and remind them of our love after we have left. Whether they are manic or depressed, we can seek to lighten their load and that of their families by any means possible, even to the extent of opening our home to them. We will be rewarded.

"I was sick and you looked after me." (Matthew 25:36 NIV)

Remember however that the responsibility for bringing them out of the extremes back to normality rests with the psychiatrist, not the counsellor.

Martin Mosse, 17th July 1994.