Buddhist Mindfulness in Recovery from Bipolar Disorder

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Can mindfulness support recovery?

Bipolar disorder (BD) is a costly and debilitating mental health diagnosis. This qualitative study interviewed 9 adults about their experience of using Buddhist-informed mindfulness practice in their recovery from BD. **Participants attributed a major role to mindfulness in their recovery,** and reported significant benefits in their life.

Past research on mindfulness in BD has focused on MSBR and MBCT, and findings are equivocal. MBCT and MBSR were originally formulated for major depression and chronic pain. **Building a new approach that is specifically made for recovery from BD may improve outcomes.** This study is a first step in gathering data for such a project.

Buddhist frameworks may influence or enhance mindfulness practice. As BD entails intense alternating moods, Buddhist teachings on skillful conduct and the middle way could support recovery. For those with BD who experience psychotic or extraordinary phenomena, a non-pathologizing Buddhist lens could make space for such experiences without clinging to them. For these and other reasons, **Buddhist-informed mindfulness practice could enhance recovery from BD.**

Qualitative studies can gather rich data about human experience. This study interviewed 9 individuals with lived experience recovering from BD, to find out more about what works.

Method & Participants

I conducted interviews in person or via videoconference or telephone, recorded them, personally transcribed them on a computer, and analyzed them 'manually' using qualitative data analysis software. I used **thematic analysis** to generate themes from interview data.

Participants were recruited via professional networks using snowball sampling. Participants had been diagnosed with BD in the past and had experienced one of 5 kinds of recovery: symptom reduction, disease remission, improved quality of life, psychosocial adjustment, or social empowerment. The table at right summarizes **participant demographics**.

P#	Age	Gender	Employment	SR	DR	IQoL	PA	SE
1	24	M	Student	Y	?	Y	Y	Y
2	33	M	Student & Part-time	Y	?	Y	Y	Y
3	28	M	Full-time	Y	–	Y	Y	Y
4	47	M	Full-time	Y	?	Y	Y	Y
5	53	F	Full-time	Y	Y	Y	Y	Y
6	45	M	Part-time	Y	–	Y	–	–
7	73	M	Retired	Y	–	Y	Y	Y
8	27	M	Full-time	Y	Y	Y	Y	Y
9	28	X	Unemployed	Y	?	Y	Y	Y

Key: Gender F = female, M = male, X = non-binary. Types of recovery: SR = symptom reduction, DR = disease remission, IQoL = improved quality of life, PA = psychosocial adjustment, SE = social empowerment. Y = yes, ? = not sure, - = no.

This study did not operationalize "mindfulness practice," but took sitting meditation, loosely defined, as the common practice. This pragmatic definition was chosen to avoid privileging one technique or lineage. **Qualifying participants** had practiced sitting meditation at least 45 minutes/week for at least 6 months in the 2 years preceding the study, and had learned about Buddhist ideas through any medium. A psychiatrist attested to sufficient emotional stability to participate in the study.

Researcher Reflexivity

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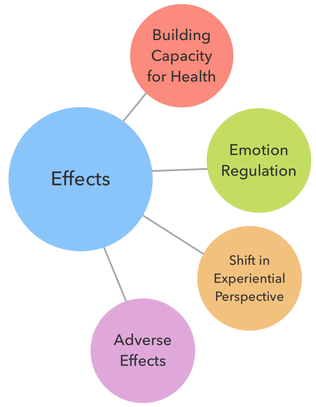
My interest in this topic comes from my lived experience using Buddhist mindfulness practice to recover from BD in my early 20s. Buddhist meditation seemed pivotal in transforming my experience of BD, and was a core component of my recovery. I have been unmedicated and asymptomatic for about 15 years.

I continued to study Buddhism and practice meditation, and I completed a clinical master's degree in Buddhist-informed psychotherapy. I began my doctoral program seeking to conduct the research reported here.

Over the past ten years, I have grown disillusioned with Buddhism. In part, this was due to issues of cultural translation in the West, particularly with regard to social justice and LGBTQ+ concerns. Power abuses perpetrated by leaders of the Buddhist community I participated in were the final straw.

Today, my stance towards Buddhism is cautiously agnostic. I harbor doubts about many Buddhist claims, but I am interested in how Buddhist materials can be useful. During this project, I worked to bracket my biases and disconfirm my assumptions. Although some accounts resonated with my own experience, there were also many surprises. **I have sought to ground my findings in the data.**

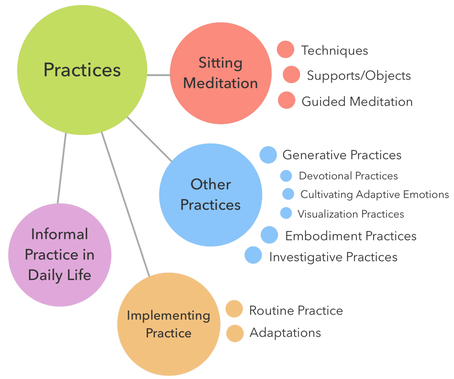
Effects of Mindfulness Practice



Participants reported an array of beneficial effects of mindfulness practice in BD. The first three themes reported at left (**Building Capacity for Health, Emotion Regulation,** and **Shift in Experiential Perspective**) also had 19 sub-themes that attained convergence in at least 3 reports. For legibility, these are omitted in the diagram.

Participants also reported a few **Adverse Effects**, such as hyperventilation, panic attacks, and physical pain. These findings suggest the need for a trauma-informed approach to mindfulness practice in BD.

Participants Used Many Practices

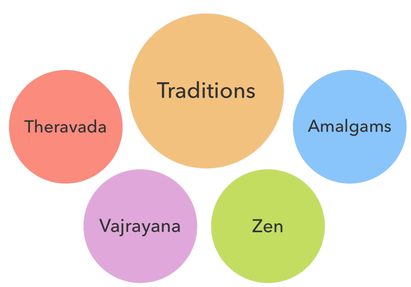


Participants used many different **sitting meditation** techniques and adjusted them as needed over time. They also used a wealth of **other mindfulness practices**, which they integrated with sitting practice.

Routine and adapting mindfulness to their situation helped participants in **implementing practice**. **Informal practice in daily life** was important.

These findings suggest a "craft" approach to mindfulness practice: participants developed a personalized kit and selected appropriate tools to work with their emotions and states of mind.

Eclectic Buddhist Traditions



- Dhammarato
- Bhante Ghunarantana
- Tara Brach
- Stephen Batchelor
- Kenneth Folk
- Bill Hamilton
- Daniel Ingraham
- angel Kyodo williams
- Shinzen Young
- Chögyam Trungpa
- Pema Chödron
- Kagyü lamas

Participants reported eclectic participation in **a variety of Buddhist traditions**, summarized at left. The list of specific teachers is incomplete to protect participant anonymity.

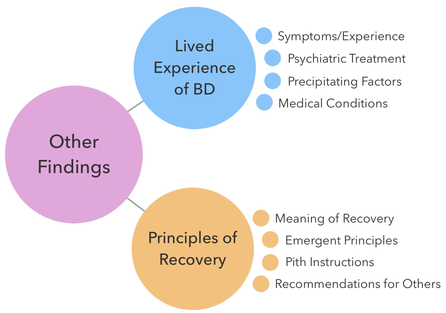
Participants engaged with Buddhism in a variety of ways, including books, audio recordings, group retreats, and individual instruction.

Most participants drew from multiple teaching streams over time, suggesting that **an amalgam of teachings and practices** may be common. Some participants also reported secular practice such as MBCT in the past.

Matrix of Recovery

Participants also reported engaging in a variety of other wellness practices, of which mindfulness was one. (Further sub-themes are omitted here for clarity.) These different practices can be brought together in a **Matrix of Recovery**, with an overall goal or process of **Integrating Self and Experience**.

Other Findings



There were two additional top-level findings. The **Lived Experience** theme painted a picture of the experience of BD, and precipitating factors that made people vulnerable to a life crisis. All participants had been medicated for bipolar disorder at some point. Some felt that medication was important in maintaining recovery, and others were glad to be medication-free.

Principles of Recovery collected different meanings of recovery, significant trends, and specific advice to others. A significant motivation for participants to take part in this study was the potential to help others in their recovery from BD.

Implications

Recovery from BD is possible. Mindfulness practice can be an important component of recovery for some people with a BD diagnosis, with many possible benefits, but it is not a panacea. Recovery-informed research and clinical practice could open pathways to health, reduce stigma, and enhance outcomes.

Clinical Implications

- Buddhist-inspired mindfulness practice may have adaptive value for some people with BD
- It is important to use multiple wellness strategies in an evolving personalized recovery plan
- Mindfulness practice in BD should be trauma-informed

Research Implications

- Future studies could test a novel treatment grounded in these findings
- Mixed methods could investigate diverse paths to recovery
- Outcome studies should also measure of quality of life and functional outcomes

Study data will be published in a repository subsequent to publication so they can be reused in future research.

Section Key: Introduction | Findings | Conclusion

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