Mood Swings – Are They Spiritual, Emotional, or Genetic?

by Paul Meier, M.D.

The correct answer to the above question is "all of the above," but sometimes our mood swings are mostly one or the other. Clear as mud? Well, let me explain.

The majority of depressive mood swings are due to a combination of spiritual and emotional (not genetic) factors. For example, a tragedy occurs in someone's life, as it will sooner or later in all of our lives. That personal tragedy triggers memories of previous childhood losses (a psychological phenomenon). Then the person chooses to get bitter about the tragedy which causes it to become a spiritual problem. Enough bitterness will result in a depletion of serotonin in the brain (a biochemical problem caused by the psychological and spiritual problem). That person then develops a major depression as a result of the low serotonin levels in the brain, with fatigue, insomnia, poor concentration, increased irritability, painful thoughts and perhaps even death wishes. This is the scenario most of the time.

But about 10% of people who get seriously depressed and depleted of serotonin or norepinephrine have primarily a genetic disorder known as a "bipolar spectrum disorder." These unfortunate people get prayed over or counseled ad infinitum, but still keep going in and out of depressions even if they "do everything right" because their problem is genetic. Their problem can best be relieved if they take medications, including a mood stabilizer and, in many cases, an antidepressant.

In earlier history, those 10% of people who inherited mood disorders were locked up, criticized for not "snapping out of it," condemned for being "unspiritual," or may have even committed suicide. Tragically, even in our modern era, about 20% of those who inherit a "bipolar spectrum disorder" commit suicide – mostly those who go undiagnosed and untreated. Some legalistic churches may have unknowingly contributed to the deaths of individuals by condemning medication or Christian psychiatry as being somehow demonic or evil. This is especially sad because those who inherit bipolar spectrum disorders can usually live quite normal, productive lives if they are treated with proper medications. They often become very successful people because they tend to be very energetic, highly motivated people when given proper medications to correct their genetic biochemical imbalances.

Modern research is showing that many boys and girls who inherit ADHD (Attention Deficit Hyperactivity Disorder) are more impulsive, forgetful, distractible, and have trouble concentrating. If their pediatrician puts them on Ritalin or similar medications, they usually become totally "normal" within 10-15 minutes. It's like night and day. Perhaps a third of these children will grow up and develop one of the bipolar spectrum disorders. Most ADHD children continue to have ADHD all their lives, but can live relatively symptom free with lifelong medications. But many children who don't have ADHD also grow up and develop one of the bipolar spectrum disorders, either in their teens, twenties or thirties. If you are 40 years old and have never had a bipolar spectrum disorder, it is very unlikely that one would start after age 40. Because bipolar spectrum disorders are the most often misdiagnosed condition by physicians, pastors, therapists and even psychiatrists, I co-authored a book entitled *Mastering Your Moods* (Thomas Nelson Publishers, 1999) in an effort to raise public knowledge about these issues.

The most common genetic mood disorders can be summarized as follows (the first two are not technically "bipolar" in nature, but the last three are definitely part of the "bipolar spectrum disorders):

1. Dysthymia – This means chronic, life-long unhappiness with no prolonged periods of joy. People get used to it sometimes and think, "unhappy is normal." They occasionally get severely depressed, but usually don't reach the point of wanting to commit suicide. They can get years of therapy by the best

therapist in the world but never get better. The dysthymic person and the therapist both feel like failures. Finally, the therapist figures out the issue may be genetic and refers the dysthymic client to a psychiatrist for one of the newer antidepressant medications. Two weeks to ten weeks later, the dysthymic person generally feels energy, joy, a lust for life and lives a happier life in general, and women experience freedom from PMS. Sometimes dysthymia is the result of an unhappy childhood or of stress factors throughout life. Other times it is purely genetic. Often it is a combination of both.

2. Unipolar genetic depressions – Some people are happy most of the time but cycle in and out of major or minor depressions, often going into a severe depression even when circumstances in their lives are at their best. If these depressions only come every winter because of reduced sunlight and the effect of darkness on their pineal glands, then it would be classified as Seasonal Affective Disorder (SAD). SAD can be treated with 20 minutes a day of sitting by specialty lights (10,000 lumens or greater) or by taking a serotonin antidepressant every winter. If these depressions do not occur every winter season, then antidepressant medications could be taken whenever the depression strikes or the person may need to consider simply remaining on these medications year round since they are very safe.

3. Bipolar II – People who inherit Bipolar II swing into three different emotional states: a) Normal—most of the time, b) Depressed—sometimes for weeks or months at a time, and c) Hypomanic—too happy and too hyper with days or even weeks of euphoria, talking faster than normal, dominating conversations, increased impulsive behavior (often in the areas of spending or flirting), racing thoughts, hyperactivity (restlessness), and insomnia. Lifelong mood stabilizing medications prevent hypomanic episodes and antidepressant medications prevent the dips into depression. These highs and lows can come once a month in some cases or once a decade in others. If a person inherits four highs or lows per year, he is classified as a rapid cycling bipolar. Some people inherit mixed episodes, characterized by depression and aspects of hypomania at the same time.

4. Bipolar I – This is more severe than Bipolar II but just as easily treated with mood stabilizers and antidepressants. It is the same as Bipolar II with normal times and depressed times, but with manic periods instead of hypomanic periods. These manic episodes are just more severe in scope such as spending one's life savings in one day or sometimes even losing touch with reality for a while with delusions (e.g., "I'm God!") and/or hallucinations (hearing God, demons or other audible voices that aren't really there). Medications usually make the voices disappear by correcting the dopamine imbalance. Since these voices always go away after a few days or weeks on dopamine correcting medications, this proves these voices really aren't real. As a Christian psychiatrist, I believe everything the Bible says, including what it says about demons. But again, millions of people have been condemned for thousands of years for being demon-possessed simply because they had the misfortune of inheriting a bipolar spectrum disorder.

5. Schizoaffective Disorder – This is the final and most severe bipolar spectrum disorder. It is essentially the same as Bipolar I, but there are really no totally "normal" periods, unless that person takes an atypical antipsychotic medication and a mood stabilizer throughout life, and often also an antidepressant. Without these medications, the person swings from manic to depressed (or Mixed Episodes) with paranoid delusions and/or auditory hallucinations (voices) almost all of the time, even between depressions and manic episodes.

So there you have it! Millions of our brothers and sisters throughout the world who are suffering due to genetic mood disorders, or even severe PMS, ADHD, or OCD (obsessive compulsive disorder), can live normal, happy, meaningful and productive lives. It thrills my soul, every week of my life, when I meet a new patient who has one of these disorders and God allows me the wonderful privilege to start them on

medications that relieve their pain and saves their families. They usually come to one of our Day Program for three weeks to get educated, counseled (to prepare them for the future and guide them out of their pain) and medication adjustments. After several weeks, they typically feel fine and go back home for routine follow-up care with a mental health professional.

Is it worth three weeks of treatment, daily lifelong medication, and visiting a psychiatrist for routine appointments for the rest of one's life in order to live a happy and meaningful life? For the 10% who inherit a genetic mood disorder, the answer should be an enthusiastic "yes!" And for most, it is after they work through the grief of accepting this lifelong genetic handicap. This can be a difficult process for any one, so if you have a loved one with one of these disorders, give him/her all the love and support and encouragement you can. We all need that!

Paul Meier, M.D. is the founder of the nation-wide Meier Clinics, established in 1976. He was a pioneer in incorporating Christian principles with psychology. He has authored or co-authored over 80 books and numerous articles. He has had the privilege of speaking and teaching at universities, seminaries, and other forums throughout the United States and other countries.

