

The Bipolar Advantage

Summarized by Thomas T. Thomas

Our speaker on July 23, **Tom Wootton**, author of *The Bipolar Advantage* and *The Depression Advantage*, has made a study of both these illnesses and offers ways to transform negatives into positives and develop a nurturing mental environment. As a consumer advocate intent on reframing the debate about mental illness, Wootton rejects the diminished view of life after a diagnosis of mental illness.

“I’m a patient, not a doctor,” he said. “I’ve been bipolar since I was nine years old, and I’m schizo-affective as well as bipolar. But I was not diagnosed until age 45, so I’ve been undiagnosed practically my whole life.” That diagnosis came from a medical doctor, not a psychiatrist, but he said he has since been treated with “all the meds.”



TOM WOOTTON

Having been an educator and retired from his career in the dot-com boom, Wootton wanted to use his skills to help people figure out what’s going on with their illness. “I was looking for someone who was making a life out of it. I held workshops with groups and told the people I talked to, ‘Books are just clinical analysis. You’re the expert. Tell me what’s bad about being bipolar.’ And their answers would fill sheets of paper on the wall.”

The “bad stuff” included being unable to sleep, unable to relate, overspending, thinking you’re weird, and so on. All of these are common experiences everyone has felt at one time or another. Then Wootton would ask about the “good stuff” and, among other things, people reported being able to brainstorm—thinking rapidly and having their thoughts go all over the place. “We’re really good at that,” he said. “We just don’t know how to control it, turn it on and off.” Other “good stuff” included being knowledgeable, resourceful, self-starters, willing and helpful, aware, and cheerful.

“People don’t want to have a ‘nothing’ life,” he said. “They won’t give up the good stuff to avoid the bad, and that’s why people stop taking their meds.”

After five or six years of workshops, Wootton came to a level of acceptance, which came in two parts: “I love myself for who I am—who I let myself be. And I’m striving to become a better person—not let myself be stagnant.”

Tom Wootton had spent time in a monastery when he was younger, and several practices he learned there help in this. One of these is introspection: paying attention to what’s going on inside—your feelings, thoughts, actions—and living according to your beliefs. “If you give two minutes a day to introspection,” he said,

“if you start to pay attention, then you realize what’s important. But you need to know how to do this and develop the mind skills to exercise it.”

Introspection will show you a clear roadmap, with goals and milestones, of where your life will be if you follow these steps. “And this is your whole life,” he said. “Mental, emotional, spiritual, and your relationships.” The roadmap needs to be measurable (for example, “In two years I’m going to achieve X.”) with milestones to mark the progress and concrete actions you can take tomorrow to begin moving toward your goal. “You need help to do this, you can’t do it by yourself,” Wootton said, “because our delusions can fool us.”

Bipolar’s hypermania can have its good points, Wootton said, but how can depression be good? He described the sensation of coming into a dark room and discovering objects by touch. In the same way, he did this with his own insides, applying this meditative technique to his depression. Most people have normal down periods, based on occasions such as losing a loved one, and this is *situational depression*. It has mental, emotional, physical, and spiritual effects. People around us can understand and accept it. *Clinical depression*, however, is a deeper state. It has no obvious cause. The mind gets confused, and the sufferer can see no way out. That’s when people try to kill themselves.

Wootton said that by becoming aware of his depression and meditating on it he actually became stronger. The first time he fell into depression, he thought it was the worst experience. But since then he has had worse depressions, and he realized that the overall state is not so bad.

He said that people can make a decision to change their lives, and it’s the most important thing—and also the hardest—they can do. But few will accept the challenge and see it through. He taught a workshop for homeless people and asked how many would undertake the challenge if the county would provide housing, food, and time so that they could focus on making a change. Out of hundreds of people, only thirty were willing to try. Unfortunately, the local county was unwilling to fund such an experiment.

Wootton decided to do it himself with the help of a psychiatrist. Together they designed a program based on education, real assessment and treatment, and results. In a series of two-day workshops for each of five weekends, the education portion included training with a psychiatrist on treatment methods and medications, working with a relationship coach on personal involvement, talking with a member of the American Association of Pastoral Counselors on spiritual issues and the person’s relation to his or her own religion, and training on mind skills like meditation and self-awareness. The assessments included blood tests, an MRI brainscan, a full physical, a three-hour psychological evaluation, one hour on relationships, and a spiritual assessment. All of this is designed to help the person come up with a plan and approach to changing his or her life.

The results phase of the program included talk about stigma and the excuses people make for their own behaviors. But a person can decide, Wootton said, either to accept a diminished life or to have a fabulous life and determine to do something about it. The roadmap begins with insight.

“We can understand,” he said, “as few people ever will, that you have to face the pain to become something. We have run into ideas that are not widely experienced. Most people are not really free but are totally controlled by their

moods and environment. Mahatma Gandhi understood this. He used fasting as a way to separate the stimulus of hunger—to which most of us are slaves—from his response to it. He still felt the hunger, but it was not as bad. So it is possible to get free from being controlled by your own moods.”

One of the goals of Wootton’s program is stability. “People think that to be stable means never being high or low. But to be in between them is a form of boredom. Real stability is to be found out in the world, moving. Like a sports car with good traction, you can take a turn in the road and not go off or roll over.”

Wootton offered equanimity as a model: being even-minded. This is not always feeling the same, but reacting the same no matter what happens. He says he used to rage at people—“I was an expert at rage; rage is my advantage”—and that now he knows how to calm people down. With equanimity, the depression doesn’t stop a person from living his or her life. He described Saint Theresa of Avila, whose illness brought her such pain that eventually she could say it didn’t bother her anymore, that her soul was served by it. “We can get to the point where the condition we have is a source of richness in our life,” Wootton said.

“I am the cure for my own behavior and how I react to things,” he said. He proposed the grocery store test—where you plan your trip to buy only the items you need for the fast checkout line, and then find that people in that line are slow and dawdling. You get frustrated and angry, but actually it is your expectation of being in the fast lane that makes you angry. If, instead, you would get into the slow lane on purpose, your frustration would go away. “Normal people can just react and blame others,” he said. “We bipolars can’t make excuses for ourselves.”

He told the story of a time when he worked on other people’s websites, and one day the server crashed. Wootton had to stay up and fix the problem. Normally, going without sleep would bring on a manic episode, but because he had to, he stayed awake for five days and functioned as well as anyone. “We can start acting better because we are capable of it.”

If you have a roadmap and are trying to improve your life, he said, and then fail at it, your family members won’t condemn you. They understand you are trying to get better. (“Anyway, you can’t argue with a person having an episode,” he said. “You may escalate, and he will escalate. But you know where your end is, and he’s just getting started.”) When personal relationships work, it’s phenomenal, he said, “because we’ve worked out the hard stuff.”

Real stability is equanimity, self-mastery. “If we accept a diminished life, it’s sad,” Wootton concluded. “We need to shoot for the moon and find a life that works for who we are. And the first step is recognizing ‘I have this illness.’ It’s the people in denial who are in trouble.”

Tom Wootton’s further insights and his books can be found at <http://www.bipolaradvantage.com>.