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# I'm OK, You're Bipolar—the Newest Therapeutic Fad

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The cover story of the March 8, 2004, addition of New York magazine asks the new question of the day: "Are You Bipolar?" According to the magazine's cover, "People with mild bipolar disorder can be creative, exuberant, impulsive, passionate about shopping and sex—and dangerously depressed. Sound like anyone you know? Why many psychiatrists are rethinking depression."

So . . . the psychiatrists are rethinking depression after having thought and rethought the issue many times over. In the article, writer Vanessa Grigoriadis reports that she has been diagnosed with "mild bipolar disorder." As she explains, she wasn't feeling "particularly bad" and had been taking an antidepressant for a couple of years. After returning from a summer trip to Majorca, she found herself in a situation marked by a hectic schedule, little sleep, and much partying. After one long night in a New York nightclub, she experienced a somewhat bizarre episode with a cab driver that sent her into a search for what was wrong with her life.

As she tells the story, the first clue about her real problem came "on a semi-annual visit to my psychopharmacologist." From this point in the article onward, we have a pretty good idea that what follows will make sense only to the kind of people who go on "semi-annual" visits to a psychopharmacologist.

Over the next several weeks, Ms. Grigoriadis came to terms with the diagnosis that she was afflicted with hypomania—a mild form of bipolar disease. The syndrome identified as hypomania was diagnosed in accordance with a list of criteria that includes "excessive involvement in pleasurable activities with lack of concern for painful consequences," inappropriate laughing and joking, and "inappropriate punning." Word of honor—I'm not making this up.

Vanessa Grigoriadis now announces, "As much as depression was the illness of the nineties, mild bipolarity has become the new diagnosis for a slice of society that include hard-to-treat depressives and some with a personal disposition that perhaps hedges into ordinary moodiness." Unsurprisingly, she also reports that "many doctors believe that the wide spread prescription of antidepressants over the past decade has been instrumental in uncovering, and even exacerbating, bipolar conditions." Imagine that!

Over a generation ago, Phillip Reiff announced what he called "the triumph of the therapeutic." According to Reiff, our modern society has been running headlong into the assumption that our most basic problems are psychological or psychiatric and are to be cured by some form of therapy. This rush to make all matters of meaning nothing more than issues for therapy goes in hand-in-hand with moral relativism, an abdication of individual responsibility, and, most importantly, the eclipse of the Christian worldview.

The new therapeutic worldview assumes that all of us are in need of some kind of therapy. Those who hold

tenaciously to this worldview look to the rest of us as if we simply don't get it. Evidently, we are living "in denial" and refuse to see what those who have been illuminated by the new therapeutic worldview know all too well. An entire industry of self-help counselors, seminars, and conferences deliver the lighter fare in this category, while the mental health industry has grown into one of the largest sectors of the health care industry.

How bad is this problem? Millions of American boys are now taking Ritalin and other psychotropic drugs on a daily basis. Boyhood has now been categorized as a psychological disease and issues as common as moodiness are now given a name and categorized as a disease or syndrome.

Vanessa Grigoriadis' article in New York magazine illustrates the circular reasoning behind the therapeutic worldview. Given to fads and contemporary fashions, the mental health industry must continually cook up new syndromes to treat, new drugs to prescribe, and new syndromes to study. Ms. Grigoriadis reports that New York psychiatrists are now differentiating between what they call bipolar II, bipolar III, and bipolar IV. As she explains, "Nowadays, academic researchers have started to speak confidently of a 'bipolar spectrum'." How large is this spectrum? "It's a rainbow that includes highly functional people as well as those with powerful psychoses, some substance abusers, borderline-personality-disorder cases, and kids and adults with attention-deficit/hyperactivity disorder." Anyone left out?

Joseph Goldberg, director of the Bipolar Disorders Research Program at the Zucker Hillside Hospital comments, "The heart of the controversy is that a lot of clinicians throw rigor out the window when they assume that any patient with irritability and mood symptoms automatically has bipolar disorder. It's fair to ask the question as a kind of hypothesis, but it remains a clinical diagnosis, without laboratory tests to validate it, and it can be over diagnosed." We can only assume that that last statement reflects a massive underestimate.

According to the New York article, the Journal of Clinical Psychology reported in January 2003 that 3.7 percent of the population "might be bipolar in one form or another." Ms. Grigoriadis announces that some doctors "argue that even that figure is low." Furthermore, "Just under 10 percent of all eighteen-to-twenty-four-year-olds surveyed screened positive for the illness." Did you follow that closely? That means that one out of ten young adults is supposed to have some form of bipolar disease.

Isn't this evidence of scientific and medical sloppiness—or of a mad marketing campaign? "The incidence of bipolarity isn't a matter of opinion," states Myrna Weissman, professor of psychiatry and epidemiology at Columbia University. "It's a matter of evidence." Well, I guess that all depends on what we consider "evidence."

The marketing angle and the opportunity to capitalize on a new psychiatric diagnosis provides ample ground for skepticism. The New York magazine article announces the development of drugs including Risperdal and Seroquel, joined by Symbyax and Zyprexa, as well as Lamictal. Dr. Frederick Goodwin, co-author of the definitive text, Manic-Depressive Illness commented: "Just as lithium's advent caused more attention to bipolar I, Lamictal's advent will probably bring more attention to bipolar II."

How do psychiatrists identify victims of bipolar disease? According to Ms. Grigoriadis, "Mild bipolarity, after all, can be an illness of subtle signs." Frank Miller, a psychiatrist identified as having a "prim office on Fifth Avenue," explains the subtleties of the syndrome. Speaking of a hypothetical patient, he explains, "You see that their depression gets better. You see a period of normal. And then, quite unexpectedly, whether its a year later or six months later, a person comes in a little more dressed up, a woman may be in a dress that's too short, a lipstick too widely applied, a kind of spontaneity, a spunkiness that you've just never seen before."

He continued: "That person could easily be reconceptualized as a bipolar individual, although that is the totality of the hypomania that you'd see: four or five days, quite subtle, and not recognized by family, friends, or colleagues as evidence of anything extreme. But there is a third mood, so to speak." Pardon me, but that sounds like nothing more than an avalanche of psychobabble.

Dr. Miller thinks that bipolarity may be "a distinctively New York phenomenon." He believes that many Americans live where bipolarity is likely to be less common. Nevertheless, in New York, "People . . . are coming from all over, people with energy and excitement and stamina, and it may be in this city, in the people that you find yourself knowing, with throwing in other factors—staying out late, the bar scene, marijuana, being at places where people with bipolar are likely to congregate, differentially—then maybe it's 1-in-8 that the people one actually hangs with have bipolar risk."

Howard Smith, director of operations for the Mood Disorder Support Group, acknowledges that the new emphasis on bipolar disease may be a fad. "There are certain fads that take off, and the current one is bipolar II. ...A few years ago it was schizoaffective disorder. Then it was borderline personality disorder. Next year it will be something else. It's not that doctors don't know what they're doing: They're responding to patients. Patients press doctors for labels. And doctors want to keep you on your meds so they're okay with it."

There is something seriously sick about a society that makes mental illness a fad; that diagnoses the latest fashion in psychological syndromes, and then sells an entire constellation of psychotropic drugs as the answer to the problem. Christians must resist the siren call of the therapeutic worldview, resist the intellectual (and psychological) fashions and fads of the day, and speak to these issues from the deep wells of Christian truth. Humanistic psychology starts with a false view of humanity and moves to a false remedy for human wholeness and happiness. This New York magazine article reminds us of where this really leads.

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