

RETHINKING DEPRESSION

NOT A SICKNESS
NOT A SIN



DANIEL R. BERGER II

COUNSELING PEOPLE
DIAGNOSED WITH A
SECULAR LABEL OF
BIPOLAR DISORDER

2020 ACBC ANNUAL CONFERENCE

DESTROYING STRONGHOLDS: BIBLICAL
COUNSELING AND SPIRITUAL WARFARE

WWW.DRDANIELBERGER.COM

OUR GOAL: TO PROVIDE YOU WITH A BIBLICAL FRAMEWORK FROM WHICH TO COUNSEL

1. THREE ASPECTS OF THE BIPOLAR LABELS TO UNDERSTAND
2. FOUR THINGS TO ADDRESS IN THOSE LABELED AND
CATEGORIZED WITHIN THE SECULAR BIPOLAR DIAGNOSES

- WHAT IF WE ENCOUNTERED A MAN WITH ODD BEHAVIOR?

1. BIPOLAR (I & II) IS A SUBJECTIVE CONSTRUCT

- THESE HUMAN TENDENCIES ARE ALSO NOT MEDICAL ISSUES AND REQUIRE NO MEDICAL TRAINING OR KNOWLEDGE OF BIOLOGY TO DIAGNOSE. DR. FRANCIS REMARKS,

“MANIC EPISODES ARE UNMISTAKABLE AND UNFORGETTABLE. THE PERSON IS SUPERCHARGED IN THOUGHT AND DEED; RACING AROUND; TALKING UNDER PRESSURE; SPOUTING GRANDIOSE IDEAS, HEIGHTENED CREATIVITY, A WILD SUCCESSION OF TOTALLY IMPOSSIBLE SCHEMES; JOKING NONSTOP; FLOATING ON AN ELEVATED MOOD, BUT IRRITABLE IF CROSSED; SPENDING MONEY LIKE A DRUNKEN SAILOR; FEELING BOUNDLESS ENERGY; ACTING INAPPROPRIATELY AND IMPULSIVELY; BEING INTRUSIVELY SEXUAL; AND NEEDING LITTLE SLEEP. **YOUR AUNT TILLIE COULD MAKE THE DIAGNOSIS OF CLASSIC MANIA IN A MINUTE.**” ALLEN FRANCIS, SAVING NORMAL, 150.

BIPOLAR IS A SUBJECTIVE PERSPECTIVE

- THE LABEL OF “BIPOLAR” IS SIMPLY A HUMANISTIC LENS FROM WHICH TO INTERPRET AND ATTEMPT TO EXPLAIN, APPROACH, AND REMEDY A SUBJECTIVELY CREATED CATEGORY THAT CONSISTS OF REAL, DISTRESSFUL, AND IMPAIRING THOUGHTS AND ACTIONS.
- YOU DO NOT NEED ANY KNOWLEDGE OF BIOLOGY TO DIAGNOSE SOMEONE AS BIPOLAR
- YOU DO NOT NEED TO HAVE STUDIED MEDICINE AT ALL TO DIAGNOSE SOMEONE AS BIPOLAR

BIPOLAR IS A SUBJECTIVE DIAGNOSIS

- “THE DIAGNOSIS AND TREATMENT OF BIPOLAR DISORDER REMAIN, TO A LARGE EXTENT, SUBJECTIVE CLINICAL EXERCISES.”
 - ANDRE F. CARVALHO, JOSEPH FIRTH, AND EDUARD VIETA, “BIPOLAR DISORDER,” NEW ENGLAND JOURNAL OF MEDICINE 383 (JULY 2, 2020): 58-66;
[HTTPS://WWW.NEJM.ORG/DOI/FULL/10.1056/NEJMra1906193 ?QUERY=PSYCHIATRY](https://www.nejm.org/doi/full/10.1056/NEJMra1906193?query=psychiatry).

BIPOLAR IS A SUBJECTIVE DISTINCTION

- THERE IS NO OBJECTIVE DIFFERENTIAL BETWEEN UNIPOLAR AND BIPOlar DEPRESSION OR BETWEEN ALLEGEDLY NORMAL SORROW AND PERCEIVED ABNORMAL SORROW.

MANIA IS MISLEADING

- THE APA INSISTS IN THE *DSM-5* THAT IN ORDER TO MEET THE CRITERIA OF “MAJOR DEPRESSIVE DISORDER” THE PERSON BEING DIAGNOSED MUST ATTEST THAT “THERE HAS NEVER BEEN A MANIC EPISODE OR A HYPOMANIC EPISODE.” APA, *DSM-5*, 161.
- DR. ALLEN FRANCIS, WHO CHAIRED THE *DSM-IV* TASK FORCE COMMENTS, “PATIENTS WHO HAVE ALTERNATING PERIODS OF DEPRESSION AND HYPOMANIA ARE AT THE CRUCIAL BOUNDARY SEPARATING BIPOLAR AND UNIPOLAR DISORDER.” FRANCIS, *SAVING NORMAL*, 150.
- HAVING A MANIC EPISODE, ACCORDING TO THE SECULAR BELIEF, UNIQUELY QUALIFIES A PERSON AS HAVING BIPOLAR RATHER THAN UNIPOLAR DEPRESSION.

MANIA IS MISLEADING

- NUMEROUS STUDIES EXPOSE THAT MANY PEOPLE WHOM SECULARISTS DIAGNOSE AS HAVING DEPRESSIVE DISORDERS ACTUALLY DO EXPERIENCE MANIC EPISODES:

“MANIC SYMPTOMS DURING UNIPOLAR DEPRESSION ARE MORE COMMON THAN THOUGHT.” VÁZQUEZ GH, LOLICH M, CABRERA C, ET AL. “MIXED SYMPTOMS IN MAJOR DEPRESSIVE AND BIPOLAR DISORDERS: A SYSTEMATIC REVIEW,” JOURNAL OF AFFECTIVE DISORDERS 225 (2018): 756-760.

MANIA IS MISLEADING

- PROFESSOR OF PSYCHIATRY AT THE PRESTIGIOUS KING'S COLLEGE LONDON, DAVID GOLDBERG,

“THE DEPRESSED PHASE OF BIPOLAR ILLNESS MAY BE DIFFICULT OR IMPOSSIBLE TO DISTINGUISH FROM UNIPOLAR DEPRESSION.” DAVID GOLDBERG, “THE HETEROGENEITY OF “MAJOR DEPRESSION,” *WORLD PSYCHIATRY (WPA)* VOL. 10 (3) (2011): 226.

MANIA IS MISLEADING

- PSYCHIATRIST JOHN MILLER REMARKS,

“AS WE HAVE BECOME MORE SOPHISTICATED IN OUR ABILITY TO DIAGNOSE PSYCHIATRIC DISORDERS, A LARGE HURDLE REMAINS: THE ABILITY TO DIFFERENTIATE BETWEEN A PRIMARY BIPOLAR I DISORDER (BDI) MAJOR DEPRESSIVE EPISODE VERSUS A UNIPOLAR MAJOR DEPRESSIVE EPISODE IN A NEWLY PRESENTING PATIENT THAT MEETS CLEAR DIAGNOSTIC CRITERIA FOR A *DSM-5* MAJOR DEPRESSIVE EPISODE. SIGNIFICANTLY, AS HAS BEEN THE CASE WITH PREVIOUS EDITIONS OF THE PSYCHIATRIC *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*, **THE *DSM-5* CRITERIA FOR A MAJOR DEPRESSIVE EPISODE IS IDENTICAL FOR BOTH A UNIPOLAR DEPRESSION AND A BIPOLAR DEPRESSION** [EMPHASIS ADDED].” JOHN J. MILLER, “MAJOR DEPRESSIVE EPISODE: IS IT BIPOLAR I OR UNIPOLAR DEPRESSION?” *PSYCHIATRIC TIMES ONLINE* VOL. 35 (7) (JULY 31, 2018): [HTTP://WWW.PSYCHIATRICTIMES.COM/SPECIAL-REPORTS/MAJOR-DEPRESSIVE-EPISODE-IT-BIPOLAR-I-OR-UNIPOLAR-DEPRESSION?REMEMBERME=1&ELQ_MID=3608&ELQ_CID=893295](http://www.psychiatrictimes.com/special-reports/major-depressive-episode-it-bipolar-i-or-unipolar-depression?rememberme=1&elq_mid=3608&elq_cid=893295).

MANIA IS MISLEADING

- DR. FRANCIS ALSO REMARKS ON THE DIFFICULTY OF OBJECTIVELY DISTINGUISHING BETWEEN THE TWO ALLEGED DISORDERS:

“PERHAPS THE MOST IMPORTANT DISTINCTION IN ALL OF PSYCHIATRY IS UNFORTUNATELY OFTEN THE MOST DIFFICULT. DOES THE PATIENT HAVE BIPOLAR MOOD SWINGS (WITH CYCLICAL LOWS ALTERNATING WITH HIGHS) OR IS THIS JUST A STRAIGHT UNIPOLAR DEPRESSION (RECURRENT LOWS WITH NO HIGHS?) THE TOUGH QUESTION IS HOW TO DRAW THE DIAGNOSTIC LINE BETWEEN BIPOLAR AND UNIPOLAR TO BALANCE THE RISKS OF TAKING VERSUS THE RISKS OF NOT TAKING THE MOOD-STABILIZING MEDICATION.” FRANCIS, SAVING NORMAL, 149-50.

MANIA IS MISLEADING

- LEADING PSYCHIATRISTS, SUCH AS BOADIE DUNLOP, WHO SPECIALIZES IN MOOD DISORDERS, AND RENOWNED NEUROSCIENTIST AT ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI NEW YORK HELEN MAYBERG, HAVE CONCLUDED FROM YEARS OF RESEARCH THAT NEUROIMAGING DOES NOT DISTINGUISH BETWEEN NORMAL AND ABNORMAL BRAINS OR BETWEEN ALLEGED UNIPOLAR AND BIPOLAR DEPRESSION:

“DESPITE ITS FAILURE TO DISTINGUISH THE HEALTHY FROM THE DEPRESSED, NEUROIMAGING MAY HAVE VALUE IN DEFINING SUBTYPES OF DEPRESSION ALTHOUGH THESE METHODS HAVE IDENTIFIED DIFFERENCES AT THE GROUP LEVEL, THEIR INABILITY TO CLEARLY DISTINGUISH INDIVIDUALS WITH BIPOLAR DISORDER FROM THOSE WITH MAJOR DEPRESSIVE DISORDER MAY INDICATE THAT THESE ILLNESSES REPRESENT POINTS ON A SPECTRUM, RATHER THAN DISTINCT BIOLOGICAL ENTITIES. GIVEN THE DIFFICULTY IN GENERATING MARKERS THAT CAN RELIABLY SORT MAJOR DEPRESSION AND BIPOLAR DEPRESSION, IT MAY SEEM UNLIKELY THAT NEUROIMAGING WILL ACHIEVE CLINICALLY RELEVANT SUBTYPING WITHIN MAJOR DEPRESSION ALONE.” BOADIE W. DUNLOP AND HELEN S. MAYBERG, “NEUROIMAGING ADVANCES FOR DEPRESSION” *CEREBRUM: THE DANA FORUM ON BRAIN SCIENCE* VOL. 16-17. (Nov. 1, 2017): [HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC6132047/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6132047/).

BIPOLAR II IS AN ATTEMPT TO DIFFERENTIATE THE TWO

- DR. FRANCIS ACKNOWLEDGES IN HIS BOOK *SAVING NORMAL*, THAT THE CONSTRUCT OF BIPOLAR II WAS CREATED AS AN ATTEMPT TO RESOLVE THE SERIOUS PROBLEM OF NO DISTINGUISHABLE OBJECTIVE MARK BETWEEN ALLEGED UNIPOLAR AND BIPOLAR DEPRESSIONS:

“PATIENTS WHO HAVE ALTERNATING PERIODS OF DEPRESSION AND HYPOMANIA [LIT. “LESS THAN MANIA”] ARE AT THE CRUCIAL BOUNDARY SEPARATING BIPOLAR AND UNIPOLAR DEPRESSION. THEY COULD HAVE BEEN CLASSIFIED IN EITHER CAMP. IF WE CLASSIFY THEM AS BIPOLAR, THEY WILL RECEIVE MOOD-STABILIZING MEDICATION THAT MAY PREVENT RAPID CYCLING, BUT THEY MIGHT BE EXPOSED TO UNNECESSARY MOOD-STABILIZING MEDICATION THAT COULD BE QUITE HARMFUL. IF WE CLASSIFY THEM AS UNIPOLAR, THEY WILL RECEIVE ONLY ANTIDEPRESSANT MEDICATION, AND THIS MAY TRIGGER A MANIC EPISODE. FACED WITH THESE AMBIGUOUS CARDS, WE CHOSE TO ADD A NEW CATEGORY, BIPOLAR II, TO DESCRIBE PATIENTS WHO HAVE DEPRESSION AND HYPOMANIC EPISODES [EMPHASIS ADDED]” FRANCIS, *SAVING NORMAL*, 150-51.

BIPOLAR II IS AN ATTEMPT TO DIFFERENTIATE PERCEIVED NORMAL FROM ALLEGED ABNORMAL

BIPOLAR II IS NOT A NEW DISEASE ENTITY; IT IS ANOTHER
STAB IN THE DARK TO SUSTAIN THE MEDICAL MODEL.

FRANCIS CONTINUES:

“THERE IS NO CLEAR BOUNDARY BETWEEN HYPOMANIA
AND SIMPLY FEELING GOOD—SO ADVERTISEMENTS
BEGAN SUGGESTING THAT EVEN SLIGHT SHIFTS UPWARD IN
MOOD OR PASSING IRRITABILITY MIGHT BE A SUBTLE SIGN
OF BIPOLAR DISORDER.” FRANCIS, SAVING NORMAL,
150-51.

BIPOLAR II IS AN ATTEMPT TO DIFFERENTIATE

IN THE *DSM-5* AND IN REAL LIFE, THERE IS NO SIGNIFICANT DIFFERENCE BETWEEN THESE CONSTRUCTS OR BETWEEN ALLEGEDLY ABNORMAL PEOPLE AND NORMAL PEOPLE. ALL PEOPLE SIMPLY WANT TO ESCAPE SORROW AND WILL DO ALL THEY CAN WITHIN THEIR WILLPOWER TO ACCOMPLISH THIS GOAL.

2. BIPOLAR IS A PRODUCT OF KRAEPELINIAN PHENOMENOLOGY

- THE MINDSETS, EMOTIONS, BEHAVIORS, RELATIONSHIPS, AND EXPERIENCES ARE REAL, BUT HOW THESE PHENOMENA ARE INTERPRETED, APPROACHED, AND ATTEMPTED TO BE REMEDIED ARE BASED ON ONE'S PHILOSOPHICAL FAITH.
- EMIL KRAEPELIN CREATED THE PSYCHIATRIC CONSTRUCT THAT WE NOW CALL BIPOLAR (ONCE CALLED "AFFECTIVE PSYCHOSIS"). BUT SCRIPTURE DESCRIBES THESE SAME PHENOMENA FROM AN ENTIRELY DIFFERENT PHENOMENOLOGY.

TO ACCEPT BIPOLAR AND UTILIZE THE TERM IS TO ACCEPT THE THE FAITH OF EMIL KRAEPELIN

“WHEN EMIL KRAEPELIN PUBLISHED HIS DIAGNOSTIC TEXTS, HE PUT THESE PATIENTS INTO HIS MANIC-DEPRESSIVE GROUP. THIS DIAGNOSTIC CATEGORY ALSO INCLUDED PATIENTS WHO SUFFERED FROM DEPRESSION OR MANIA ONLY (AS OPPOSED TO BOTH), AND KRAEPELIN REASONED THAT THESE VARIED EMOTIONAL STATES ALL AROSE FROM THE SAME UNDERLYING DISEASE. THE SPLITTING OF MANIC-DEPRESSIVE DISORDER INTO SEPARATE UNIPOLAR AND BIPOLAR FACTIONS GOT ITS START IN 1957, WHEN A GERMAN PSYCHIATRIST, KARL LEONHARD, DETERMINED THAT THE MANIC FORM OF THE ILLNESS SEEMED TO RUN MORE IN FAMILIES THAN THE DEPRESSIVE FORM DID [THE EUGENICS THEORY OF MENTAL ILLNESS]. HE CALLED THE MANIC PATIENTS ‘BIPOLAR,’ AND OTHER RESEARCHERS THEN IDENTIFIED ADDITIONAL DIFFERENCES BETWEEN THE UNIPOLAR AND BIPOLAR FORMS OF MANIC-DEPRESSIVE ILLNESS.” ROBERT WHITAKER, *ANATOMY OF AN EPIDEMIC: MAGIC BULLETS, PSYCHIATRIC DRUGS, AND THE ASTONISHING RISE OF MENTAL ILLNESS IN AMERICA* (NEW YORK: BROADWAY BOOKS, 2015), 178.

TO ACCEPT BIPOLAR AND UTILIZE THE TERM IS TO ACCEPT THE THE FAITH OF EMIL KRAEPELIN

- PSYCHOLOGIST PHILIP YANOS ATTESTS TO THE INFLUENCE UPON GERMANY THAT KRAEPELIN'S PSYCHIATRIC EUGENICS IDEOLOGY HAD:

“PSYCHOLOGY AND PSYCHIATRY ALSO CONTRIBUTED TO THE ACTIONS OF THE EUGENIC MOVEMENT WITH REGARD TO MENTAL ILLNESS. IN THE EARLY 20TH CENTURY, GERMAN PSYCHIATRIST EMIL KRAEPELIN REVOLUTIONIZED PSYCHIATRY BY DRAWING A DISTINCTION BETWEEN THE TWO MAIN FORMS OF WHAT HAD BEEN UNTIL THEN SIMPLY CALLED INSANITY—MANIC-DEPRESSIVE PSYCHOSIS (NOW CALLED BIPOLAR I DISORDER) AND DEMENTIA PRAECOX (NOW CALLED SCHIZOPHRENIA). ALTHOUGH HE DIED BEFORE THE BEGINNING OF THE THIRD REICH, KRAEPELIN'S ASSERTION THAT DEMENTIA PRAECOX HAD AN INEVITABLY HOPELESS AND DETERIORATING COURSE PROVIDED COVER FOR THE NAZI REGIME'S DECISION TO ENACT THEIR “EUTHANASIA” PROGRAM.”

- PHILIP YANOS, “THE LONG SHADOW OF THE EUGENICS MOVEMENT: ITS INFLUENCE PERSISTS,” *PSYCHOLOGY TODAY ONLINE* (JUNE 02, 2018): [HTTPS://WWW.PSYCHOLOGYTODAY.COM/US/BLOG/WITTEN/201806 /THE-LONG-SHADOW-THE-EUGENICS-MOVEMENT](https://www.psychologytoday.com/us/blog/written/201806/the-long-shadow-the-eugenics-movement).

3. BIPOLAR IS A PRODUCT OF DESCRIPTIVE PSYCHOLOGY

- “BIPOLAR” SIMPLY DESCRIBES AN OBSERVATION THAT MANY PEOPLE LIVE IN AND CYCLE THROUGH DRAMATICALLY DIFFERENT EMOTIONAL STATES.
- THE TWO POLES: “DEPRESSIVE POLE” AND “MANIC POLE.”
- THESE LABELS DO NOT EXPLAIN A PERSON’S CONDITION; THEY SIMPLY DESCRIBE WHAT CAN BE OBSERVED (“EVEN AUNT TILLY CAN DIAGNOSE BIPOLAR.”)

THE DESCRIPTION IS SUBJECTIVE

- THROUGH PEOPLE'S OWN MENTAL AND PHYSICAL EFFORTS, THEY MAY EXPERIENCE OR ATTEMPT TO CREATE A FLEETING MOMENT OF LAUGHTER, JOY, EXCITEMENT, ACCOMPLISHMENT, OR A HIGH OR PLEASURE, BUT AS SOLOMON REALIZED, THEY WILL EVENTUALLY "TURN ABOUT AND GIVE [THEIR] HEART UP TO DESPAIR OVER ALL THE TOIL OF [THEIR] LABORS UNDER THE SUN" (ECCLESIASTES 2:20). THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) EXPLAINS THIS COMMON REACTION:

"PEOPLE WITH BIPOLAR DISORDER EXPERIENCE UNUSUALLY INTENSE EMOTIONAL STATES THAT OCCUR IN DISTINCT PERIODS CALLED 'MOOD EPISODES.' AN OVERLY JOYFUL OR OVEREXCITED STATE IS CALLED A MANIC EPISODE, AND AN EXTREMELY SAD OR HOPELESS STATE IS CALLED A DEPRESSIVE EPISODE." -

[HTTP://WWW.NIMH.NIH.GOV/HEALTH/ PUBLICATIONS/BIPOLAR-DISORDER-IN-ADULTS/INDEX.SHTML](http://www.nimh.nih.gov/health/publications/bipolar-disorder-in-adults/index.shtml).

WHAT PRECISELY IS "OVERLY JOYFUL" OR EXTREME SADNESS? WHO DECIDES?

BIPOLAR IS A PRODUCT OF DESCRIPTIVE PSYCHOLOGY

- **CIRCULAR REASONING:** I OBSERVE A DESTRUCTIVE AND TROUBLING CYCLICAL CHANGE BETWEEN TWO DIFFERENT MOOD STATES IN A PERSON; THEREFORE, A PERSON HAS BIPOLAR. HOW DO YOU KNOW THAT THEY HAVE BIPOLAR? THEY HAVE CYCLICAL CHANGES BETWEEN TWO DIFFERENT MOOD STATES WHICH FALLS INTO THE DSM-5 DESCRIPTION.
- TO DENY THE SECULAR LABEL IS NOT TO DENY THAT A PERSON HAS GENUINE PROBLEMS. INSTEAD, IT IS TO ENABLE THE FOUNDATIONAL PROBLEMS TO BE INTERPRETED AND APPROACHED FROM A DIFFERENT PERSPECTIVE.
- THE BIBLE DOES SPECIFICALLY ADDRESS THIS NORMAL BUT IMPAIRING AND DISTRESSFUL PATTERN OF THINKING AND BEHAVIOR IN SCRIPTURE.

PART II

- ADDRESSING THE COUNSELEE AND HIS/HER FAMILY

PART II – COUNSELING THE PERSON AND HIS/HER FAMILY

- 1. ESTABLISH NORMALCY FROM THE WORD OF GOD
- 2. ADDRESS THE DECEIVED NATURE
- 3. UNDERSTAND EACH INDIVIDUAL'S LIFE CONTEXT AND HEART (THE FIELD OF PHENOMENOLOGY)
- 4. OFFER A BIBLICAL PHENOMENOLOGY THAT ENABLES THE COUNSELEE TO PLACE HIS/HER FAITH IN GOD'S WORD OR IN SECULAR WISDOM

1. ESTABLISH NORMALCY

- AS PREVIOUSLY NOTED, THERE IS NO HOPE OF DELIVERANCE OR CHANGE WITHIN KRAEPELINIAN THINKING.
- IF GENUINE HOPE IS TO BE OFFERED IN COUNSELING, THEN COUNSELEES MUST BEGIN TO VIEW THEMSELVES, THEIR MINDSETS, EMOTIONS, AND BEHAVIORS THROUGH A BIBLICAL LENS, AS OPPOSED TO NEO-KRAEPELINIANISM.
- IT IS IMPERATIVE, THEN, THAT WHAT THE SECULAR LABEL OF BIPOLAR ATTEMPTS TO DESCRIBE OR EXPLAIN BE EXPLAINED DIRECTLY FROM SCRIPTURE. SUCH AN EXERCISE ALSO ESTABLISHES WHAT IS NORMAL.

SORROW IS OUR NORMAL STATE

- ECCLESIASTES 2:23 DECLARES,

“FOR ALL [MAN’S] DAYS ARE FULL OF SORROW, AND HIS WORK IS A VEXATION. EVEN IN THE NIGHT HIS HEART DOES NOT REST. THIS ALSO IS VANITY.”

- JEREMIAH 20:17-18 SHARES THE SAME GENESIS 3 PERSPECTIVE ON SORROW:

“BECAUSE HE DID NOT KILL ME IN THE WOMB: SO MY MOTHER WOULD HAVE BEEN MY GRAVE AND HER WOMB FOREVER GREAT. WHY DID I COME OUT FROM THE WOMB TO SEE TOIL AND SORROW, AND SPEND MY DAYS IN SHAME?”

SORROW IS OUR NORMAL STATE

- FROM GENESIS 3 UNTIL REVELATION 21:3-4, SORROW IS OUR NORM.
- JOHN 16:22 – “AND YE NOW THEREFORE HAVE SORROW: BUT I WILL SEE YOU AGAIN, AND YOUR HEART SHALL REJOICE, AND YOUR JOY NO MAN TAKETH FROM YOU.”
- ECCLESIASTES 7:1-4 – BY SORROW OF FACE THE HEART IS MADE GLAD.
- PROVERBS 18:14 – “THE SPIRIT OF A MAN WILL SUSTAIN HIS INFIRMITY; BUT A WOUNDED SPIRIT WHO CAN BEAR?” (KJV) “A MAN’S SPIRIT WILL ENDURE SICKNESS, BUT A CRUSHED SPIRIT WHO CAN BEAR?” (ESV)

SORROW IS OUR NORMAL STATE

- PROVERBS 14:13 SAYS, “EVEN IN LAUGHTER THE HEART ACHES, AND THE END OF JOY IS GRIEF.” MOST BIBLICAL COMMENTATORS NOTE THAT THIS VERSE REVEALS HUMANITY’S TRUE NATURE TO BE SADNESS, AND MOMENTS OF JOY AND LAUGHTER ALLOW ONLY A TEMPORAL ESCAPE. THE BIBLICAL COMMENTATOR TREMPER LONGMAN, FOR EXAMPLE, STATES THAT “SORROW BETTER REFLECTS REALITY THAN JOY.” TREMPER LONGMAN III, *PROVERBS* (GRAND RAPIDS, MI: BAKER ACADEMIC, 2006), 301.

“MANIA” IS A NORMAL DECEIVED REACTION TO SORROW

- PROVERBS 14:13 STATES, “EVEN IN LAUGHTER THE HEART IS SORROWFUL; AND THE END OF THAT MIRTH IS HEAVINESS.”
(KJV)
- “LAUGHTER CAN CONCEAL A HEAVY HEART, BUT WHEN THE LAUGHTER ENDS, THE GRIEF REMAINS.” (NEW LIVING TRANSLATION)

MANIA

- “THE ESSENTIAL FEATURE OF A MANIC EPISODE IS A DISTINCT PERIOD DURING WHICH THERE IS AN ABNORMALLY, PERSISTENTLY ELEVATED, EXPANSIVE, OR IRRITABLE MOOD AND PERSISTENTLY INCREASED ACTIVITY OR ENERGY MOOD IN A MANIC EPISODE IS OFTEN DESCRIBED AS EUPHORIC, EXCESSIVELY CHEERFUL, HIGH, OR ‘FEELING ON TOP OF THE WORLD.’” APA, DSM-5, 127.
- THE COMMENTATOR BRUCE WALTKE COMMENTS ON PROVERB 14:13,
“IN ADDITION TO THE CATCHWORD “THE END OF IT,” THIS PROVERB CONTINUES THE THEME THAT **PRESENT APPEARANCES ARE DECEPTIVE AND THE TRUE REALITY IS MANIFEST IN ITS OUTCOME.** OUTWARD MERRIMENT MAY MASK HEARTACHE, BUT IN THE END, GRIEF WILL MANIFEST ITSELF. . . . SORROW FORMS THE UNCHANGING BACKGROUND OF THE OCCASIONAL, DISTRACTING MOMENTS OF MERRIMENT.”
WALTKE, *PROVERBS: CHAPTERS 1-15*, 592.

MANIA

- BIBLICALLY, "MANIA" IS TO BE UNDERSTOOD AS A DECEIVED ATTEMPT TO ESCAPE THE TRUE SORROWFUL AND VEXED STATE OF ALL HUMANITY POST-GENESIS 3.
- AS WE WILL OBSERVE, KING SOLOMON PROVIDES IN ECCLESIASTES 1-2 THE PERFECT CASE STUDY OF THIS NORMAL HUMAN PHENOMENA.

DESTRUCTIVE RESPONSES TO SORROW

THERE ARE TWO BASIC DESTRUCTIVE RESPONSES TO SORROW THAT WORLDLY GRIEF OFFERS: (1) A PERSON CAN SEEK OUT FALSE HOPES ACCORDING TO THEIR NATURAL HEART IN ORDER TO ASSUAGE SORROW AND APPEASE OR IGNORE GUILT. WITHIN THIS RESPONSE, THE BIBLE (ECCLESIASTES 1-2) OFFERS THREE CATEGORIES OF FALSE HOPES THAT PEOPLE REGULARLY PURSUE, AND WHICH WILL BE EXAMINED FURTHER. (2) A PERSON CAN ALSO ADMIT THEIR TRUE HOPELESS CONDITION BUT GIVE UP ENTIRELY ON PURSUING OTHER HOPES. *GIVING UP* IS OBSERVED AS A PERSON'S BECOMING INATTENTIVE, UNMOTIVATED, APATHETIC, AND CATATONIC.

DESTRUCTIVE RESPONSES

BY NATURE, PEOPLE ESTABLISH TEMPORAL HOPES IN THEIR LIVES AND THUS DO NOT REALIZE THAT THEY ARE HOPELESS; THAT IS UNTIL THEIR TRUSTED HOPES DO NOT FULFILL THEIR PROMISES AND OUTRIGHT FAIL. PROVERBS 13:12 OFFERS THIS INSIGHT:

“WHEN HOPE IS DEFERRED IT MAKES THE SPIRITUAL HEART SICK, BUT A DESIRE FULFILLED IS A TREE OF LIFE.”

DESTRUCTIVE RESPONSES

- THE BIBLICAL COMMENTATOR, BRUCE WALTKE REMARKS:

“DEFERRED DOES NOT IMPLY A REVISED TIME SCHEDULE BUT A NEVER-ENDING EXTENSION OF TIME. THAT HOPELESS EXTERNAL SITUATION DEBILITATES THE HEART (LEB), THE CENTER FROM WHICH HIS PHYSICAL, PSYCHIC, AND SPIRITUAL ENERGIES FLOW TO THE REST OF HIS BODY WITH HIS TRUE LONGINGS NEVER SATISFIED, HE STUMBLES IN RESIGNATION AND DESPAIR TO HIS DEATH.” BRUCE WALTKE, *PROVERBS: CHAPTERS 1-15*, 563.

“MANIA” IS A NATURAL BUT DESTRUCTIVE RESPONSE

- ONE OF THE MOST TROUBLING FALSE HOPES TO MANY PEOPLE IS THE COMMON RESPONSE TO SORROW KNOWN IN THE PSYCHIATRIC CONSTRUCTS OF BIPOLAR AS MANIA.
- MANIA IS SIMPLY THE FALSE BELIEF THAT PEOPLE CAN “PICK THEMSELVES UP BY THEIR OWN BOOTSTRAPS” BY EXERTING GREAT EFFORT, EXPERIENCING EXTRAVAGANT PLEASURE, PURSUING KNOWLEDGE, AND DENYING REALITY.
- A PERSON’S ATTEMPT TO ESCAPE SORROW THROUGH HIS/HER OWN EFFORTS ESTABLISHES ONESELF AS THE GREATEST SOURCE OF HOPE.

MANIA

- HUMANIST AND CLINICAL PSYCHOLOGIST RICHARD BENTALL UNDERSTANDS MANIA TO BE A REACTION TO SORROW AND HOPELESSNESS:

“PEOPLE TEND TO REACT TO BEING DEPRESSED IN [DIFFERENT] WAYS. SOME PEOPLE RUMINATE ABOUT THEIR FEELINGS, OTHERS LAUNCH INTO ATTEMPTS TO SOLVE THE PROBLEMS THAT THEY BELIEVE HAVE LED TO THEIR DEPRESSION, SOME TRY TO DISTRACT THEMSELVES AND A FEW INDULGE IN DANGEROUS ACTIVITIES.”
BENTALL, *MADNESS EXPLAINED*, 290. (IBID., 278).

DR. BREGGIN NOTES, “**IT CAN BECOME NEARLY IMPOSSIBLE TO RISE OUT OF DEPRESSION BY ONE’S OWN—TO ‘PULL YOURSELF UP BY YOUR BOOTSTRAPS.’**”
BREGGIN, *THE ANTI-DEPRESSANT FACT BOOK*, 25. (RECALL PROVERBS 18:14)

MANIA

- THE AMERICAN PSYCHIATRIC ASSOCIATION CHOSE “**MANIC-DEPRESSIVE REACTION**” IN THE *DSM-I* AS A FORERUNNER TO THE LABEL OF “BIPOLAR DISORDER.”
- RICHARD BENTALL, *MADNESS EXPLAINED: PSYCHOSIS AND HUMAN NATURE* (NEW YORK: PENGUIN, 2003), 58.

2. ADDRESS THE DECEIVED NATURE

- YOU MUST ADDRESS THE CENTRAL PROBLEM IN “MANIA,” WHICH IS TO LOVINGLY CONFRONT HOW THE PERSON IS SPECIFICALLY DECEIVED.

A. “MANIA” AS HUMAN DEPRAVITY

- THE APA DEFINES A COMMON FEATURE (“ONE THAT IS TYPICALLY PRESENT”) OF MANIA IN THE *DSM-5* AS “INFLATED SELF-ESTEEM” OR “GRANDIOSITY,” AND LATER IT ASSERTS THAT

“**INFLATED SELF-ESTEEM IS TYPICALLY PRESENT**, RANGING FROM UNCRITICAL SELF-CONFIDENCE TO MARKED GRANDIOSITY, AND MAY REACH DELUSIONAL PROPORTIONS (CRITERION B1). DESPITE LACK OF ANY PARTICULAR EXPERIENCE OR TALENT, THE INDIVIDUAL MAY EMBARK ON COMPLEX TASKS SUCH AS WRITING A NOVEL OR SEEKING PUBLICITY FOR SOME IMPRACTICAL INVENTION. **GRANDIOSE DELUSIONS** (E.G., OF HAVING A SPECIAL RELATIONSHIP TO A FAMOUS PERSON) **ARE COMMON** [EMPHASIS ADDED].” APA, *DSM-5*, 124; 128.

MANIA

- WHILE PSYCHIATRISTS FRAME MANIA AS AN ABNORMALITY, IT IS, IN FACT, THE NATURAL BENT OF EACH PERSON TO TRUST IN HIMSELF/HERSELF AND LEAN UNTO HIS/HER OWN UNDERSTANDING IN ORDER TO GET THROUGH LIFE AND ESCAPE SORROW (PROVERBS 3:5-6).
- IT IS SECULARISTS' ATTEMPT TO EXPLAIN HOW HUMANITY MAKES ITSELF OUT TO BE A FALSE HOPE OF DELIVERANCE, ONLY TO BE FURTHERED ALONG THE PATH OF DESTRUCTION.
- SELF-ESTEEM, SELF-ACTUALIZATION, SELF-RELIANCE, AND SELF-DEPENDENCE DESTROY HUMANITY.

MANIA

- PSYCHIATRIST PETER BREGGIN RELATES HOW MANY CHOOSE MANIA AS “A GREAT ESCAPE”:

“OFTEN MANIA SEEMS LIKE NOTHING MORE THAN THE FLIP SIDE OF DEPRESSION. IN MANIA THE INDIVIDUAL FEELS LIKE THE MOST WONDERFUL PERSON IN THE WORLD. **THE BUSINESSMAN WHO WAS DISAPPOINTED IN HIMSELF NOW GETS HIGH ON HIMSELF AND ALL HIS PROJECTS AND FEELS INVULNERABLE TO FAILURE.** HE’S FILLED WITH IDEAS AND PROJECTS AND SPILLS THEM OUT IN A RUSH OF WORDS. *MANIA IS A GREAT ESCAPE, A **SHORTCUT TO PSCYHOSPIRITUAL HEAVEN ON EARTH*** [EMPHASIS ADDED]. AS ALREADY NOTED, IT OFTEN ATTEMPTS TO DENY AND OVERCOME GRAVE FEELINGS OF GUILT AND DEPRESSION. IT DECLARES, “I’M NOT FEELING LOW, I’M FEELING HIGH!” BUT IT ALSO CAN BE DRIVEN BY EXTREME HUMILIATION OR WORTHLESSNESS.” PETER R. BREGGIN, *TOXIC PSYCHIATRY* (NEW YORK: ST. MARTIN’S PRESS, 1991), 137.

MANIA

- BY ATTEMPTING TO RESOLVE GUILT AND SORROW, PEOPLE LOOK TO THEMSELVES TO BE THEIR OWN HOPE. WHEN THAT HOPE IS EMPTY AND CANNOT DELIVER, PEOPLE RETURN TO THEIR ORIGINAL STATE OF SORROW, HAVING ACCUMULATED NEW BEHAVIORS AND EXPERIENCES WHICH REGULARLY INCUR MORE GUILT, DEEPER SORROW, AND HIGHLIGHT HOPELESSNESS FURTHER. THUS, THE CYCLE ENSUES, MOVING FROM THE DEPRESSIVE POLE TO THE MANIC POLE AND BACK AGAIN TO THE DEPRESSIVE POLE.

B. “MANIA” AS AN ESCAPE FROM REALITY

- THOSE WHO LOOK TO THEMSELVES FOR HOPE AND EXERT GREAT EFFORT TO ESCAPE THEIR DISTRESS ARE MOST OFTEN TRYING TO ESCAPE THE SORROWS AND HORRORS OF TRAUMA AND/OR TRAGEDY OR THE HAUNTING GUILT OF THEIR OWN PAST BEHAVIOR.
- “BIPOLAR DISORDER HAS BEEN LINKED TO TRAUMATIC CHILDHOOD EXPERIENCE AND TO THE POTENTIAL FOR VIOLENCE.”

(ALLISON M. R. LEE, IGOR I. GALYNKER, IRINA KOPEYKINA, HAE-JOON KIM, AND TASNIA KHATUN, “VIOLENCE IN BIPOLAR DISORDER,” *PSYCHIATRIC TIMES ONLINE* [DECEMBER 16, 2014]: [HTTP://WWW.PSYCHIATRICTIMES.COM/BIPOLAR-DISORDER/VIOLENCE-BIPOLAR-DISORDER?GUID=31158D64-F01A-4DEA-AC1A-D3CE843FC9BC&REMEMBERME=1&ts=21042017](http://www.psychiatrictimes.com/bipolar-disorder/violence-bipolar-disorder?GUID=31158D64-F01A-4DEA-AC1A-D3CE843FC9BC&REMEMBERME=1&ts=21042017)).

MANIA

- WHEN THESE DESTRUCTIVE MINDSETS AND BEHAVIORS PERSIST, THEY REGULARLY BECOME HABITS OR LIFESTYLES. AN ABNORMAL PSYCHOLOGY TEXTBOOK DESCRIBES THE NORMAL BUT IMPAIRING RESPONSE OF MANIA BECOMING A PATTERN:

*“[PEOPLE] BECOME DISTURBED BECAUSE THEY ARE UNABLE TO ACCEPT THEIR OWN NATURE AND THE WORLD AS IT IS, AND THUS CANNOT SHAPE THEIR AIMS ACCORDING TO THEIR ASSETS. FAILING IN THE ACHIEVEMENT OF THEIR UNREALISTIC GOALS, THEY DEVELOP FEELINGS OF INFERIORITY, APPREHENSIVENESS, AND OTHER FAULTY EMOTIONAL ATTITUDES WHICH LEAD TO THE USE OF NEUROTIC DEFENSIVE MEASURES. **THESE NONADJUSTIVE ATTITUDES AND RESPONSES GRADUALLY DEVELOP INTO HABITUAL REACTION PATTERNS** [EMPHASIS ADDED].” COVILLE, COSTELLO, AND ROUKE, ABNORMAL PSYCHOLOGY, 40.*

- “HABITUAL REACTION PATTERNS” TO SORROW, DECEIT, AND THE MANY VEXATIONS OF THE SOUL DEFINES WELL THE PSYCHIATRIC CONCEPT OF MANIA.

3. UNDERSTAND EACH PERSON'S LIFE HISTORY AND HEART

- DESIRE'S/TREASURES OF THE HEART DETERMINE OUR HOPES.
- IS THERE TRAUMA OR SIN IN PEOPLE'S LIVES THAT THEY ARE ATTEMPTING TO ESCAPE THROUGH PLEASURABLE EXPERIENCES?
- UNDERSTANDING WHY THEY ARE EMBRACING DECEIT OVER TRUTH WILL ENABLE YOU TO KNOW WHAT TRUTH TO OFFER THEM FROM GOD'S WORD.

4. OFFER A BIBLICAL PHENOMENOLOGY/IDENTITY

- WHETHER A COUNSELEE AND THEIR FAMILY ACCEPT THE PROMINENT SECULAR NEO-KRAEPELINIAN MEDICAL MODEL OR THE BIBLICAL PHENOMENOLOGY/WORLDBVIEW FROM WHICH TO UNDERSTAND AND APPROACH THEIR MINDSETS, EMOTIONS, AND BEHAVIORS, FAITH IS FOUNDATIONAL TO THEIR LIVES.
- WE CANNOT DETERMINE WHAT OTHERS BELIEVE. WE CAN ONLY OFFER THEM HOPE AND PRAY THAT THE HOLY SPIRIT OPENS THEIR EYES TO TRUTH.

EXPLAIN THE 3 FLESHLY ATTEMPTS TO ESCAPE FROM OUR CONDITION

- SOLOMON ALSO OFFERS (IN ECCLESIASTES 1:16-2:26) THREE CATEGORIES OF HUMAN EFFORT AS ATTEMPTS TO ESCAPE SORROW—ESSENTIALLY MAKING ONE'S SELF TO BE THE AGENT OF HOPE (1:17; 2:1-3; 2:12). PEOPLE CAN TURN TO:
- (1) WISDOM (THE PURSUIT OF KNOWLEDGE AND ENLIGHTENMENT APART FROM GOD; VS. 13—"I APPLIED MY HEART TO SEEK AND TO SEARCH OUT BY WISDOM ALL THAT IS DONE UNDER HEAVEN. IT IS AN UNHAPPY BUSINESS THAT GOD HAS GIVEN TO THE CHILDREN OF MAN TO BE BUSY WITH").
- (2) MADNESS OR MANIA (THE DELUSIONAL PURSUIT OF PLEASURE AND HAPPINESS; VS. 2:1-2—"I SAID IN MY HEART, 'COME NOW, I WILL TEST YOU WITH PLEASURE; ENJOY YOURSELF.' BUT BEHOLD, THIS ALSO WAS VANITY. I SAID OF LAUGHTER, 'IT IS MAD,' AND OF PLEASURE, 'WHAT USE IS IT?'). ECCLESIASTES 9:3 – MADNESS RESTS IN EVERYONE'S HEART.
- (3) FOLLY (MINDSETS AND BEHAVIOR THAT REFLECT THE TRUE EMPTY, DECEPTIVE, AND DESTRUCTIVE DESIRES OF THE HEART; "HOW TO LAY HOLD ON FOLLY"—VS. 2:4-11).

MANIA

- WHILE NOT EVERYONE CHOOSES THE SAME DESTRUCTIVE RESPONSES TO THE MANY VEXATIONS OF THE SOUL, EVERYONE WHO LIVES APART FROM HOPE IN CHRIST MUST CHOOSE AT LEAST ONE OF THESE ATTEMPTS AS THEIR HOPE. IN ECCLESIASTES 2:12, SOLOMON DECLARES THIS TRUTH: “FOR WHAT CAN THE MAN DO WHO COMES AFTER THE KING? ONLY WHAT HAS ALREADY BEEN DONE.”
- WHAT MAKES SOLOMON’S CONFESSION EVEN MORE SOBERING IS THE FACT THAT HE SPEAKS FROM THE POSITION OF ONE WHO WAS WISE BEYOND ANY OTHER MORTAL, PRIVILEGED BEYOND ANY OTHER HUMAN, AND PLEASURED BEYOND ANY OTHER BEING. KING SOLOMON, WITH ALL OF HIS UNLIMITED RESOURCES, KNOWLEDGE, ADVENTURES, AND PLEASURES, HAD TRIED EVERY POSSIBLE HUMAN EFFORT APART FROM CHRIST TO REMEDY HIS BROKEN SPIRIT (vs. 4-11).

MANIA

- SOLOMON'S SELF-DEPENDENCE IS NOT ABNORMAL, AND HIS EXPERIENCE EXPLAINS WHY THE *DSM-5* ACKNOWLEDGES THAT THE MORE PRIVILEGED A PERSON OR COUNTRY, THE HIGHER RATE OF MANIC ATTEMPTS TO ESCAPE SORROW (APA, *DSM-5*, 130).
- IT IS OFTEN DIFFICULT FOR THE AFFLUENT TO TRUST IN GOD BECAUSE OF HUMANITY'S NATURAL SELF-DEPENDENCE (MATTHEW 19:23-24), AND EVEN WEALTHY CHRISTIANS MUST BE CAREFUL NOT TO LET RICHES BECOME A FALSE HOPE:

“AS FOR THE RICH IN THIS PRESENT AGE, CHARGE THEM NOT TO BE HAUGHTY, NOR TO SET THEIR HOPES ON THE UNCERTAINTY OF RICHES, BUT ON GOD, WHO RICHLY PROVIDES US WITH EVERYTHING TO ENJOY (1 TIMOTHY 6:17).”

DEPRESSION IS MOST OFTEN DIAGNOSED AMONG THE POOR, WHEREAS BIPOLAR IS MOST OFTEN DIAGNOSED AMONG THE RICH. THE MORE RESOURCES A PERSON HAS, THE MORE TENDENCY THEY HAVE TO TURN TO THEIR OWN DEVICES.

THE CYCLE EXPLAINED

IN ECCLESIASTES 2:12-13, SOLOMON AGAIN CONSIDERS IF WISDOM, MADNESS, OR FOLLY CAN REMEDY THE HUMAN CONDITION.

“SO I TURNED TO CONSIDER WISDOM AND MADNESS AND FOLLY. FOR WHAT CAN THE MAN DO WHO COMES AFTER THE KING? ONLY WHAT HAS ALREADY BEEN DONE. THEN I SAW THAT THERE IS MORE GAIN IN WISDOM THAN IN FOLLY, AS THERE IS MORE GAIN IN LIGHT THAN IN DARKNESS. THE WISE PERSON HAS HIS EYES IN HIS HEAD, BUT THE FOOL WALKS IN DARKNESS. AND YET I PERCEIVED THAT THE SAME EVENT HAPPENS TO ALL OF THEM. THEN I SAID IN MY HEART, ‘WHAT HAPPENS TO THE FOOL WILL HAPPEN TO ME ALSO. WHY THEN HAVE I BEEN SO VERY WISE?’ AND I SAID IN MY HEART THAT THIS ALSO IS VANITY. FOR OF THE WISE AS OF THE FOOL THERE IS NO ENDURING REMEMBRANCE, SEEING THAT IN THE DAYS TO COME ALL WILL HAVE BEEN LONG FORGOTTEN. HOW THE WISE DIES JUST LIKE THE FOOL! SO I HATED LIFE, BECAUSE WHAT IS DONE UNDER THE SUN WAS GRIEVOUS TO ME,

TESTING FOLLY:

. . . FOR ALL IS VANITY AND A STRIVING AFTER WIND. **I HATED ALL MY TOIL** IN WHICH I TOIL UNDER THE SUN, SEEING THAT I MUST LEAVE IT TO THE MAN WHO WILL COME AFTER ME, AND WHO KNOWS WHETHER HE WILL BE WISE OR A FOOL? YET HE WILL BE MASTER OF ALL FOR WHICH I TOILED AND USED MY WISDOM UNDER THE SUN. THIS ALSO IS VANITY. **SO I TURNED ABOUT AND GAVE MY HEART UP TO DESPAIR** OVER ALL THE TOIL OF MY LABORS UNDER THE SUN, BECAUSE SOMETIMES A PERSON WHO HAS TOILED WITH WISDOM AND KNOWLEDGE AND SKILL MUST LEAVE EVERYTHING TO BE ENJOYED BY SOMEONE WHO DID NOT TOIL FOR IT. THIS ALSO IS VANITY AND A GREAT EVIL [EMPHASIS ADDED].”

MANIA IS ALWAYS A FAILED ATTEMPT THAT RETURNS THE DECEIVED TO DEEP SORROW AND DESPAIR

SOLOMON—THE WISEST, WEALTHIEST, AND MOST PLEASURED MAN TO EVER LIVE—MAKES THE TRUTH ABUNDANTLY CLEAR THAT NOTHING IN THIS WORLD APART FROM CHRIST CAN REMEDY GUILT, SOLVE INEVITABLE DEATH, OR BRING LASTING JOY AND SATISFACTION: “SO I HATED LIFE, BECAUSE WHAT IS DONE UNDER THE SUN WAS GRIEVOUS TO ME” (17).

DEEPER SADNESS AND HATING LIFE ARE REGULARLY THE RESULT OF TURNING TO SELF-DEPENDENCE AND VANITIES THAT PROMISE WHAT THEY CANNOT DELIVER. SUICIDE BECOMES AN OPTION ONLY TO THE INDIVIDUAL WHO HAS EXHAUSTED EVERY OTHER POSSIBLE ESCAPE FROM HIS/HER HUMAN CONDITION AND FALSELY ASSERTS HIMSELF/HERSELF TO BE THE FINAL HOPE.

OFFER A SPECIFIC BIBLICAL PHENOMENOLOGY

- I ALWAYS PURPOSE TO WALK COUNSELEES AND THEIR FAMILIES THROUGH ECCLESIASTES 1-2. IN THIS PASSAGE, SOLOMON RECORDS HIS OWN PERSONAL ATTEMPTS TO ESCAPE HIS FALLEN/VEXED CONDITION.
- WHAT MAY SURPRISE SOME IS JUST HOW PRECISE SCRIPTURE IS IN DESCRIBING THE CRITERIA THAT THE APA HAS FASHIONED INTO THE CONCEPT OF MANIA WITHIN THEIR PSYCHIATRIC CONSTRUCT OF BIPOLAR I.

MANIA

A comparison of Ecclesiastes 2:1-11 and the DSM-5 criteria for mania listed in the construct of Bipolar I

ECCLESIASTES 2	DSM-5 – BIPOLAR I
vs. 9 – “So I became great and surpassed all who were before me in Jerusalem.”	p. 124 – “Inflated self-esteem or grandiosity.”
vs. 4-8 – “I made great works. I built houses and planted vineyards for myself. I made myself gardens and parks, and planted in them all kinds of fruit trees. I made myself pools from which to water the forest of growing trees. I bought male and female slaves, and had slaves who were born in my house. . . .” vs. 10 – “And whatever my eyes desired I did not keep from them. I kept my heart from no pleasure.”	p. 124 – “Increase in goal-directed activity.” p. 128 – “During the manic episode, the individual may engage in multiple overlapping new projects . . . nothing seems out of the individual’s reach.”

MANIA

ECCLESIASTES 2	DSM-5 – BIPOLAR I
vs. 8 – “I got . . . many concubines, the delight of the sons of man.”	<p>p. 128 – “Increased sexual drive, fantasies, and behavior are often present.”</p> <p>p. 129 – “Sexual behavior may include infidelity or indiscriminate sexual encounters with strangers.”</p>
vs. 3a – “I searched with my heart how to cheer my body with wine.”	<p>p. 131 – “There may be substantial overlap in view of the tendency for individuals with bipolar I disorder to overuse substances during an episode.”</p>

MANIA

ECCLESIASTES 2	DSM-5 – BIPOLAR I
vs. 3b – “My heart still guiding me with wisdom – and <i>how to lay hold on folly</i> [emphasis added], till I might see what was good for the children of man to do under heaven during the few days of their life.” (See Proverbs on the fool and his mouth).	<p>p. 129 – “Gambling and antisocial behaviors may accompany the manic episode.”</p> <p>p. 128 – “Speech can be rapid, pressured, loud, and difficult to interrupt. Individuals may talk continuously and without regard for other’s wishes.”</p>
vs. 7-8 – “I had also great possessions of herds and flocks, more than any who had been before me in Jerusalem. I also gathered for myself silver and gold and the treasure of kings and provinces.”	<p>p. 130 – “Bipolar disorder is more common in high-income than in low-income countries.”</p>

MANIA

ECCLESIASTES 2	DSM-5 – BIPOLAR I
vs. 20 – “So I turned about and gave my heart up to despair.”	p. 123-27 – “extreme mood changes”
vs. 17 – “So I hated life, because what is done under the sun was grievous to me.”	p. 131 – “The lifetime risk of suicide in individuals with bipolar disorder is estimated to be at least 15 times that of the general population. In fact, bipolar disorder may account for one-quarter of all completed suicides.”

MANIA IS NORMAL HUMAN NATURE

- THE CRITERIA LISTED IN THE *DSM-5* AS A “MANIC EPISODE” IN THE CONSTRUCT OF BIPOLAR AND THOUGHT TO BE AN ABNORMALITY WITHIN HUMANISTIC THINKING IS PRESENTED IN ECCLESIASTES AS NORMAL HUMAN NATURE AND EXPECTED DESTRUCTIVE RESPONSES TO THE FALLEN CONDITION OF ALL PEOPLE.
- TRUSTING IN SELF TO ESCAPE THE HUMAN CONDITION IS DESTRUCTIVE!

PRESENT THE GOSPEL

PSALM 34:18: "THE LORD IS NEAR TO THE
BROKENHEARTED AND SAVES THE
CRUSHED [HOPELESS/HUMBLLED] IN
SPIRIT."

**OFFER GENUINE HOPE APART FROM
ONE'S SELF AND NORMALCY**

**ROMANS 15:13 – “MAY THE GOD OF HOPE FILL
YOU WITH ALL JOY AND PEACE IN BELIEVING, SO
THAT BY THE POWER OF THE HOLY SPIRIT YOU
MAY ABOUND IN HOPE.”**

**THERE IS NO POWER IN MAN TO PROVIDE
DELIVERING HOPE FOR HOPELESSNESS**