

From Bipolar Disorder to *Bipolar in Order*

Summarized by Thomas T. Thomas

Tom Wootton, the speaker at our May 23 meeting, not only has bipolar symptoms but also hallucinations and delusions—symptoms shared with schizophrenia in a condition called schizo-affective disorder. He actually experienced his first bipolar crisis when he was nine years old, but he wasn't diagnosed until age 42. "That was like a death sentence for me," he said. "But it was also a revelation, because suddenly everything that had happened since the age of nine made sense."

Wootton's father was an expert in accelerated learning. Wootton himself, after spending years in a Southern California yoga monastery, had trained Silicon Valley employees in how the mind works. Spurred by his diagnosis, he attended bipolar and depression support groups, then invited people with the illness, their parents and families, and therapists to a retreat center that he owned. Wootton put his skills in training—and working with a team of specialists in fields as diverse as psychology, relationships, and spirituality—to develop a new way of looking at mental illness.



TOM WOOTTON

To date, he has written three books on the subject of managing, and ultimately obtaining self-mastery over, bipolar and other mental illnesses.¹ He and his team now offer training to therapists and doctors in these concepts, which have been certified by the California Board of Behavioral Sciences and are soon expected to be certified by the American Psychological Association.

Bipolar disorder has been linked to a chemical imbalance, Wootton said, but the question of *which* chemical remains controversial. Still, the brain does become imbalanced and disordered: whether triggered by external stimuli or internal thoughts and memories, the brain's synapses fire too fast, the brain becomes overwhelmed, and the person goes into crisis. The disorder centers around two poles.

In depression, the flood of signals overwhelms the person, creating mental and physical anguish. "It's a horrible experience," he said. "You get to a point where you wish you were dead—and 40% of us try. Your mental integrity is so compromised that you can't control it."

In manic episodes, the rush of signals creates rapid thoughts and delusions that at first overjoy and then so overwhelm the person that he or she can become a danger to him/herself and others. "That's when the people around you wish *you* were dead."

¹ See Bipolar Advantage (<http://www.bipolaradvantage.com/>).

But there are also positive aspects to these two poles. Depression can be a time of intense focus and productivity. Mania can be a time of inspiration and ideation.

The experience of bipolar disorder comes in three stages. The first is the crisis, whether occurring in depression or mania. “But the crisis stage ends fast,” Wootton said, “and you usually go into the managed stage.” There, with the help of medication and cognitive therapy, the person is able to cut off the highs and lows and live somewhere in the middle. But the experience of everyday life is still painful. “Without the highs and lows,” he said, “the person with bipolar can get bored, stop taking medication, and go back into crisis.”

In time, the person may be able to reduce his or her symptoms—as described in the Diagnostic and Statistical Manual (DSM), the standard classification of mental disorders—down to two or less, and so is considered to be in remission or recovery. But the largest study of bipolar disorder, undertaken by the National Institutes of Health in 2006, stated that best evidence suggests bipolar disorder remains recurrent, with more episodes of depression and fewer manias as the person gets older. “So, even in recovery, the person lives with fear of relapse.”

Wootton believes this paradigm—bipolar disorder as a permanent mental illness that must be overcome—is not working. The new paradigm he proposes in the Bipolar Advantage is “bipolar in order.” Using basic tools like cognitive therapy, sleep, and nutrition, plus more advanced tools that he and his team have developed, a person can step outside the narrow range of managed disorder and recovery, and broaden his or her levels of experience—partaking of the positive aspects of mania and depression—without losing control.

The process Wootton and his team developed also has three stages. The first is obtaining freedom from the paradigm that bipolar is a hopeless, lifelong disease.

The second stage is attaining stability in your approach to the condition. Stability is the characteristic of a well-tuned sports car like a Ferrari, so that it can whip around corners without sliding or overturning. In the old paradigm, he said, recovery is not stability, but more like parking the car in the garage.

The third stage is self-mastery. With it, the person knows what it means to be manic, depressed, or hallucinating. But those states are not making the person do things, because the person has control of them.

The new paradigm includes self-assessment and plans for dealing with each of six stages—the three stages of disorder, and then the three stages of bipolar in order. These assessments and plans are described in a 38-hour online course of readings and videos, which a person takes over eight weeks in 4-1/2 to 5 hour segments. The online course can also be supplemented with group, webinar, or personal therapy sessions.

While the DSM assesses bipolar symptoms and their duration simply to assign a diagnostic label, Bipolar Advantage goes deeper to give the person awareness and control of his or her condition. The assessment, which applies equally to mania and depression, examines and assigns percentage ranges for the intensity of the depression or mania; the person’s awareness and understanding of it; his or her level of functionality at high, low, and optimal intensities; personal and family members’ level of comfort with that intensity; and aspects of the experience that

the person can learn from and value. The process starts with questions exploring the most intense mania or depression the person has ever had and the least level of mania or depression of which he or she has been aware.

In the managed stage, the person has learned to recognize the onset of a manic or depressive episode and honed the skills for dealing with it. In the freedom stage, he or she learns to understand the best level of intensity for the situation—almost always just before he or she can recognize a developing episode—and how to keep it there. Then, with the aid of therapy and by manipulating medication dosages, the person in the stability stage learns to broaden the experience, approaching the edge of control and cycling back into stability. Finally, in the self-mastery stage, the person has come to understand what are his or her real, legitimate feelings and how to use them to advantage—such as using the focus of depression to increase productivity and the rapid thoughts of mania to increase creativity.

The process also involves a set of advanced tools. An inventory of behaviors helps the person decide how to deal with situations like frustration or confrontation and determine better options. Behavior is a reaction to what is going on. When frustrated, a person can either punch a hole in the wall or stop and think through the situation.

Another tool is learning to distinguish between feelings and reactions—for example, between the feeling of racing thoughts and the reaction of irritability. This lets the person choose different responses, such as turning grandiose notions away from impulsive behaviors marked by poor judgment and instead seeking feedback from a support group.

“Symptom reduction and elimination are not the goal,” he said, “rather the goal is learning how to adapt, learning who we are—but not in disorder.”

Offered through Bipolar Advantage, the eight-week, 38-hour online program costs \$149 for an individual (parents and family members enroll for free). Supplemented with a webinar support meeting, the course costs \$299; with a live meeting, \$599; and with a one-on-one therapist, \$899. A different program is used to train and certify therapists to deliver the bipolar-in-order concepts.

“Because we’re doing something that’s never been done before,” Wootton said, “we’re getting praise from some of the top doctors in the field. We’re not making the illness go away—we’re making it work.”

Some of these experts have pointed out that the concepts apply to literally everyone. They let you establish the level at which you’re currently functioning and the skills and effort you’ll need to function at a higher level to reach your goals.

“The mission of Bipolar Advantage,” Wootton said, “is to help people change their thinking and behavior so they can lead extraordinary lives.”