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Conflict, Stress and Faith Experienced by Caregivers of Bipolar Family Members

Sharonrose Bollers

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Conflict, Stress and Faith Experienced by Caregivers of Bipolar Family Members
A Phenomenological Study

by

Sharonrose Bollers

A Dissertation Presented to the
College of Arts, Humanities, and Social Sciences of Nova Southeastern University
in Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

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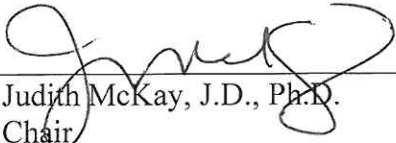
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This dissertation was submitted by Sharonrose Bollers under the direction of the chair of the dissertation committee listed below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment for the degree of Doctor of Philosophy in Conflict Analysis and Resolution at Nova Southeastern University.

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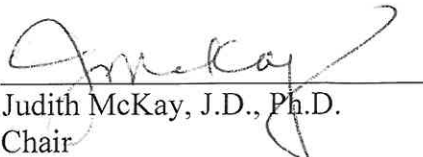
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Dedication

Dedicated to family members who are caring for their loved ones with bipolar disorder and frequently facing stress and conflict. Your quiet suffering and frequent isolation, although unrecognized by most in society, consider yourself brave and courageous as you provide the care and support needed by your mentally ill family member. Great would be your reward in heaven as mentioned in the Holy Bible.

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Abstract

Mental health issues present challenges to the mentally ill, and to the family members who are their caregivers. Among the challenges faced by caregivers are conflict and stress. This transcendental phenomenological study explored the experiences and perceptions of caregivers of conflict, stress, and the role of faith. In addition, this study sought to learn what lessons and strategies caregivers utilized and often created while caring for their family member with bipolar disorder. In this study ten caregivers were interviewed, telephonically or face-to-face, using a semi-structured interview format. Coming from four states, some were employed, some were retired, and one was currently unemployed, but seeking employment. The data analysis reflected four themes: stress, conflict, faith, and strategies learned or created from taking care of a family member with bipolar disorder. This study contributes to the field of conflict resolution, particularly in light of increased diagnoses and treatment of mental health illnesses, such as bipolar disorder. As diagnoses of mental health illness increase, more family members are becoming caregivers, thus prompting the need for enhanced conflict management and resolution skills and training.

Chapter 1: Introduction

Stress is pervasive in our society and no one could escape stress (Amadeo & Scofield, 2006). Stress is anything that threatens our equilibrium and is a danger to our well-being (Medical News Today, 2014). Conflict is also a worldwide phenomenon and common in every human society (Ramsbotham, Woodhouse, & Miall, 2011). Family members taking care of the mentally ill usually experience a high level of stress which often leads to conflict. The stress and conflict experienced by family members taking care of individuals with bipolar disorder is astronomical. They are faced with the changing personalities of the mentally ill relative who may seem normal for a few days, after which they succumb to depression and on other days they act as though they could conquer the world (Ogilvie, Morant, & Goodwin, 2005). Spouses feel neglected and alone when one spouse has bipolar disorder and cannot contribute emotionally, physically or mentally to the needs of the family (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Children feel abandoned and neglected when a parent has bipolar disorder and the well spouse spends most of their time taking care of the mentally ill spouse (Tracy, 2016). Family members are also drained financially from mounting medical bills (Ogilvie, Morant, & Goodwin, 2005). There is also conflict between family members and mental health service providers. Family members feel that they are not receiving adequate services for the individual with bipolar disorder (Maskill, Crowe, Luty, & Joyce 2010). They also feel that they are not adequately informed about the process of the illness which makes it more difficult to take care of their ill loved ones (Rusner, Carlsson, Brunt, & Nyström, 2013).

This research explored stress and conflict among family members who are taking care of individuals with bipolar disorder and the role of faith. Most people of faith believe in a loving God who will take them through any stressful situation they may encounter in life. Church attendance is often very important to most people of faith and they receive strength and encouragement from each other. Most people of faith also communicate with God through prayer (Faith and Wellbeing, 2014). According to Zuccolo (2014) most people of non-faith believe that they are the sole author of their destiny. Most believe that in order to be successful in life they just have to make the right decision and that they are not accountable to any higher power. Therefore through logic and common sense they can control their own stressful situations. In this research I discussed the role faith plays in the lives of family members who are taking care of an individual with bipolar disorder and how to cope with the stress and conflict generated by this disorder.

Problem Statement

The problem this study explored is related to stress and conflict experienced by family members living with an individual with bipolar disorder, and the role of faith. Stress often leads to conflict and negatively affects the lives of millions of families. Living with an individual who has bipolar disorder could be very stressful thus causing numerous conflicts. Family members often experience immense conflict, the home is often filled with tension and emotions run high. Research showed that in comparison with healthy family, family with bipolar disorder, experience less dedication and family support for each other. There is less organization in the family and greater conflict occurs due to freely expressed anger and various unhealthy emotions (Nader, et al.,

2013). Most family relationships are compromised when individuals with bipolar disorder are aggressive because this often leads to destructive conflict within the family (Miller, Peris, Axelson, Kowatch & Miklowitz, 2012). Family members taking care of individuals with bipolar disorder often are not trained with the skills needed to cope with the conflict, tension and stress caused by the behaviors of the bipolar relative. Due to lack of skills many family members taking care of individuals with bipolar disorder feel powerless, which could lead to feelings of antagonism and irritability, these feelings often leads to destructive conflict within the family (Nader, et al., 2013).

Financial hardship is also a burden faced by many family members and it is a huge problem in the United States. A study conducted by the US National Institute of Mental Health in 1991 showed the seriousness of the financial burden associated with bipolar disorder. The overall yearly expenditure that bipolar disorder costs US society according to Ogilvie, Morant, & Goodwin (2005) is 45 billion US dollars, 38 million of this amount was linked to indirect expenditures such as production lost by patients and family members taking care of the patient. Taking care of a family member with bipolar disorder could affect families in various ways economically. Families may have to take time off from their employment in order to provide care for the mentally ill family member. Most jobs require flexibility which may not be an option when taking care of a mentally ill family member, thus limiting their potential in their careers and their ability to climb the corporate ladder (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Parents and siblings are impacted directly economically as they make a considerable monetary contribution to support their family with bipolar disorder. Today more and more families find themselves burdened with the care of the mentally ill because over the

past few decades, the mentally ill are being treated outside of the psychiatric hospital. Family members such as spouses have become an integral part in the care of the mentally ill (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). According to Maskill, Crowe, Luty, & Joyce (2010) the deinstitutionalization movement in the mental health services over the past 50 years has brought to the forefront the key role individuals take in supporting people with mental health disorder. The repeated lack of ample community-based healthcare services has resulted often in family members taking the responsibility for a considerable amount of the patient's care.

Many family members in order to cope with the stress of caring for a loved one with mental illness turn to faith. Collins & Bowland (2012) point out that some people of faith engage in practices such as reading holy texts, listening to spiritual songs, listening to spiritual programs, participating in devotional exercise, taking part in worship songs and talking to God through prayer which helps to improve their coping skills and build community support. Religious practices could also encourage feelings of hopefulness, endorse healthy conduct, decrease thoughts of melancholy and anxiety. However, according to Koenig (2008) although many individuals in stressful situations seek refuge in religion for comfort, hope and meaning some individuals are helped while others does not benefit from religious practices.

Gap in Existing Literature

Even though family members are severely affected when taking care of individuals with bipolar disorder there is very little research on the burden or stress faced by family members taking care of their bipolar relatives (Berk, Jorm, Kelly, Dodd, & Berk, 2011). Most research on support, on the subject of bipolar disorder has been

primarily on the mentally ill, not considering the needs of the family members who take care of the individual with bipolar disorder (Rusner, Carlsson, Brunt, & Nyström, 2013). Ogilvie, Morant, & Goodwin (2005) mentioned that notwithstanding the scope of the impact of bipolar disorder, not much research has been done to identify more accurately, family member's burden, stress and conflict associated with this illness. Jönsson, Skärsäter, Wijk, & Danielson (2011) points out that earlier families who took care of individuals with bipolar disorder were mainly overlooked, but research shows that family support and well-being plays an integral role in the rehabilitation of the individual with bipolar disorder. In spite of this finding family intervention and support are still lacking. Studies focusing on the family viewpoint in regards to bipolar disorder are still inadequate.

There is also very little research done on the positive aspects of family members taking care of individuals with bipolar disorder. Most research focus only on the negative aspects of family members taking care of their mentally ill relative and exclude all positive aspects (Maskill, Crowe, Luty, & Joyce 2010).

Purpose of Study

This study explored stress and conflict encountered by family members taking care of individuals with bipolar disorder, and it also explored how to help alleviate their stress and how they resolve conflicts. Specifically I explored the role of faith related to stress and conflict encountered by family members taking care of individuals with bipolar disorder.

Central Research Questions

What is the perception of faith on individuals living with a bipolar family member related to stress?

What is the perception of faith on individuals living with a bipolar family member related to conflict?

What lessons and strategies have been learned from taking care of a family member with bipolar disorder?

Definition of Terms

Bipolar disorder is a mental illness where an individual experience periods of mania and periods of depression (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). An individual would experience periods of elation and feel they could conquer the world, followed by depression where they feel sad, hopeless, may even have suicidal ideation and may also lose interest in people (Ellison, Mason, & Scior, 2013).

Caregiver is someone who provides unpaid help and support to family members or friends who have physical, mental, or developmental challenges (Drentea, 2007).

Conflict is the antagonism between individuals and groups on the premise of competing interests, diverse identities, and conflicting attitudes (Schellenberg, 1996).

Faith expressed by many is a firm and safe belief in a loving and kind God who only wants what is best for mankind. It is also a trusting acceptance of His will despite the situation one encounters in life, or beliefs in a set of spiritual dogmas (Faith and Wellbeing, 2014). However faith could be harmful when individuals believe in a stern God, they experience excessive guilt, fear, and lowered self worth (University of Maryland medical Center, 2013).

Family members live together in a close unit. The family is considered the key element in society through which essential needs are met. Families are considered to be the main nurturing and socializing authorities for children. It is where close relationships for adults and children are satisfied, and it is a major support network throughout life. Each individual in the family unit is considered a family member (Karaks, Lee, & McDermid, 2004).

Non-faith individuals are described as individuals who may not acknowledge loyalty to a divine being. Some believe God created the world and then neglected it, while others discard all theories of uprightness or faith, and many emphasize observable facts and eliminate metaphysical assumption about beginnings or ultimate causes (Humanists UK, 2017).

Stress is a condition or an emotion that is experienced when an individual perceives that demands surpass the personal and social assets the person is able to mobilize (Amadeo & Scofield, 2006).

Stigmatization is prejudging an individual or group and treating them with scorn and contempt (Tracy, 2016).

Relevance of Topic

Stress is experienced by every living individual. However, severe stress, if not managed could lead to distress and create conflict among individuals (Brock University, 2010). In the case of relatives taking care of a family member with bipolar disorder severe stress is experienced. Conflict often arises among family members who are all trying to adjust to changes that have to be made (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Conflicts arise among parent and children who feel neglected

because more attention is paid to the mentally ill family member (Tracy, 2016). Families experience conflict because of the huge medical bills incurred by the individual with bipolar disorder (Ogilvie, Morant, & Goodwin, 2005). Stress is also caused by conflict between family members and the mental health institution (Maskill, Crowe, Luty, & Joyce 2010). Families feel helpless because they do not receive the information needed that would help them to better take care of the individual with bipolar disorder (Rusner, Carlsson, Brunt, & Nyström, 2013). Family members experience conflict within themselves. They experienced feelings of anger and frustration towards the mentally ill because they have to take care of the individual. They also experience feelings of guilt because of their ill feelings towards the mentally ill (Tracy, 2016). Many family members taking care of individuals with bipolar disorder suffer from low self-esteem, feels like a social recluse and avoid social functions. Some may even avoid family gatherings because they do not know how the mentally ill family member would respond to the setting (Maskill, Crowe, Luty, & Joyce 2010).

Relevance of this Study to Conflict Resolution

This study is relevant to conflict analysis and resolution because bipolar illness creates a great deal of stress and conflict among family members, which could quickly spiral into destructive conflict. Family members also suffer from low self-esteem and loss of power because of the embarrassment of having a mentally ill family member (Maskill, Crowe, Luty, & Joyce 2010). According to Wilmot & Hocker (2011) self-esteem and power are two limited resources that are often the results of interpersonal conflict. Family members taking care of the bipolar individual who is often noncompliant experience loss of power and control, which could often lead to conflict

(Ellison, Mason, & Scior, 2013). The conflict family members face within themselves, with each other, with the mentally ill family member and institutions that provide services for the mentally ill needs to be resolved as best as possible in order to avoid destructive conflict. Helping family members to engage in constructive conflict would help them to join together in order to clarify their goals, which would better help them to work together and eliminate resentment (Wilmot, & Hocker, 2011). Resolving those issues will help family member to deal more effectively with the stress and conflict involving the care of the mentally ill. In this study I explored how faith could help to lower the stress and decrease conflict experienced by family members taking care of individuals with bipolar disorder.

In the following section of this study I looked at literature reviews on stress, conflict and bipolar disorder. I also looked at how faith plays a great role in lowering individual stress level and thus decreasing conflict. Although I have only found one research that has been done on family members who take care of individuals with bipolar disorder, on how faith has helped to lower their stress level and decrease conflict, I have been able to find other research showing how faith helped individuals to cope more effectively with stress and decrease conflict.

Overview of the Chapters

In chapter 2 literature review the history of stress is discussed and the effect of stress on the body. Conflict is also discussed; it could be positive or negative. Constructive conflict is positive and could promote growth in relationships. Destructive conflict on the other hand causes disruption in relationship, contempt and disdain. The history and types of bipolar disorder is discussed. Also discussed is the stress and

conflict family members face who are taking care of the individual with bipolar disorder, and the role of faith.

Chapter 3 discusses transcendental phenomenology, the qualitative method I used in my research to explore how family members living with individuals that have bipolar disorder cope with stress and conflict and the role of faith. Chapter 4 discusses the result of the study. In chapter 5 which is the final chapter I discussed my research findings and how it concurs with the literature review in chapter 2. I also discussed the benefits and the limitations of this study.

Chapter 2: Literature Review

This chapter discusses the history of stress, conflict, what is bipolar disorder, history of bipolar, causes of bipolar disorder, types of bipolar disorder, bipolar disorder and other illnesses, signs and symptoms of bipolar disorder, suicide, stress and conflict experienced by family members, stigmatization, stress and conflict family experienced with mental health service, theories, ways family members could alleviate stress and conflict, and faith. In order to conduct this literature review I have searched many databases such as biomedical reference collection: comprehensive-EBSCOhost, CINAHL Complete- EBSCOhost, Medline ProQuest-ProQuest, PubMed-Public website, Web science, AccessMedicine, AccessPsychotherapy, Alt help watch- EBSCOhost, Cambridge core, Google scholar, Google, PsycINFO- ProQuest and many other databases from which I obtained a wealth of information. However, for care givers using faith as a coping method I only found one research that was done on faith as a method of coping with stress and conflict among family members taking care of individuals with bipolar disorder. This article is by Collins, W. L., & Bowland, S. (2012). Spiritual Practices for Caregivers and Care Receivers. *Journal of Religion, Spirituality & Aging*, 24 (3), 235-248.

Stress

The term stress was coined by Hans Selye, he was born in Komarno, Slovakia (formally known as Hungary) in 1907 (Rosch, 2015). Selye actually introduced the term stress from physics and engineering and defined it as mutual actions of forces that take place across any section of the body, physical or psychological (MedicineNet, 2015). While in school studying to be a doctor, Selye observed that patients suffering from

different diseases often exhibited identical signs and symptoms, they all looked sick. He later discovered and described the General Adaptation Syndrome, a response of the body to demands placed upon it. The Syndrome details how stress induces hormonal autonomic responses and, over time, these hormonal changes can lead to illnesses (Rosch, 2015).

Actually there are two categories of stress, eustress and distress. Eustress is actually good for the body, it is a motivator, and helps us to accomplish our goals in life. Without eustress we are not equipped to deal with the excitement and challenges in life. On the other spectrum distress is when stress is no longer tolerable or manageable. This occurs when the good stress becomes unmanageable. Tension builds, and there is no longer any fun in the challenge, there seems to be no relief, no end in sight. Whenever, stress undermines both our mental and physical health that is called distress (Brock University, 2010).

In the 1930s and 1940s the Hungarian-born scientist Hans Selye who is considered the father of stress, suggested that some chronic diseases were the result of faulty adaptation to stress, or what he referred to as the general adaptation syndrome as mentioned earlier (Jackson, 2014). Bellingham (2014) mentioned that Hans Selye's general adaptation syndrome has three phases. During the first phase the individual is alarmed and this is considered the fight or flight response. In this phase there is an increase in adrenaline and cortisol. During this phase heart rate is increased, blood pressure is elevated, blood cell production is increased, digestion is shut down, blood is shunted to the long muscles of the arms and legs, blood clots more quickly, pupils dilate and the body is prepared to fight or flee (Amadeo & Scofield, 2006). In the second phase

known as the resistance phase persistent, prolonged stress occurs while the body attempt to adopt or normalize, this causes an elevation in the cortisol production. The third phase is exhaustion, in this phase the elevated cortisol production instigates cortisol resistance which decreases the production of cortisol. Decreased cortisol in the body results in adrenaline fatigue and the body is unable to deal adequately with stress (Bellingham, 2014).

According to Bellingham (2014),

During the first phase of the stress response, cortisol and adrenaline causes essential physiological changes in the body, so individuals can focus and react quickly. Cortisol is also responsible for controlling non-essential stress related physiological processes in the body through the suppression of immune, digestive and reproductive functions. The majority of chronically stressed people are caught up in Phase 2, where chronically elevated cortisol levels steer multiple physiological and biochemical changes in the body. There are large numbers of chronic diseases that are related to chronic stress, particularly those associated with dysfunctional neurotransmitter, hormonal and immune pathways.

Physiological effects of prolonged chronically elevated cortisol levels include decreased serotonin production leading to low mood and anxiety. Dopamine dysregulation also occurs which generates cravings, addictions, poor focus and concentration. Increased adrenaline, noradrenaline and adrenocorticotrophin releasing hormone (ACTH) causes insomnia, sleep disorders and increased alertness. There is also a decreased leptin which increases central fat deposits, appetite, cravings and weight gain. The decrease of TSH (thyroid stimulating

hormone) and T4 (thyroxine) available for T3 (triiodothyronine) conversion, results in sub- clinical thyroid disease. Also modified hippocampal function results in poor memory and anxiety (p.148).

Elevated levels of cortisol also affect the hypothalamus which in turn affect other systems in the body. Almeida, McGonagle, & King (2009) mentioned that,

Persistent elevated levels of cortisol or nonresponse causes poor physical health, and wear and tear on the hypothalamic-pituitary-adrenal axis which is also activated during stress. Once the cortisol rhythm becomes perturbed, other biological rhythms may be deregulated, such as lymphocyte production which regulates the immune system. The basal body temperature and sleep is also affected. In addition, the early and late afternoon levels of cortisol reflects daily engagement and disengagement of the brain with peripheral physiology, and hence, the external environment. Failure to activate the hypothalamic-pituitary-adrenal axis in the morning and deactivate in the evening may indicate difficulty from disengaging from external demands, leading to inhibition of restoration and recovery processes. A number of studies have found that depressed individuals have higher cortisol levels (hyperactivity) during the recovery period following exposure to a stressor compared to nondepressed individuals (p.224).

An American psychologist by the name of Richard Lazarus disputed that psychological stress reactions, similar to the physiological mechanisms revealed by Selye, were produced by people's perceptions. During that very period two American psychiatrists, Thomas Holmes and Richard Rahe developed the Social Readjustment Rating Scale, which attempted to quantify stressful life events such as bereavement,

divorce, and illness and to provide doctors with a provisional scheme for predicting disease onset (Jackson, 2014).

In 1937 the British cardiologist Lord Horder argued that stress in the then contemporary world was the result of the repetitiveness and dullness of work, a lack of exercise and sleep, escalation of international insecurity, and the anxiety connected with the competition of source of revenue. Four years earlier Walter Revis Professor of Physic at Cambridge, suggested that the explosion of functional disorders, caused by emotional disturbances operating on the autonomic nervous system, is the result of failure to adjust to the environment which is changing rapidly (Jackson, 2014).

According to Jackson (2014) the most constant late Victorian account of a correlation between highly developed societies and stress was entrenched in the theory of neurasthenia, a word that was made popular in the 1860s by the American neurologist George M. Beard, and extensively adopted by European physicians and their patients. In a number of books on neurasthenia, or what he called American nervousness, Beard explained the increasing pervasiveness of nervous fatigue in terms of the stress of contemporary life. In a passage of time that betrayed a whole host of anxieties about swift technological and cultural transformation, anxiety could be traced to the main features of the then contemporary civilization, such as steam-power, the publication press, the telegraph, the sciences, and the intellectual activity of women. In later declarations on the consequences of failing to adjust to increasing social progress, stress and anxiety were assumed to be more widespread among the wealthy western middle classes.

As the years progressed, in the late 19th century doctors and patients alike believed that stress could cause or intensify physical illness. At times clinicians attribute the onset of cancer, diabetes, and thyroid disease, or the appearance and severity of influenza, to the debilitating effects of over work and excessive worry. The emotional trauma and pain of losing a loved one through death, domestic problems, financial difficulties, and the pace of life were all regarded as plausible triggers of pathology (Jackson, 2014). Family members who take care of individuals with bipolar also experience severe stress which often brings division and conflict into the family (Jönsson, Skärsäter, Wijk, & Danielson, 2011).

Conflict

Conflict is a worldwide aspect of human society (Ramsbotham, Woodhouse, & Miall, 2011). It is antagonism between individuals and groups on the premise of competing interests, diverse identities, and conflicting attitudes (Schellenberg, 1996). Conflicts occur whenever incompatible actions occur which prevents, impedes, hinders or makes resolution less effective (Wilmot, & Hocker, 2011). Prenzel & Vanclay (2014) see conflict as a way in which interdependent individuals communicate their individual differences to satisfy their needs and interests, and they experience obstruction from each other in achieving these objectives.

Self-esteem and power are two resources that are frequently perceived as scarce. These two limited resources are often the results of interpersonal struggles (Wilmot, & Hocker, 2011). Often the word conflict has a negative connotation and is considered awful. However according to Meehan (2017) conflict could be either constructive or destructive. It could inspire new thoughts, encourage social change and help individuals

to form their own sense of personal identity (Schellenberg, 1996). In constructive conflict the benefits surpass the costs, it creates productive and equally valuable joint decisions. People assemble to redefine or build up their relationship for the benefit of the concerned parties (Meehan, 2017). Constructive conflict often assist individuals to join together and clarify their goals. It could also serve to eliminate resentment and help individuals to have a better understanding of each other (Wilmot, & Hocker, 2011). Constructive conflict operates on the premise that all individuals involved in the conflict could win and that the objectives of the individuals involved are flexible. When individuals in conflict find common grounds they could commence the process of obtaining a joint resolution. Usually constructive conflict takes place when individuals feel at ease with the level of disagreement and recognize the need to make concessions. Constructive conflict depends on a continuous flow of communication and a joint willingness to accept change (Meehan, 2017).

Destructive conflict on the other hand often occurs because of narrowly defined or inflexible aspirations, and the results are often negative. In destructive conflict people are less flexible and want to conquer the opposing party. The parties concerned succumb to personal assault, intimidations and a general attitude of antagonism (Meehan, 2017). Destructive conflict also takes place when individuals are defensive. When individuals are defensive they are protecting themselves against pain, fear, personal accountability or new information. When defensiveness prevail, many destructive results occur, including power struggle, monotony, lack of pleasure and joy, unending hostility, emotional pain and aloofness, and a desire to get revenge. Contempt is another form of destructive conflict. Contempt is a statement or nonverbal action that makes an individual feel

superior than the one with whom they are communicating. Contempt often entails a nasty kind of ridicule, putdowns, antagonistic corrections and nonverbal expressions of disdain (Wilmot, & Hocker, 2011). Inflexibility or rigidity could also lead to destructive conflict. When individuals are not willing to adapt to change but insist on doing things the way it has always been done conflict often occurs. Rigidity often occurs when individuals feel helpless or anxious about losing something that is of significance to them. A competitive system of dominance and subordination also often results in destructive conflict. Governing groups have a tendency to repress conflict by minimizing and rejecting its existence. This works superb for those in authority, because they can create laws and put them into effect. As a matter of fact the governing party's success and protection is often its ability to restrain conflict, to keep it concealed, inconspicuous, and nonthreatening to the group's position of power (Wilmot, & Hocker, 2011). Another form of destructive conflict is escalatory spirals. This is when conflict gets out of hand, it may begin by carefully exchanging different viewpoints, but it deteriorates into an emotional careless exchange, in which strong feelings usually anger and fear are aroused. Escalatory spirals rely on overt power exploitation, threats, intimidation and dishonesty. In an escalatory spiral the individuals continues to circle around to more and more damaging ends, and the communication becomes self-perpetuating. It is characterized by misinterpretation, dissension and destruction. Retaliation also pervades destructive conflict. Individuals in conflict destroy their opportunity for change when they build up grievances, hold resentment and wait for an opportune moment to get revenge (Wilmot, & Hocker, 2011).

Family members taking care of individuals with bipolar disorder may experience destructive conflict due to the nature of the illness. The ill family member changing personality, and grandiosity when in mania could lead to destructive conflict. They may be extravagant spending funds which they do not have which causes great conflict within the family. Also when in mania the individual with bipolar disorder is easily distracted and becomes irritable and angry when they cannot get their way, which could often lead to destructive conflict within the family (Ellison, Mason, & Scior, 2013).

What is bipolar disorder?

Bipolar disorder is a severe psychiatric illness that affects its victims severely and is highly recurrent; frequently the onset is early adulthood (Maskill, Crowe, Luty, & Joyce, 2010). The disorder is typified by periods of manic manifestation alternating with periods of depressive manifestations, mixed manifestations, and euthymic manifestation (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). The projected lifetime occurrence of bipolar spectrum disorder is about 2% to 4% in the US (Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth, 2013). In the European Union it is projected that the lifetime prevalence of bipolar disorder is 1.5–2% (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Bipolar disorder is acknowledged for causing huge functional impairment and is recognized as the sixth leading cause of disability in the world today (Maskill, Crowe, Luty, & Joyce, 2010). Studies have shown that in the UK alone 1 million individuals live with bipolar disorder. Many go through life dealing with the symptoms and the consequences of mania, hypomania and depression. In the United States more than 16 million bipolar outpatient visits are made to the doctor's office each year. Bipolar disorder creates a considerable burden on an individual's medical and

socioeconomic level (Ogilvie, Morant, & Goodwin, 2005). Trijntje, Van Der Voort, Goossens, & Van Der Bijl (2009) mentioned that 75% of bipolar patients have functional disabilities between occurrences that could cause lower social functioning, reduced vocation prospects, and monetary reliance.

History of Bipolar

The word bipolar means two poles, it denotes the polar opposites of mania and depression (Krans, & Cherney, 2016). Burton (2012) mentioned that the words melancholy or depression and mania that are used to signify bipolar extremes, both terms have their origin in ancient Greek. The word melancholy originates from melas meaning black and chole meaning bile, because Hippocrates believed that depression occurred due to an excess of black bile (Burton, 2012), and mania or insanity was caused by yellow bile (Nemade, & Dombeck, 2016). Depression the term more recently used is actually the medical word for melancholy. Depression originates from the Latin word deprimere which means force down or sink down. The word mania means rage or madness and originates from the Indio European root men which means mind (Burton, 2012).

In 1851 and 1854 Falret did a longitudinal study and developed the term folie Circulaire or circular madness. In this study he noted that patients with bipolar disorder went through a cycle of being manic, then episodes of melancholy, followed by periods that are free of symptoms, and then the cycle begins all over again. It was considered a hopeless, horrible and incurable illness (Angse, & Sellaro, 2000). Falret also noticed that bipolar disorder clustered in families and rightly assumed that it had a strong hereditary base (Burton, 2012). The concept of mixed states has also been used to describe bipolar disorder. The types of mixed states are manic trance, restless melancholia, which is

depression with flight of ideas and agitation. The final is unproductive mania which is euphoric mood, elevated motor activity and inhibition of thinking. Mixed states are also described as thought disorder, mood disorder and psychomotor disorder (Angse, & Sellaro, 2000). In the early centuries it was common practice to execute individuals with bipolar disorder and also individuals with other types of mental health illnesses. They were considered demon possessed and therefore thought deserving of death. Ancient Greeks and Romans discovered that lithium salts when used in bath water had a calming effect on manic individuals and depressed individuals' spirits were elevated. Currently lithium is a common cure for bipolar patients (Krans, & Cherney, 2016).

Causes of Bipolar Disorder

Most scientists in their research found that bipolar disorder order cannot be attributed to a single cause, because many factors contribute to this disorder. A number of studies have shown that the brains of individuals with bipolar disorder may differ from the brains of healthy individuals or individuals with other mental disorders (National Institute of Mental Health, 2016). In the prefrontal and temporal cortices volume deficit have been noticed, these area of the brain are fundamental in relating emotions. Meta-analysis studies of bipolar disorder suggest that there is reduced gray matter volume in the anterior cingulate cortex, inferior frontal cortex and the insular cortex in patients with bipolar disorder (Ecker, Simsek, Yilmazer, Kitis, Cinar, Eker, Coburn, & Gonul 2014). Damaged brain tissue is believed to predispose an individual to bipolar disorder, such as in the case of a concussion and traumatic head injuries (National Alliance on Mental Illness 2017). Genetics also play a great role on whether an individual may develop bipolar disorder. A child is more likely to have the disorder if a parent or sibling is

diagnosed with bipolar. However, studies have shown that with twins that are identical, one may develop bipolar disorder and the other may not, even though they share the same genes (National Institute of Mental Health, 2016). The onset of bipolar disorder could also be caused by stressful events such as bereavement, sickness or economic problems. Another trigger for bipolar disorder could be drug abuse (National Alliance on Mental Illness 2017).

Some early signs of bipolar disorder in children are severe rage which could go on for hours as the child becomes more violent. Children may be unusually happy or display impractical moods and attitudes. Early signs in teenagers could be lower grades, no longer showing interests in activities they once enjoyed, suspended from school, spend time in detention for fighting, substance abuse, sexual misconduct and contemplation of death or suicide (National Alliance on Mental Illness 2017).

Types of Bipolar Disorder

According to the National Institute of Mental Health (2016) there are four types of bipolar disorder. The first mentioned is Bipolar I Disorder which is characterized by manic episodes that last at least 7 days, or may have severe manic symptoms that require hospitalization. Also occurring is depressive episodes, which usually last at least 2 weeks. Episodes of depression with mixed features could also occur, this includes having depression and manic symptoms simultaneously.

The second type of bipolar disorder is Bipolar 2 Disorder. This is characterized by patterns of depressive occurrences and hypomania occurrences, but not the full scale manic episode as mentioned in Bipolar I (National Institute of Mental Health, 2016).

The third type is Cyclothymic Disorder also called cyclothymia. This type is characterized by many episodes of hypomania symptoms, as well as many episodes of depressive symptoms, which last for at least 2 years in adults and 1 year in children and adolescents. Nonetheless, the symptoms do not meet the diagnostic requirements for a hypomanic occurrence and a depressive occurrence (National Institute of Mental Health, 2016).

The fourth type is Other Specified and Unspecified Bipolar and Related Disorders. This type is defined by bipolar disorder symptoms that do not match the three categories listed above (National Institute of Mental Health, 2016). The symptoms may not remain long enough or does not meet all the conditions for episodes necessary to diagnose bipolar I or II (National Alliance on Mental Illness, 2017).

Bipolar Disorder and Other Illnesses

Some bipolar disorder signs are similar to other diseases, which makes it hard for a doctor to diagnose. Adding to that many individuals have bipolar disorder in addition to other illnesses such as anxiety disorder, abuse of substances, or an eating disorder. Individuals with bipolar disorder also have a greater possibility of having thyroid illnesses, migraine headaches, heart disease, diabetes, obesity, and other physical diseases (National Institute of Mental Health, 2016).

Signs and Symptoms of Bipolar Disorder

Bipolar disorder is typified by severe moods, including both depression and mania (Umlauf, & Shattell, 2005). During episodes of mania the individual with bipolar disorder experience an increased rate of thought and speech. Thought process is typically accelerated, stressed, over productive, semi reasonable and extravagant. Awareness and

attentiveness are impaired. The need for sleep is lessened and changes occur in appetite (Ellison, Mason, & Scior, 2013), physical and sexual energy are increased (Umlauf, & Shattell, 2005). In the manic phase individuals are easily distracted and continuously change topics with no connection to each other. This makes it difficult to follow their conversation. If pressured behavior is interrupted the individual would be irritable or respond angrily. Continuous but disordered and meaningless motion without a clear motive also occurs. Dysfunctional activities occur because of abhorrently extreme self-confidence; this is also comprised of lack of self-consciousness, intrusiveness, rashness, irresponsibility, irritability, and at times violence. Risks are frequently taken, such as impractical plans or improbable business plans, reckless spending or gambling (Ellison, Mason, & Scior, 2013), unrestrained sexual activity (Umlauf, & Shattell, 2005), or irresponsible driving with or without the use of alcohol or illegal drugs. Individuals who are in full mania are usually disruptive or display dangerous behaviors which necessitate emergency treatment while hypomania is a less intense form of continued elevation of mood that may not interrupt job and interpersonal relationships. Treatment or intervention may be required but seldom necessitating emergency treatment (Ellison, Mason, & Scior, 2013).

Depression is a mood disorder manifested by an all-encompassing feeling of unhappiness, and frequently experiencing feelings of vulnerability, despair and irritability. May experience difficulty with the smallest chore and has no interest in people. Changes may occur in sleeping habits and appetite, there is lack of interest in sex and there is no pleasure in formally enjoyed activities (Ellison, Mason, & Scior, 2013).

Suicide

Many individuals with bipolar disorder have suicidal ideation when in the depressive state (National Institute of Mental Health, 2015). It is very important for family members to know what the signs are when individuals with bipolar disorder are contemplating suicide. Some signs may be obvious, such as an individual, threatening to harm themselves. When such a threat is made the individual should never be left alone and 911 should be called, or the individual should be taken to the emergency room. There is also the National Suicide Prevention Lifeline that could be called for help and that number is 1– 800 – 273 TALK (8255). The TTY (text telephone) number for the deaf, the hearing impaired and those who are speech impaired is 1– 800 – 799 – 4TTY (4889) (National Institute of Mental Health, 2015).

Some bipolar individuals may not openly express the desire to harm themselves, but there are subtle signs to look for which include feelings of insignificance and despair, feelings of distress or anxiety, fixation with death or other gloomy topics, withdraws socially (Ttracy, 2016), experiencing rage or unrestrained anger, acting irresponsible, engaging in dangerous behaviors, feeling ensnared, greater than usual consumption of drugs and alcohol, sleepless nights or constantly sleeping, mood changes dramatically, life seems meaningless with no reason to live (National Institute of Mental Health, 2017), unexpected burst of vigor or an elevated mood after being severely depressed, giving away belongings, making a will, having a decided plan of action on how to commit suicide, claims to hear voices instructing them to commit suicide or self-mutilation and having suicidal behavior in their family history (Ttracy, 2016).

When an individual exhibits signs of possible suicide all weapons should be removed, look for drugs hidden to prevent overdose, make sure the patient is taking the required medication and also call the National Suicide Prevention Lifeline (Ttracy, 2016).

Stress and Conflict Experienced by Family Members in Caring for the Individual with Bipolar Disorder

Family members are often stressed because they are so involved with the care of the mentally ill that they feel it is impossible to live their lives the way they envisioned it. Studies have shown that family members who take care of individuals with bipolar disorder experience great anguish and burden which often leads to conflict, imperils their health and lifestyle (Jönsson, Skärsäter, Wijk, & Danielson, 2011). According to Ogilvie, Morant, & Goodwin (2005) the heavy burden placed upon caregivers are strongly linked to depression in caregivers, this affects the process of recuperation in the patient and adds stress and conflict to the environment. Conflict and stress makes it difficult for the caregiver to provide emotional support for the individual with bipolar disorder. Jönsson, Skärsäter, Wijk, & Danielson (2011) mentioned that family members suffer from low self-esteem and lack of confidence because of the stress and conflict of caring for a family member with bipolar disorder. Family relationship, social association and the ability to work is also negatively impacted. The result is social isolation which could lead to destructive conflict since family members are forced to sacrifice their social life.

Taking care of individuals with bipolar disorder is indeed a daunting task, and for family members it is extremely difficult as they watch their loved ones go through the cycles of the disorder. Some spouses unable to cope with the stress and conflict of their spouse having bipolar disorder may divorce or separate from the spouse with the mental

illness (Rusner, Carlsson, Brunt, & Nyström, 2013). Role reversal takes place when a spouse is diagnosed with bipolar disorder. If the husband is unable to support the family financially and emotionally, the wife would have to take on those added responsibilities (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). This added responsibility taken on by the healthy spouse could lead to resentment and conflict since the healthy spouse is not only parenting the children, but may also have to be a parent to the ill spouse. The healthy spouse now has to monitor the signs and symptoms of the bipolar disorder. They also would have to help their spouse with their medication, and would also have to deal with their hospitalizations (Tracy, 2016). If there are children in the home they may take on the role of caring for the parent with bipolar disorder when the well parent is absent. They may also be the only emotional support that the well parent has. On the other hand if it is a sibling who has bipolar disorder, the other siblings may take on the responsibility of taking care of the mentally ill sibling when the parents are away from home. If overwhelming attention is given to the ill family member siblings may feel neglected and become resentful. Resentment could lead to destructive conflict since their needs are not met within the family. In order to cope with feelings of bitterness and guilt some siblings spend less time with their family and more time away from home (Tracy, 2016).

Adolescents with bipolar disorder have difficulty maintaining social relationships while dealing with their unstable emotions. Adults and youth with bipolar disorder also face difficulties in their interpersonal relationships. This unstable emotion creates an environment of stress, conflict and antagonism among family members who are providing their care. Youths with bipolar disorder, find it difficult to have interpersonal

relationships with peers of their age. They have poor social skills, little or no friends and may be made fun of often by their peers (Miller, Peris, Axelson, Kowatch & Miklowitz, 2012).

Due to the various role reversal and added responsibilities on family members who are taking care of an individual with bipolar disorder some family members may experience low self-esteem and lack of confidence (Rusner, Carlsson, Brunt, & Nyström, 2013). Sadness, anger, frustration and a sense of hopelessness is also experienced as family members see the change in the mentally ill individual. Someone who was once vibrant and played a major role in supporting the family is now incapable of performing these roles and has to be taken care of by others. Many could see no way out of the situation and feel that is how it will remain for the rest of their lives, because year after year their hopes have been crushed and nothing has changed. Family members could only watch helplessly and hopelessly as their loved ones go through the cycles of bipolar disorder, the manic and depressive cycles (Maskill, Crowe, Luty, & Joyce 2010). Family members frequently feel worn out due to the time and energy expended on problems associated with the illness. There is not much vigor left to spend in other potentially fulfilling relationships or satisfying activities (Tracy, 2016). Many family members taking care of an individual with bipolar disorder feel trapped and feel like a social outcast. Many are unable to attend social functions because the mentally ill family member might behave inappropriately. They may not want to have social functions in their home either, because of the fear that the mentally ill family member would be agitated. Some family members believe that most friends may not be supportive because they feel that the individual with bipolar disorder would soon snap out of it. Even though

some retained a few trusted friends on whom they could depend the relationship was still not the same. They were not able to do many of the things that they did together before the diagnosis of bipolar disorder of their family member (Maskill, Crowe, Luty, & Joyce 2010).

A huge stressor faced by family members taking care of individuals with bipolar disorder is the ever increasing medical bills (Ogilvie, Morant, & Goodwin, 2005). Financial difficulty is a huge problem that affects many Americans (Jönsson, Skärsäter, Wijk, & Danielson, 2011). Financial hardship may come in the form of family members having to work less hours or some may even have to give up their jobs in order to care for the individual with bipolar disorder. Bipolar disorder costs the US public billions of dollars each year, this includes the time off family may need to take from work (Ogilvie, Morant, & Goodwin, 2005). Parents and siblings also make huge financial contributions to the individual with bipolar disorder (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009).

Stigmatization

Another issue faced by family members is the stigma associated with mental health illness. They feel ashamed because of the ill family member (Jönsson, Skärsäter, Wijk, & Danielson, 2011), and might even be looked down upon by some individuals in society (Tracy, 2016). Family members also feel cut off, blamed and condemned by relatives, associates, neighbors, colleagues and even mental health suppliers (Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth, 2013). Caregivers who feel that they are stigmatized could easily become depressed and neglect their personal care (Berk, Jorm, Kelly, Dodd, & Berk, 2011). This also makes it difficult for them to control their

situation and maintain a normal life, being stigmatized only increase their burden (Jönsson, Skärsäter, Wijk, & Danielson, 2011).

Individuals with severe mental illness seem to have a double challenge. Number one, they are fighting with the symptoms and disability from the illness; and number two, they are faced with stereotypes and bigotry which are due to the misconception about mental illness. This prejudice against the mentally ill deprives them of many opportunities such as good employment, secure home, and association with different groups of people. Stigmatization of the mentally ill is not limited to a specific location, because studies have shown that the mentally ill around the world are stigmatized. Forty-three to ninety-two percent of family members who take care of individuals with bipolar disorder feel that they are also stigmatized (Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth, 2013). Around the world enormous suffering is caused by the stigma related to mental health illness. Some issues that cause the individuals severe suffering are stress and the disease, conflicts in relationships, limits on social involvement, restrictions in jobs and educational pursuits. In order to avoid the stigma of mental health illness many may avoid seeking help, so as not to be labeled as sick mentally and being affiliated with mental health care (Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth, 2013).

Stress and Conflict Family Experienced with Mental Health Service

Research shows that many families are disillusioned with the services provided for their family member with bipolar disorder. Families were not getting the services and support they expected the mental health services to provide. Services were limited for patients with bipolar disorder. Many were discharged from the hospital before they were fully recovered which placed heavy burdens on family members (Maskill, Crowe, Luty,

& Joyce 2010). Some family members mentioned that their relatives were being discharged for being noncompliant, which was actually the reason why they were in the hospital in the first place. This is really stressful on the family because if they do not accept the ill family member, the ill family member will end up on the streets. Once on the streets the bipolar individual would not take his medicine which would only worsen his illness. Not being on medication often leads the bipolar individual to be in conflict with family members and those around them. The streets are very unsafe because they could easily get involved in destructive conflict which could be fatal. They could also be robbed and suffer abuse, so the family often feel obliged to take care of the mentally ill patient who is not yet fully recovered (Maskill, Crowe, Luty, & Joyce 2010). Family members who took care of an individual with bipolar disorder were not provided with adequate information on the process of the illness; therefore, they were not able to adequately manage and support the individual with bipolar disorder (Rusner, Carlsson, Brunt, & Nyström, 2013). Often when health professionals are communicating with family members who take care of individuals with bipolar disorder they may look at issues only from a medical point of view. They may not see family member issues as important and focus more on the issues that seem important to them. Health care professionals need to pay close attention to the relationship between the patient and family members, their social circumstances and their cultural beliefs in regards to health. Each of the previous mentioned factors may have a significant impact on treatment, conflict resolution and stress faced by family (Ogilvie, Morant, & Goodwin, 2005). Not much research has been done on the intervention of education on close relatives of individuals with bipolar disorder, but the few that have been done indicate that educating

close relatives decreases their perceived understanding about bipolar disorder and give them a clear understanding of the illness. Informed information about the illness greatly reduces the stress and decrease the conflict of family members taking care of the mentally ill (Rusner, Carlsson, Brunt, & Nyström, 2013).

Another frustration faced by family members who take the mentally ill for treatment is the process it takes to correctly diagnose the individual with bipolar disorder and the treatment regime. Relatives often expect an immediate diagnosis and treatment that would immediately cure the disorder so that the person could return to a normal life. However relatives soon realize that it may take several trial and errors with different medications in order to find the one that works best for individual with bipolar disorder (Tracy, 2016). Even after treatment the individual may not be the same, they may develop side effects from the treatment. Some of the lasting symptoms an individual with bipolar disorder can experience after acute treatment comprise social withdrawal, sloppy grooming, violent behavior and lack of motivation. These symptoms could easily lead to destructive conflict among family members. Many also learn to accept that the individual may not return to activities of daily living as they did before the illness and other family members may need to fill that gap (Tracy, 2016).

Family members who may want to Baker Act their mentally ill relatives who may not want to voluntarily seek treatment, are frustrated by the law which states that, in order to involuntarily admit the mentally ill into a mental health hospital they have to be a danger to self or others (Steffen, 2017). This law is based on the Supreme Court ruling in *O'Connor v. Donaldson* in 1975. Donaldson a schizophrenic patient was confined in a mental health hospital for almost 15 years. The hospital refused to release him even

though he had not been receiving any medication for his illness and claimed that he was not dangerous or mentally ill. The Supreme Court ruled in his favor and prohibits the confinement of individuals to a mental health hospital if they are not a danger to themselves or others (Steffen, 2017). So although this law may seem inhumane it protects the rights of the mentally ill.

Theories

Theories that reflect the conflict and stress of family members taking care of individuals with bipolar disorder are Darwin stress theory, Marxists critical theory, Peter Berger & Thomas Luckman social construction of reality, Jurgen Habermas critical theory and Interpersonal communication theory.

My Worldview

Researchers with transformative worldview believe that investigation needs to be intertwined with policies and a political change plan in order to deal with social repression at whatever levels it transpires. Transformative research provides a voice to marginalize participants, raising their awareness or advancing a plan for change to better their lives. It develops into a unified voice for change and transformation (Creswell, 2014). Because the transformative paradigm reflects many positions, its philosophical basis is diverse. That is why my research incorporates Darwin stress theory, Marxists critical theory, Peter Berger & Thomas Luckman social construction of reality, Jurgen Habermas critical theory and Interpersonal communication theory.

The methodology used in this research is qualitative in nature. Among the qualitative traditions, transcendental phenomenology is best suited to understand how

family members living with individuals that have bipolar disorder cope with stress and conflict, and what is the role of faith in this situations.

Charles Darwin Stress Theory

Stress could also be seen as an individual struggle for survival. Darwin one of the first recorded stress theorists suggested the concept of stress, as an organism's struggle with the environment in competition with other organisms in order to survive. Outside forces, causing a threat or challenge to the integrity and survival of a particular organism, have generally been understood to be the concept of stress (Ryan, 2014). In Darwin's stress theory, stress is experienced by family members who take care of individuals with bipolar disorder. Family members experience stressors from different angles, such as from the aggression displayed by the mentally ill relative when in mania, which leads to conflict in the family. They experience severe stress and conflict because often their routines are disrupted, their relationship with friends and family members often become strained, thus losing their social support. As family members struggle to survive the changing nature of the bipolar illness, conflict is bound to arise due to the changes that they are forced to make. Family members taking care of the mentally ill are so involved that often their own health suffers (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Family members also experience stress and conflict when dealing with the medical professionals who may not have found a cure for the bipolar disorder. They also struggle against the medical institution for proper care for their loved one, they have conflict with family members who don't understand the illness and they also struggle with stigmatization that society has placed on them (Trijntje, Van Der Voort, Goossens,

& Van Der Bijl, 2009). Family members are also financially stressed due to the burden of needing extra finance for the mentally ill relative (Tracy, 2016).

Marx Critical Theory

Marx critical theory believes that the motive for all social and political activities is to control economic power. This also includes any form of education, whether it is art or technology, the end result is to be in control of the economic power (Tyson, 2006). Control of economic power could be seen in the form of government cuts toward mental health institution. A few decades ago the government took care of the majority of the mentally ill, in institutions for the mentally ill (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Now before patients are fully recovered from their mental health illness, they are sent home for family members who are inexperienced in medical training to take care of the individual who has bipolar disorder, which creates huge conflict in the family. Marx critical theory would view the deinstitutionalization of mental health patients as a means of controlling the economic power (Tyson, 2006). By deinstitutionalizing mental health patients, most of the cost to take care of the mentally ill are passed on to the family members, which is a huge source of stress for the family (Maskill, Crowe, Luty, & Joyce 2010). The government has cut its spending and family members are responsible for the expenses incurred by the individual with bipolar disorder, this causes great economic hardship among family members. Not only do they have to spend more money to take care of the individual with bipolar disorder, but some may have to work less hours or may even have to quit their job in order to take care of the ill family member (Maskill, Crowe, Luty, & Joyce 2010). Wilmot & Hocker (2011) sees this form of government control as a competitive system of dominance and subordination, which could result in

destructive conflict. This works well for those in power, because they can make laws and put them into effect. Since the law often benefits those in power family members who take care of the mentally ill suffers the losses the laws create.

Marx's prospective also believes that the real battle or conflict in life is between the wealthy and the poor, or between the bourgeoisie who control the world's resources and the proletariat who are the majority of the world population. The proletariat lives in inferior conditions, and has often done physical labor and every menial task conceivable that fills and sustains the treasury of the rich. The proletariats are often unaware that they are sustaining the rich because they are preoccupied with infighting among each other (Tyson, 2006). Holbrook (2015) mentioned that there are immense differences between the bourgeoisie and the proletariats.

The conflict between the wealthy and the poor could be seen between the family members and the medical establishment. Family members whose finances are low, are trying to get the best health care for their loved ones with bipolar disorder, but they are often in conflict with the medical establishment. Those who run the medical institutions could be seen as the bourgeoisie and the families of the mentally ill patient as the proletariat. The families are often frustrated because of the inadequate information and medical care they receive for the individual with bipolar disorder (Rusner, Carlsson, Brunt, & Nyström, 2013).

Peter Berger & Thomas Luckman Social Construction of Reality

Berger & Luckman social construction of reality theory believe that society is the result of human product. Social order is not given biologically, it is not part of nature, and it exists only as a creation of human activity. Through habitualization which is any

action or pattern that is frequently repeated, conflict is diminished and frees up energy to make other decision, or learn new activities. Society create the laws which are enforced by institutions and agrees which laws would be enacted and what actions are needed if the laws that the institution put in place are disregarded and conflict ensues (Lemert, 2013).

Lemert (2013) mentioned that institutionalization takes place whenever there is a mutual typification of customary action by a variety of individuals. Despite the many benefits, institutions could also be controlling. This is due to the fact that all institutions have a history and their mode of operation stems from their history. Family members who take care of individuals with bipolar disorder are dissatisfied with the mental health institutions because they are not providing the care that their family member with bipolar disorder needs, which is very frustrating and stressful (Jönsson, Skärsäter, Wijk, & Danielson, 2011). Also due to the fact that institutions could be repressive and are not always fair, family members with individuals of bipolar disorder are often frustrated and depressed and feel they are unable to live their lives the way they want to. Family members feel trapped because the institutions have changed the laws from institutionalizing mentally ill individuals to community care which puts the burden on family members who have to take care of the mentally ill relative. Institutions could be brutal and controlling and make rules that are often in their own best interest, which often creates conflict in families ill prepared to take care of the mentally ill (Jönsson, Skärsäter, Wijk, & Danielson, 2011).

Jurgen Habermas Critical Theory

Habermas critical theory believed that in modern societies disequilibrium in the system has its root cause in the disturbance of material reproduction. He also believed that a crisis occurs in the systemic disequilibrium when the performance of the economy and state is below the desired level of aspiration (Lemert, 2013). Habermas critical theory would view the stress and conflict faced by family members taking care of individuals with bipolar disorder as disequilibrium in the system, and individuals in society needs are not met (Lemert, 2013). This disequilibrium could be seen in family members of individuals who have bipolar disorder, they feel ostracized by society and often isolate themselves from others, because of the embarrassment of having a mentally ill family member. They feel they are misunderstood, looked down upon and not treated fairly, even by the mental health institution that should be supporting them (Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth, 2013). Being made to feel inferior and treated with contempt could lead to destructive conflict between family members and society.

If a crisis is not dealt with the result is always conflict and resistance (Lemert, 2013). This could be seen when the mentally ill does not receive appropriate care, many end up in the streets and are harmed by others or they may even harm others (Maskill, Crowe, Luty, & Joyce 2010). Habermas critical theory feels that societies could avoid conflict by addressing the issues that are causing the conflict in the community and help to solve the problem. Or society could attack individual cultures or personality which would deflect individuals from the real issue and cause groups to attack each other (Lemert, 2013). The issue of inadequate care for the mentally ill should be addressed by the government. Solving this issue would help to alleviate a lot of stress and conflict

among family members because with the proper medication and help the individual with bipolar disorder could be stabilized.

Interpersonal Communication Theory

Communication is the influence an individual exerts over another person on a conscious and unconscious level. It includes an exchange of meaning among individuals in which information is given and received through the tone of voice, expression of the face, hand motion and stance, which helps to appropriately convey the message each individual is trying to relay. Effective communication is very important because it helps individuals to meet their needs, develop significant interpersonal relationships and helps individuals to function adequately in society (Katz, Lawyer, & Sweedler, 2011).

Interpersonal communication usually occurs between two individuals in a relationship. The group could include more than two, but not more than four or five individuals (McDermott, 2009).

According to Katz, & Associates (2006) during interpersonal communication the individual transmitting the message first encodes it and chooses what to convey to the receiver to decode. However, each of these processes is influenced by an individual frame of reference, which could lead to distortion and at times conflict. Since family members who take care of individuals with bipolar disorder frequently experience a high level of stress (Jönsson, Skärsäter, Wijk, & Danielson, 2011), their communication is often distorted, which leads to conflict among family members. During conflict situations, nonverbal communication tends to be more powerful than verbal communication (Katz, & Associates, 2006). Knowing how to communicate effectively

will help to alleviate a lot of stress, conflict and tension experienced by family members taking care of the mentally ill.

Conflict could also occur when family members are not paying close attention to what the other individual is trying to communicate to them. Often pseudo-listening in which case an individual is not fully listening to what the other person is saying is acceptable, but this could cause an escalation in a conflict situation when an individual feels that they are not being heard (Katz, & Associates, 2006). Reflective listening in which an individual pays careful attention to the content and feelings could greatly help to decrease conflict among family members (Katz, Lawyer, & Sweedler, 2011). Good interpersonal communication skills are even more important when role reversal takes place in a family member who has bipolar disorder. If the husband is diagnosed with bipolar disorder the wife may have to take the role as head of the household (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009), or if a parent is diagnosed with bipolar disorder the child may have to take on the parent role (Tracy, 2016). Good communication skills could lessen the conflict in the family and the ill family member could maintain some of their dignity and not feel inept.

Previous Research

As mentioned previously I only found one research that was done on faith as a method of coping with stress and conflict among family members taking care of individuals with bipolar disorder. Only one other study was found on mental health in general. This study looked at family members who took care of the mentally ill relative and the role their community of faith played in their lives. Rogers, Stanford, & Garland (2012) mentioned that there is very little or no research done on family members who

take care of the mentally ill relative in the context of their community of faith. A research conducted over a period of two years represented 24 Protestant Christian congregations in 10 states. These congregations were affiliated with the Baptist Church and included the Cooperative Baptists, Southern Baptists, National Baptists and Missionary Baptists. The family members in this research were not actively involved in their faith practices but would have liked their congregation to provide them with assistance with their mental health issues. Their needs were overlooked even though mental health issues were prevalent in these congregations. These families felt as though they were invisible to the congregation. According to Rogers, Stanford, & Garland (2012) research have shown that pastors lack the skills to recognize mental health disorders, and those who mentioned their mental illness to the church have had their mental illness dismissed. Many families are also afraid to discuss their struggle with mental health illness because it is often viewed as a spiritual problem, and it is believed that only spiritual intervention is needed. Also families are afraid of being judged if they disclose that their family member has mental illness, so they struggle in silence. However, I did find many researches in other areas of study on how people of faith experienced less stress and decreased conflict.

An increasing number of medical and psychological studies indicate that faith has a definite positive impact on individual's wellbeing. Faith has been shown to improved physical and mental health, including lower levels of worry, stress, depression, suicide, conflicts and destructive behavior (Faith and Wellbeing, 2014). "Faith generates optimism, enriches interpersonal relationships, creates support systems and enhances quality of life" (Hansen, 2014, pp. 1-2). People of faith who regularly engage in religious

activities such as prayer and church attendance are inclined to have better health than people of non-faith. Faith and Wellbeing (2014) mentioned that,

People of faith who engage in those religious activities tend to have better cardiovascular health, they are less likely to suffer from heart disease, die from cirrhosis of the liver, or have high blood pressure, and they recover more quickly from surgery and cancer. Chronically ill believers have below average mortality rates and pain levels. And people who believe in a loving God have dramatically better response to HIV/AIDS than those who have a harsh view of God, and spend less time in hospital recovering from heart disease. Prayer reduces the pain and the ability to cope with pain of those suffering from chronic back pain (p. 2).

Research suggests that faith might serve as a protective factor against negative health outcomes (Yeh & Bull, 2009). About 40 percent of seriously ill patients claimed that religious beliefs or practices were their most important means of coping with stress, and more than half said they coped with their illness to a large extent by relying on spiritual activities such as prayer and scripture reading (Larson & Larson, 1998). Studies show that

Religious practices such as prayer represent the most prevalent complementary and alternative therapies in the United States. Eighty-two percent of Americans believe in the healing power of personal prayer, 73% believe that praying for someone else can help cure their illness, and 77% believe that God sometimes intervenes to cure people who have a serious illness. Research suggests that spiritual beliefs and practices may contribute to decreased stress and increased sense of well-being, decreased depressive symptoms, decreased substance abuse,

faster recovery from hip replacements, improved recovery from myocardial infarction, and enhanced immune system functioning (Barnes, Fox, Pendleton & Plotnikoff, 2000, p. 899).

The medical field is increasingly acknowledging that faith plays an important role in patient well-being, recovery in stress reduction. A study at Dartmouth Medical School revealed that a consistent predictor of patients who survived heart surgery was the strength of a patient's religious commitment. In this study of 232 patients, those who said they obtained no strength or reassurance from their religious faith had approximately three times the risk of death in the six months following surgery compared to patients who found at least some strength. None of the deeply religious died, compared to 12 percent of those who rarely or never went to church (Larson & Larson, 1998).

According to Marques, Dhiman & King (2009) during a crisis many people turn to a faith based community. A recent meta-analysis of 29 earlier studies involving nearly 126 000 patients argued that the odds of survival were significantly greater for people who scored higher on measures of religious involvement than for people who scored lower, even after controlling for a variety of social and health-related variables (Barnes, Fox, Pendleton & Plotnikoff, 2000). Faith-based adolescents tend to also cope better with stress. Barnes, Fox, Pendleton & Plotnikoff (2000) mentioned that faith can also be linked to better adolescent decision-making and well-being, less violence, and fewer high health risk and problem behaviors. Low religiosity also tends to be related to higher rates of smoking, drinking, drug use, and adolescent pregnancy. Male teens with close ties to churches are less likely to show sexual aggression. Studies also found that in contrast caregivers with better spiritual well-being also had better mental health scores (Yeh &

Bull 2009). Studies suggest that spiritual beliefs and practices do contribute to decreased stress and increased sense of well-being, decreased depressive symptoms, decreased substance abuse, faster recovery from hip replacements, improved recovery from myocardial infarction, and enhanced immune system functioning (Barnes, Fox, Pendleton & Plotnikoff, 2000). Galen & Rogers (2004) mentioned that faith may have a direct effect on whether individuals consume alcohol during stressful situations in their life. Caregivers also experience a great deal of stress and conflict. According to Yeh & Bull (2009) caregivers of family who experience Alzheimer's and chronic heart failure experience a higher level of stress and conflict if they are not spiritually inclined.

Studies have also shown that adolescents and teenagers of faith are better adjusted to society than those without faith. According to Barnes, Fox, Pendleton & Plotnikoff (2000) in a study of 5000 high school seniors relating faith to health-promoting behaviors, practicing their faith is associated with helping adolescents to make wise choices in life and dissuade them from behaviors that could be injurious to their health. Decreased faith has a propensity to substance abuse and adolescent pregnancy. Male teens are less promiscuous if they are closely connected to church fellowship. Another contributing factor to the lower level of stress, decreased conflict and worry is church attendance. Church attendance could lead to easier adjustments in life, greater life satisfaction, lower risk of criminal behavior and the exploitation of drugs and alcohol, improved scholastic and social competence, and decreased suicidal ideation. Religious societies could also provide group support. Religious practices such as prayer requests are the most common complementary and alternative therapy in the United States.

Research has also shown that faith helps children cope with daily stresses and conflicts that they face in life. Instances in which faith and coping may intersect for children include nighttime fears, psychiatric problems, suffering, hospitalization, disability, cancer, and terminal illness. Children also find meaning in faith when facing substance abuse or acquired immunodeficiency syndrome in other family members, as well as the critical illness of a sibling, or the demise of a family member. Faith also helps children to deal with the emotional assault of sexual abuse, racism, conflicts, cultural destruction and traumas experienced by being a refugee. It also helps them to cope with life in the disenfranchised urban neighborhood variables (Barnes, Fox, Pendleton & Plotnikoff).

Some religious groups are very health conscious and promote a healthy lifestyle as part of their religious belief among their members. The result is improved health, longevity and a healthier immune system that would lower their stress level.

An example of a religion that promotes a healthy lifestyle is the Seventh Day Adventists. Those who follow this religion, a particularly healthy population, are instructed by their Church not to consume alcohol, eat pork, or smoke tobacco. In a 10 year study of Seventh Day Adventists in the Netherlands, researchers found that Adventist men lived 8.9 years longer than the national average, and Adventist women lived 3.6 years longer. For both men and women, the chance of dying from cancer or heart disease was 60 - 66% less, respectively, than the national average (University of Maryland Medical Center, 2013, pp. 1-2).

People of faith are likely to worry less and are better able to cope with the uncertainties, conflicts and setbacks of life. Faith could help individuals to cope with

widowhood, raising developmentally challenged children, divorce, unemployment or disability. They may also suffer less from anxiety and depression. “This is particularly true of those coping with the uncertainties of major illnesses such as cancer, or recovery after major surgery, as a result non-religious people are four times more likely to commit suicide than are religious people” (Faith and wellbeing, 2014, p. 2). One study had encouraging results when they tested to see if faith had any effect on depressive symptoms.

In one meta-analytic review from 2002, researchers looked at over 147 independent investigations that questioned over 98,000 subjects. They were seeking to determine if a person’s amount of religiousness had any effect on depression or depressive symptoms. Their ultimate conclusion showed a small but promising association between the two. The greater a person’s faith, the fewer depressive symptoms they experienced (Hansen, 2014, p. 5).

Collins & Bowland (2012) mentioned that caregivers who were spiritual had a higher level of self-care, even though they did not report a lesser intensity of worry or discontentment in their role as a caregiver. One family member who was taking care of her mother with bipolar disorder mentioned that her faith got her through conflicts and stressful times.

Another interesting study was done to see how individuals of faith who are offspring of parents who suffered major depression, were coping with stress. Researchers wanted to know if their faith would make a difference or if they would suffer the same fate as their parents.

So in 2012, the American Journal of Psychiatry published the results of a longitudinal study that also sought to establish the relationship between religiousness and the onset and course of major depression. This study was significant for a couple of reasons. First, the study was not conducted on depressed or no-depressed individuals themselves, but rather on their offspring (a person who has a parent with depression is considered at high-risk for also developing the disease). Second, the average age of the subjects in this study was 29 years. This is in contrast to most studies exploring depression and religion, which have tended to focus on older adults. The study found that in the 10 years of follow-up, subjects who both described religion as highly important and also affiliated themselves with either Catholic or Protestant denominations had a 76% less chance of experiencing an episode of major depression. Although further and more in-depth study is warranted, the researchers concluded that religion and spirituality should be considered by clinicians during psychiatric evaluations (Hansen, 2014, p. 6).

Individuals of non-faith who lack the support that people of faith have are more likely to suffer from substance abuse such as alcohol or drugs than religious people. Many studies show that religious people, and religious communities, have lower rates of crime (Faith and wellbeing, 2014). Researchers also studied teenagers of faith coping skills and found that their behaviors were influenced by their faith.

In a review of scientific literature from 2008, researchers reviewed 115 articles to determine the relationship between religiousness or spirituality and adolescent substance use, anxiety, depression, delinquency, and suicidality. They were able

to determine that 92% of the articles demonstrated a significant relationship between religiousness and improved mental health (Hansen, 2014, p. 6).

Faith and spirituality may provide a sense of purpose, and give people of faith something to connect to that is greater than themselves, and enable them to release control to a higher power. These abstract gains then translate into concrete ones such as an expansion of social networks and improved health. All of these factors are vital for stress reduction and to decrease conflict (Hansen, 2014). A feeling of belonging motivates people to increase their social networks. Having the same belief system helps to create close relationships. Research has shown that the more close and supportive relationships a person has, the happier they will be (Hansen, 2014).

Collins & Bowland (2012) in their research discovered that more than two thirds of psychiatric patients reported that religion strengthened and comforted them and required more resources of a religious nature. One of their most frequent spiritual needs was prayer and knowing that God was with them at all times. It was also noted that people who were religious had more positive emotions, were less anxious, had less self-destructive behaviors and less mental health illnesses. Koenig (2008) mentioned that research done in the University of Geneva in Switzerland on the spiritual way of life and practices of 115 outpatients with schizophrenia, 71% reported that faith instilled optimism, purpose and significance in their lives while 14% reported that it caused spiritual hopelessness. Spiritual practices decreased psychotic and other pathological signs in 54% but increased it in 10%. Social interaction was increased by 28%, but was worse for 3%. Suicide attempt was decreased in 33%, but rose in 10%. Substance misuse was decreased in the 14% but rose in 3%. Adherence to psychiatric treatment

rose in 16%, but decreased in 15%. In general faith had a more positive effect than negative in the lives of the research participants.

Prayer may indeed be very important to people of faith, individuals of faith who are very religious may pray several times a day. According to Hansen, (2014), Prayer provides stress relief in a variety of ways. Prayer for help may be a great source of comfort and relief because a person does not feel they have to bear their burden alone. Often when people are hurting or confused, they can feel as if there is no one to talk to or depend on. A prayer during these tense times relieves that feeling of loneliness. The belief that God is listening to their prayers and will help them is a source of hope to many individuals. With hope comes the strength to carry on (p. 4).

Most people of faith see prayer as a lifeline and use prayer to take them through stressful times throughout the day. A wonderful benefit about prayer is that it may offer people of faith some quiet time alone, where they can think and it gives them the opportunity to focus on them-selves and reduce mental stress (The Health Site, 2014).

Research has found that there are many benefits to prayer. According to The Health Site (2014) prayer influences an individual's mind by causing relaxation, this in turn reduces the effect stress and conflict has on various body organs. It also helps fight physical stress, conflict and evens out emotional reaction. Researchers have found that praying can actually boost the level of dopamine or the happy hormone in the brain. When this occurs individuals are happier and more peaceful. Studies also show that praying helps surgical scars to heal quicker. Praying has been known to improve one's

immunity. One particular study also found that praying also reduces the symptoms of asthma.

According to one study people of faith who are religious may be able to fight off depression, particularly in people who are predisposed to the disease by thickening the brain cortex. The study conducted by Lisa Miller, professor and director of Clinical Psychology and director of the Spirituality Mind Body Institute at Teachers College, Columbia University, included 103 people who were at a high risk of depression. Their level of risk was based on their family history. On mapping their brain activity and structure using an MRI, Lisa found that people who valued their religion more and regularly prayed had thicker cortex when compared to those who did not. The thinning of the cortex, especially in certain areas of the brain is an indicator of impending ill health, particularly due to depression. Thicker cortices indicated a lesser chance of suffering from depression, suggesting that prayer and spirituality really does yield some stunning benefits to the human brain (The Health Site, 2014 p. 1).

Studies have shown that an individual's outlook on their religious beliefs depend on whether it would increase or decrease stress and conflict in their life. Individuals whose stress and conflict levels are decreased due to their religious belief have a positive outlook on religion. They believe in a compassionate God who is always there to help them, and they associate with a like-minded group of believers who support them in stressful situations. Individuals whose stress and conflict level increases because of their religious beliefs, believe in a God who is vengeful and is waiting to punish them for any mistakes they may have made. These individuals' stress level would increase in stressful

situations and therefore, may engage in destructive conflict (Carpenter, Laney, & Mezulis, 2012). According to Leblanc, Driscoll, & Pearlin (2010) devout religious people of faith may be least likely to misuse alcohol or drugs, they could promote compassionate, integrative communities and they may engage in religious practices that lower stress levels and decrease conflict. On the other hand research also shows that religious beliefs and practices can also be injurious to the health, it could produce feelings of remorse, self-doubt, disgrace, little self-worth and increase conflict.

A meta-analysis of 49 studies showed that a positive coping outlook on faith, helped individuals to adjust well psychologically, while a negative coping outlook on faith was linked to negative psychological adjustment. In a study of 336 adult protestant churches a positive coping viewpoint served as a safeguard against depressive symptoms. They also found that negative life events' impact was lessened once the participant had a positive outlook on their faith. Twenty-nine cross-sectional studies also showed that having a positive outlook on one's faith helps individuals to adjust better in stressful situations and during conflicts (Carpenter, Laney, & Mezulis, 2012). Many people of faith seem to experience less stress, decrease conflict, live longer and enjoy greater health benefits because of their positive outlook on faith and their belief in a loving God.

Ways Family Members Could Alleviate Stress

Support group. Many family members find that going to a support group helps to alleviate their stress and isolation. In a support group they meet other individuals with similar experiences and gain strength and support as they care for their ill relative (Jönsson, Skärsäter, Wijk, & Danielson, 2011).

Set boundaries. Setting boundaries in the family help to reduce stress. The ill family member may be up late at night and arise later in the day, thus meals may be at odd times. Having a daily schedule for the ill family member, such as what time they are expected to awaken in the morning, groom themselves and have meals, helps to avoid resentment and stress. Having a schedule will also help the ill family member to feel that they are an integral part of the family (Tracy, 2016). When the individual with bipolar disorder avoids manageable goals, they continue their illness role behavior, and decrease the positive effects of independent and meaningful engagement of their existence (Berk, Jorm, Kelly, Dodd, & Berk, 2011).

Include the Individual with Bipolar Disorder when Planning Family

Activities. Including the individual with bipolar disorder in the planning for any holiday, outing, vacation and other activities, helps to alleviate the anxiety related to unanticipated events. Plans may incorporate agreement on how the individual would like to deal with the circumstance. Find out if the ill family member would like to join the activity or would prefer to have some quiet or personal time (Tracy, 2016).

Plan for Difficult Behaviors. Family needs to have specific plans concerning any difficulty behaviors in order to decrease the stress connected to power struggles. Problem solving, coming to an agreement, writing a contract of what precisely is expected, what time, how frequently, and what penalty will occur when the behavior occurs and when it does not occur, is frequently very helpful to the individual with bipolar disorder (Tracy, 2016). Daily stability and structure in life help to guard against confusion and total powerlessness, which aid family members to control the unpredictable behavior of the mentally ill relative. (Rusner, Carlsson, Brunt, & Nyström, 2013). Every member of the

family may also want to look at their own lifestyle patterns. They want to make sure that they are creating time to pursue their personal interests (Tracy, 2016).

Other Ways Family Members Could Alleviate Stress

Sunlight. Taking a walk outside in the fresh air on a sunny day is a great mood enhancer, therefore reducing stress (Sorgen, 2013). Sunlight helps to cheer and brighten individuals; it lifts the spirit and increases energy (Cummings, & Reed, 2008). Scientists have discovered that sunlight can ease depression, especially seasonal affective disorder (SAD). A 2007 study from the University of Essex in the U.K., found that a walk in the country reduces depression in 71% of participants. The researchers found that as little as five minutes in a natural setting, whether walking in a park or gardening in the backyard, improves mood, self-esteem, and motivation (Sorgen, 2013).

Deep Breathing. Deep breaths of fresh air outside the home help to decrease stress. The air that is recirculated in the home is chemically different than the fresh air. Fresh air is electrified and is negatively ionized by oxygen molecules. The ions in the home are positive and an overdose of positive ions could increase stress and other illness. Negative ions improve health and decrease stress. Opening windows daily will help to circulate negative ions in the home through the fresh air. Long slow deep abdominal breathing will also reduce stress and improve the quality and quantity of sleep (Cummings, & Reed, 2008).

Progressive Muscle Relaxation. Progressive muscle relaxation helps to reduce stress. In progressive relaxation tension is placed on a group of muscles as you breathe in, then relax them as you breathe out. Work on the muscle groups in a certain order, it is a great reliever of stress (Cummings, & Reed, 2008).

Power Nap. Taking a nap for about 20 minutes or less during the day could help to decrease stress (Cummings, & Reed, 2008).

Regular Exercise. By exercising on a regular basis for 30 to 40 minutes 3 to 5 times a week, stress could be decreased greatly. Exercise is a great buffer against stress; it is also an effective treatment for anxiety and depression. Regular exercise could also improve an individual's overall attitude (Cummings, & Reed, 2008).

Positive Outlook. A positive outlook on life when awakening every morning aids in decreasing stress. Avoid focusing on negative thoughts; replace each negative thought with a positive thought. Think of constructive things to do during the day. Also think of your most happy times in life and all the wonderful places you may have been or would like to go (Cummings, & Reed, 2008).

Nutrition. Eating the right foods could lessen stress. Orange, yellow and green vegetables are rich in stress lowering carotenoids. Research shows that some of these carotenoids, such as beta-carotene eaten regularly will actually lower the stress hormone. Fruits and vegetables, whole grains and plant proteins add quality to an individual's life, thus decreasing stress (Cummings, & Reed, 2008).

Some Ways to Manage Conflict

Take Time Out. When the mentally ill has outbursts of anger do not respond with anger but allowed the individual to calm down, and then return to the topic being discussed in a calm state mind. This would help to prevent the conflict from escalating (Fink, 2011).

Lower the Tone. Negative emotions only fuel more negative emotions. If someone is arguing, try to be calm in voice, posture and action, this response will shorten the incident (Fink, 2011).

Remind each Other of your Love for one Another. When in a battle remind the mentally ill that you still love and care for them. Often conflict occurs because one feels that they are not loved or are fearful that they will be hurt or deserted. This helps to decrease the conflict and the discussion could be redirected to a problem-solving approach (Fink, 2011).

Be Humorous. Shared humor that causes everyone to laugh is a reminder of love and could help to diffuse conflict. However, when using humor be careful that the individual concerned is not being laughed at because that could cause an even greater conflict. When using humor everyone should benefit from it (Fink, 2011).

Walking. Disagreements could also be discussed while taking a walk. During a walk individuals in conflict are walking side-by-side, while face-to-face disagreements are a more confrontational stance and individuals are likely to feel more threatened, which could cause escalation of the conflict (Fink, 2011).

Reflective Listening. Reflective listening in which an individual pays careful attention to the content and feelings could greatly help to decrease conflict among family members (Katz, Lawyer, & Sweedler, 2011).

Ways Faith Could Help Family Members Alleviate Stress and Conflict

Church Attendance. Church attendance often leads to a lower levels of stress, decreased conflict and worry. Church attendance could lead to easier adjustments in life and greater life satisfaction, due to the association with a like-minded group of believers

who support each other in stressful situations (Barnes, Fox, Pendleton & Plotnikoff, 2000).

Prayer. Praying a few times during the day which is just talking to God as you would to a friend, could greatly help to decrease stress and conflict (Hansen, 2014). Most individuals who pray believe they are communicating with the creator of the universe. Research have shown that when individuals believe in a loving and kind God who cares about their well-being, they are better able to cope with stressful situations, thus reducing conflict (Cummings, & Reed, 2008). Feelings of loneliness could also be released because the individual has someone to talk to when they pray to God, and this is a great source of strength in stressful situations (Hansen, 2014). Research shows that there are many benefits to prayer. According to The Health Site (2014) prayer could influence the mind by causing relaxation, this in turn decreases the effect stress and conflict has on a variety of body organs. It also helps fight physical stress, conflict and evens out emotional reaction. Researchers have found that praying can actually boost the level of dopamine or the happy hormone in the brain. When this occurs individuals are happier and more peaceful.

Bible Reading. Reading the Bible could greatly help to decrease stress (Hansen, 2014). Bible reading has helped individuals in severe crisis to find peace of mind, happiness, and to regain control of their shattered lives. Many find starting first with the New Testament greatly help to decrease fear and stress (Cummings, & Reed, 2008).

Music. Most people find that singing songs of praise to God helps to decrease stress and anxiety (Cummings, & Reed, 2008).

Sabbath Rest. Many individuals find that taking the day off weekly to rest on the biblical Sabbath is a wonderful way to decrease stress. Many find it a day of relaxation when they could put all material things aside and meditate on the goodness of God. Many go to church, visit the ill and may even go out in nature to relax and enjoy God's creation (Cummings, & Reed, 2008).

What is Lacking

Most research that has been done on bipolar disorder focuses on the individual with the mental illness. However, not much research has been done on how bipolar disorder affects family members taking care of their mentally ill relative. Family members are so burdened that their own lives are affected, many develop low self-esteem and are very depressed (Jönsson, Skärsäter, Wijk, & Danielson, 2011). More research is needed that will help family members better cope with the stress of living with the individual who has bipolar disorder. More research is also needed to be done on how professional caregivers should interact with family members who are caring for the mentally ill. Often family members feel misunderstood or ignored by health care professionals. A better understanding between the family members who take care of the mentally ill and the medical professionals would help provide more effective care for the mentally ill (Rusner, Carlsson, Brunt, & Nyström, 2013). Further research also needs to be done on stigmatization encountered by family members who take care of the individual with bipolar disorder. Only a small amount of research has been done on how stigmatization affects the family members of the mentally ill. A better understanding of bipolar disorder by the community and medical professionals will lessen prejudice against individuals with bipolar disorder and their relatives. Great suffering is caused due

to the stigma placed on the mentally ill and their relatives, this prevents some from seeking needed care, and some family members even become reclusive (Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth, 2013).

Summary

Even though I only found one article with only a few sentences on how a family member of faith who took care of her mother with bipolar disorder was strengthened in her role as caregiver through her religious beliefs, there is a large body of literature that supports people of faith having less stress compared to those of non-faith. Most of the research above showed that people of faith who have a strong and positive belief in a loving God tends to have less stress in difficult situations. However, people of faith who believe in a stern and vengeful God also have a higher stress level than those who believe in a loving and caring God.

My research which is discussed in Chapter 4 concurs with Faith and Wellbeing (2014) and other researchers that a growing number of medical and psychological studies indicate that faith lowers stress level and decrease conflict.

Chapter 3: Methodology

Introduction

This chapter covers transcendental phenomenology the qualitative method I used in my research study to explore how family members living with individuals that have bipolar disorder cope with stress and conflict and the role of faith. I discussed briefly the history of transcendental phenomenology and I also discussed how participants were selected for this research. Ethical consideration is also discussed and how the data was collected.

Purpose of Study

This study explored stress and conflict encountered by family members taking care of individuals with bipolar disorder, and it also explored how to help alleviate their stress and resolve conflicts. Specifically I explored the role of faith related to stress and conflict encountered by family members taking care of individuals with bipolar disorder.

Central Research Questions

What is the perception of faith on individuals living with a bipolar family member related to stress?

What is the perception of faith on individuals living with a bipolar family member related to conflict?

What lessons and strategies are learned from taking care of a family member with bipolar disorder?

Research Design

Research could either be quantitative or qualitative. Quantitative research collects data in a numerical form which are placed in groups, or in rank order, or calculated in

units of measurement. This kind of statistics can be used to create graphs and tables of raw data. Quantitative researchers aspire to create general laws of behavior and phenomenon across diverse settings and contexts. Research is used to test a theory and eventually support or reject it (McLeod, 2017). A qualitative method is used in research when one seeks to understand the experience and attitudes of the participants (Bricki & Green, 2007). Qualitative research involves an interpretive, naturalistic approach to its subject matter. Qualitative researchers study things in their normal surroundings, attempting to make sense or to understand the phenomena in terms of the significance individuals bring to them (McLeod, 2017).

In this study I chose qualitative research instead of quantitative because qualitative research gives participants the opportunity to express their thoughts and feelings while quantitative research are more about figures and numbers, thus the individuals true feelings may not be expressed.

There are several types of qualitative methods. Ethnography is a qualitative method that entails extensive fieldwork and could be practiced in a variety of social settings that allows for direct observations of behaviors of the group being studied, communications and interactions with people, and opportunities for informal and formal interviews (Moustakas, 1994). Another method is Grounded theory, which is a way of developing theory through the analysis of qualitative data (Willis, 2007), it seeks to give an explanation or theory behind the events (Sauro, 2015). Case study is another qualitative research method. A case study examines specific phenomenon such as an event, a person, or social groups (Willis, 2007). Another is the narrative research method which weaves together a series of events, typically from one or two persons to form a

cohesive story (Sauro, 2015). Phenomenology is a qualitative research method that looks at individuals perception of the world, it focuses on understanding the world's perspective from the persons being studied (Willis, 2007).

Transcendental phenomenology is the qualitative method used in this study. I used this method because it gives individuals the opportunity to share their story the way they experienced it, and each individual experience is considered unique to that individual (Moustakas, 1994). Transcendental phenomenology is used in this study to explore what is the impact of faith on individuals living with a bipolar family member related to stress. Next I explored what is the impact of faith on individuals living with a bipolar family member related to conflict. I also explored what lessons and strategies have been learned from taking care of a family member with bipolar disorder.

Phenomenology is an interpretive qualitative research theory; it looks at people's perception of the world. Phenomenology focuses on understanding the world's perspective from the individuals being studied (Willis, 2007). According to Moustakas (1994) phenomenology refers to facts as it appears to an individual perception. It is the art of describing what an individual perceives, senses and discerns in his immediate consciousness and experience. Phenomena are the building blocks of human science and the foundation for all wisdom. Any phenomenon is a good starting point for an investigation. Transcendental is the ability to move beyond the everyday occurrences to the pure ego in which everything is newly perceived as though it is taking place for the first time.

In transcendental phenomenology each individual experience is considered remarkable and unique to that individual. The phenomenon is perceived and expressed in

its entirety in a new and open way. A complete description is given of its vital constituents, variation of insights, opinions, stance, sounds, colors and forms. Through transcendental phenomenology one gains a textural description of the significance and real meaning of the phenomenon, the components that comprise the experience in awareness, from the vantage point of an open self (Moustakas, 1994).

Transcendental phenomenology research method is very appropriate for family members who are taking care of individuals with bipolar disorder. There are various kinds of bipolar disorder which makes each family member experience unique. Through transcendental phenomenology family members told their story the way they perceived it, without being influenced by other individuals (Moustakas, 1994).

History of Transcendental Phenomenology

The main founder of phenomenology was Edmund Husserl. He was born in Prossnitz, Moravia on April 8th, 1859 to non-orthodox Jewish parents. Husserl and his wife were later converted to Protestantism. They parented three children, and one lost his life in World War I (Beyer, 2016). Following his short military service in Vienna, Husserl took Masaryk's recommendation and studied with Brentano from 1884 – 1886. Brentano's lectures on psychology and logic impacted Husserl, as did his idea of a purely scientific philosophy. Husserl published his first work on Phenomenology in 1900 titled *Logical Investigations* (Beyer, 2016). During the first decade of the 20th century, Husserl significantly developed and modified his method into what he termed transcendental phenomenology. This method focuses on the vital structures that permit the objects candidly taken for granted in the usual approach, which is typical of both our everyday life and ordinary science, to compose themselves in awareness (Beyer, 2016).

Transcendental Phenomenology has a propensity to disregard the outside world and to focus on what is taking place in our brains. Husserl has the idea of bracketing out the world, which is avoiding any account about what is out there (Chaffetz, 2014). It is important that any accurate phenomenological account be executed from the first person point of view. This is done in order to ensure that the individual's point is depicted precisely as it is experienced, or proposed by the subject (Beyer, 2016). One of the main themes of transcendental phenomenology is intersubjectivity, this occurs when we experience acts of *empathy*. Intersubjectivity occurs in the course of our conscious acknowledgment of deliberate acts to other individuals, as we place ourselves in their stead (Beyer, 2016).

Participant's criteria

Participants had to be at least 21 years old and involved in the care of a family member with bipolar disorder for at least one year, and also fluent in English.

Sampling Strategy

Three strategies were used to select participants. First I approached people I knew. Second I contacted the Depression and Bipolar Support Alliance. Third Snowballing: that is when individuals who were interviewed recommend others also to participate. Once I was granted permission by the Institutional Review Board to do my research which took about one month, I interviewed 10 individuals who have taken care of family members with bipolar disorder. Flyers were sent out to the Depression and Bipolar Support Alliance of which one participant responded and was interviewed. Three of the participants I personally knew were taking care of bipolar family members so I

asked them if they would participate and they agreed. I attended school with one of these three and knew of her bipolar son, another I met through her bipolar daughter whom I knew casually, and the next participant I met through her bipolar mother whom I also knew casually. Two of the other participants I also knew but was not aware of the fact that they were taking care of family members with bipolar disorder. I was randomly asking individuals if they knew of anyone that was taking care of a family member with bipolar disorder and both revealed that they were taking care of a bipolar family member and agreed to be interviewed. Two participants were referrals from participants that I interviewed or snowballing and two were referred to me by friends. Five interviews were done face-to-face and five telephonically. Participants chose the time and place they wanted to be interviewed.

Each interview was recorded on a tape recorder and as a back up at the same time I recorded it on an old phone that was not in use. After each interview I listened to the recorded interview several times for accuracy and created a complete transcript of each participant. After each recording was transcribed, the recordings on my phone were deleted, but the recordings on my tape recorder are locked in a file cabinet. The recordings were also copied onto my computer.

Methods to Analyze Phenomenological Data

Moustakas (1994) has two methods to analyze phenomenological data; the first is the modification of the Van Kaam method of analysis of phenomenological data. The second method is the modification of the Stevick, Colaizzi, and Keen method. I used the Van Kaam method to analyze my data. The difference between Van Kaam method of analysis and Stevick, Colaizzi, and Keen method of analysis of data is that with the

Stevick, Colaizzi, and Keen method the researcher is the first informant to contribute to the research. Moustakas (1994) stated that with the first step in this method the researcher obtains a full description of his own experience of the phenomena. Personally, I think the data analysis might be less biased if I let the participants describe their experiences like the Van Kaam method of analysis instead of first drawing my conclusions of their experience. In the Van Kaam method, the researcher analyses the participants' phenomena.

The Van Kaam method of data analysis has several steps. According to Moustakas (1994),

The first step is to write down every expression appropriate to the experience.

The second step is to test each expression to make sure it is part of the experience.

Indistinct, overlapping, and recurring expressions are eliminated. The third step is putting all the invariant components in themes and labeling them. The fourth step

is the final identification of constituents that remains the same throughout the

transcript. The fifth step is an individual textural account of the experience

created for each co-researcher by using the themes and validated constant

components. The sixth step is to create for each co-researcher an individual

structural account of the experience according to the individual textural

explanation and creative variation. The seventh step is to create for each research

participant a textural structural account of the meaning and essence of the

experience, including the invariant components and themes. From the individual

textural structural account develop a composite account of the significance and

real meaning of the experiences, representing the entire group (p.120-121).

Role of the Researcher

The researcher must first obtain permission from the institutional review board before starting the research project. Once permission is granted the researcher is free to recruit participants to participate in the research study. Participants should not be coerced but of their free will decide whether they would like to participate in the research study. Once participants agree to participate, the researcher should explain to the participants that they are free to discontinue the study at any point during the interview if they so desire. The researcher should also have all participants signed consent form before commencing with the interview. The researcher collects data that is derived during the interview. The researcher is responsible to maintain the privacy of the participants by storing all their information a locked cabinet.

Researcher also has to analyze data, in order to do this the researcher has to listen to the tape or go over the collected data several times in order to ensure accuracy. Once this is done, the researcher categorized the data into themes. Pannucci & Wilkins (2010) mentioned researchers should card again their own biases which could taint the data thus skewing the result.

Ethical Considerations

Each participant received a General Informed Consent Form generated from Nova Southeastern University Institutional Review Board (IRB), which they read and signed before the interview took place. The consent form explained that the research would be conducted ethically; and explained their rights as participants. The consent form explained that this research study is designed to test and create new ideas that other people can use and the purpose of this research study is to explore stress and conflict

experienced by family members taking care of individuals with bipolar disorder and the role of faith. Among other things it was also explained that participation in this study involved responding to 13 questions based on stress and conflicts experienced by family members who are taking care of individuals with bipolar disorder. These questions could be found in the appendix. They were also made aware that they could refuse to answer any questions that they were not comfortable answering. Participants were also informed that they have the right to leave this research study at any time, or decide not to be in it, and that there will not be any penalty or they will not lose any services that they have a right to receive. Each participant except one, who adamantly refused, received a \$20 Visa gift card upon completion of the interview to compensate for the time they took to participate in this research study.

Participants were also informed that their information in this research study would be handled in a confidential manner, within the limits of the law, and would be limited to people who have a need to review this information. They were informed that their names would be replaced with pseudonyms on their transcripts. Participants were also told that their data, which includes the responses to the 13 questions on stress and conflict and also their audio recordings, would be kept securely in a locked file cabinet in my home. All data which includes transcripts and audio recordings will be kept for 36 months and destroyed after that time by shredding. Electronic files are stored on my password-protected personal computer and after 36 months they will be permanently deleted. This data is available to the researcher, the Institutional Review Board, and other representatives of this institution. If we publish the results of the study in a scientific

journal or book, participants will not be identified. For a complete transcript of the General Informed Consent Form please see the appendix.

Data Collection

As mentioned earlier, five participants were interviewed telephonically. These participants were from various states: two from Florida, one from Alabama, one from Tennessee, and one from New York. The face-to-face interviews were from Florida. I interviewed one participant in their home as requested, two requested to be interviewed at Panera Bread. One participant requested Panera Bread because she often had breakfast there with her mom who has bipolar disorder, but has been hospitalized for a while because they could not find the right medication to control her symptoms. Another participant requested to be interviewed at McDonalds, and the other was interviewed in her church as she requested. About eight of the participants were professionals; some were nurses, professors and counselor. They were of mixed races: African-American and Caucasians.

Biases

When doing research, researchers need to be careful not to introduce their own biases, which is very easy to do if a certain result is expected. The researcher could knowingly or unknowingly introduce biases in the research project. According to Pannucci & Wilkins (2010) bias is the tendency to prevent unprejudiced consideration of a question. Biases could take place at any stage of the research; this includes the collection of data, analysis, and publication. To prevent biases during my data collection, I did not give participants the questions beforehand. Not knowing what the questions would be made them more spontaneous in their responses. Actually two participants

requested the questionnaires beforehand so they could be prepared for the interview, but I told them that the questions were simple and straight forward and there was no need to prepare in advance. I did not want them to be prepared beforehand because they may think I would want them to answer in a certain way, which would bias the result of the research. I did not want to be guilty of the Hawthorne effect. Fransworth (2016) mentioned that the Hawthorne effect takes place when participants change their behavior according to what they believe is the priority of the study. Often participants may want to please the researcher, even though they mean well, but this could taint the study. It is ethical to avoid any bias that could have an impact on the results of the research.

Summary

As mentioned earlier, transcendental phenomenology enables family members to tell their story the way they experience it, without being prejudiced by other individuals (Moustakas, 1994). I interviewed 10 individuals on the stress and conflict they experienced while taking care of a family member with bipolar disorder and the role of faith. In the next chapter I discussed the interview with each participant, and the findings of my research.

Chapter 4: Data Analysis and Findings

Introduction

In the previous chapter I discussed how transcendental phenomenology gives individuals the opportunity to tell their story as they have experienced it. In this chapter I looked at the transcripts of 10 individuals who have experienced stress and conflict members taking care of individuals with bipolar disorder and they were able to tell their story as they experienced. Each individual story is unique and no experiences were alike.

This study explored stress and conflict encountered by family members taking care of individuals with bipolar disorder and the role of faith. Through transcendental phenomenology family members told their story the way they perceived it, without being influenced by other individuals (Moustakas, 1994).

Introduction of Participants

The names of the participants in this research were replaced with pseudonyms in order to maintain their privacy. Participant's ages ranged between 30 years old to 70 years old.

Tara took care of her bipolar daughter Elizabeth and grandchildren. Tara was a patient care associate. Elizabeth manifested symptoms of bipolar disorder after her husband divorced her and their last child was still an infant. Tara worked nights at a medical center, and after getting off work in the morning she would take care of Elizabeth and her children.

Ashley took care of her son who was diagnosed with bipolar disorder from age 17. Ashley is a retired registered nurse. Ashley spent years helping her son through his mania and depression.

Pat took care of her bipolar mother from her late teens. Initially her grandparents took care of her mother but as she grew older, the care giving role was shifted to her. Pat teaches at a University

Shelley took care of her bipolar son who is now incarcerated, which she feels could have been avoided if he was taking his medicine. Shelley is an instructor.

Betsy remembers taking care of her mother with bipolar while she was in middle school. Betsy was the second of 11 children and found herself in the role of mother as she took care of her siblings and her mother. Betsy is also a professional.

Dorothy helps to take care of her mother-in-law who has bipolar disorder and teaches special needs children.

Roxanne lived with her bipolar husband Clinton for about 10 years. Eventually she divorced him because the stress was too great for her, especially with the birth of their daughter whom Clinton was unable to give adequate care. Roxanne is a registered nurse.

Terry takes care of her brother with bipolar disorder who is living with her. She is a secretary and office assistant.

Dottie took care of her mother with bipolar disorder who is now deceased. Dottie trained as a missionary and went on several mission trips. She also worked in a hospital but she is now retired.

Karen's son exhibited signs and symptoms of bipolar at an early age, but went undiagnosed until about age 25. She worked as a substitute teacher and a teacher's aide.

I listened to the audio tape of 10 participants in my research project. Their interview was transcribed after listening to the recordings several times to make sure the

transcript was accurate. The transcript was then coded for every relevant expression. Next reduction and elimination of expression was underlined. Next clustering and thematizing the invariant was underlined (Moustakas, 1994). Through the Van Kaam method of data analysis four themes were determined: the first is stress, the second is conflict, the third is faith, and the final is strategies learned from taking care of a family member with bipolar disorder. First cycle codes can be found in the appendix.

Analysis and Discussion of the Themes

Four themes were determined through the Van Kaam method of data analysis: the first is stress, the second is conflict, the third is faith, and the final is strategies learned from taking care of a family member with bipolar disorder. Before discussing the themes I would like to demonstrate how the themes were selected by using one transcript as an example.

In order to analyze each transcript the Van Kaam method of data analysis was used to put all the invariant components in themes and label them. First I wrote down every expression appropriate to the experience which is called horizontalization. Next I tested each expression to make sure it is part of the experience. Indistinct, overlapping, and recurring expressions were eliminated after which I put all the invariant components in themes and labeled them (Moustakas, 1994).

A Sample of a Transcript Using Van Kaam Method of Data Analysis

Transcript of Shelley a mother who took care of her bipolar son

Horizontalization color code: **Bright green**

Table 1

Horizontalization

<p>Interviewer: Could you please tell me what it feels like to take care of a family member with bipolar disorder?</p> <p>Participant: Ok what it feels like, well I guess it feels much the same as taking care of a family member that has been a chronic disorder. You have a lot of ups and downs and a lot of stress; I guess it's about the same as dealing with somebody that has chronic illness.</p> <p>Interviewer: How long have you been taking care of this family member?</p> <p>Participant: Well my son was diagnosed and he was in his teens, and now he is 34 and I would say at least 20 years with the knowledge of the fact that the person has a mood disorder.</p> <p>Interviewer: Has there been any stress related to your care giving role?</p>	<p>Interviewer: Could you please tell me what it feels like to take care of a family member with bipolar disorder?</p> <p>Participant: Ok what it feels like, well I guess it feels much the same as taking care of a family member that has been a chronic disorder. You have a lot of ups and downs and a lot of stress; I guess it's about the same as dealing with somebody that has chronic illness.</p> <p>Interviewer: How long have you been taking care of this family member?</p> <p>Participant: Well my son was diagnosed and he was in his teens, and now he is 34 and I would say at least 20 years with the knowledge of the fact that the person has a mood disorder.</p> <p>Interviewer: Has there been any stress related to your care giving role?</p>
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<p>Participant: I think the question should be was there any period without stress related to the care giving role? Because you know it's mostly you're waiting for something to happen constantly, you really don't know how. Bipolar is one of these things you don't necessarily know what mode the person is going to wake up in. It depends, you could be in the middle of a conversation with somebody who is a rapid cycling like my son, for example, you could be having a perfectly normal conversation and in the middle of the conversation there is a shift in mode. So with that kind of a situation you can't help to be stressed, you stress 24 seven and you stress even more if you live with the person. It's one thing if they live somewhere else and you're going to give the care but if the person lives with you, then it's stress basically 24 seven.</p> <p>Interviewer: How do you deal with stressful situations?</p>	<p>Participant: I think the question should be was there any period without stress related to the care giving role? Because you know it's mostly you're waiting for something to happen constantly, you really don't know how. Bipolar is one of these things you don't necessarily know what mode the person is going to wake up in. It depends, you could be in the middle of a conversation with somebody who is a rapid cycling like my son, for example, you could be having a perfectly normal conversation and in the middle of the conversation there is a shift in mode. So with that kind of a situation you can't help to be stressed, you stress 24 seven and you stress even more if you live with the person. It's one thing if they live somewhere else and you're going to give the care but if the person lives with you, then it's stress basically 24 seven.</p> <p>Interviewer: How do you deal with stressful situations?</p>
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<p>Participant: I have a wellness plan of my own that I developed and I encourage supporters to do their own plans. So that they could figure out how they're going to deal with stress, so they could figure out what the triggers are, and what they're going to do when they're triggered by the stress of working with the person. It would be good to know what your early warning signs are so you would know when you're beginning to be in a situation where stress is going to increase and what you're going to do. So that's how I kind a cope with it I have a wellness plan. In my wellness plans it's things like praying and reading the Bible picking out scriptures that work in situations, so when I'm stressed out maybe there's a Scripture that allows me to refocus and take a step back. Basically that's kinda how I deal with it, I have my own wellness plan to allow me to take care of me.</p>	<p>Participant: I have a wellness plan of my own that I developed and I encourage supporters to do their own plans. So that they could figure out how they're going to deal with stress, so they could figure out what the triggers are, and what they're going to do when they're triggered by the stress of working with the person. It would be good to know what your early warning signs are so you would know when you're beginning to be in a situation where stress is going to increase and what you're going to do. So that's how I kind a cope with it I have a wellness plan. In my wellness plans it's things like praying and reading the Bible picking out scriptures that work in situations, so when I'm stressed out maybe there's a Scripture that allows me to refocus and take a step back. Basically that's kinda how I deal with it, I have my own wellness plan to allow me to take care of me.</p>
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<p>Interviewer: Has there been any conflict related to your care giving role?</p> <p>Participant: Define that a little more conflict with.</p> <p>Interviewer: With their son, maybe because you have told him to do certain things or maybe you don't agree with certain things and it may escalate into a conflict.</p> <p>Participant: Yeah fairly constantly, we've had really loud battles, we've had police intervention, right now my son is incarcerated and he's not speaking to me. This is all because he doesn't agree with me saying what I say about him taking his medication. He came off his medication and begun to live in mania and making not good decisions and so we have been in conflict I would say in steady conflict for the last year, it's been pretty much, totally 24 seven conflict.</p>	<p>Interviewer: Has there been any conflict related to your care giving role?</p> <p>Participant: Define that a little more conflict with.</p> <p>Interviewer: With their son, maybe because you have told him to do certain things or maybe you don't agree with certain things and it may escalate into a conflict.</p> <p>Participant: Yeah fairly constantly, we've had really loud battles, we've had police intervention, right now my son is incarcerated and he's not speaking to me. This is all because he doesn't agree with me saying what I say about him taking his medication. He came off his medication and begun to live in mania and making not good decisions and so we have been in conflict I would say in steady conflict for the last year, it's been pretty much, totally 24 seven conflict.</p>
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<p>Interviewer: What strategies have you found to be helpful in dealing with conflict?</p> <p>Participant: Well a couple of things that I learned, some intentional peer support where you work to build a relationship with people, and you have to recognize what's happening with the person and be able to meet them in their own reality. So instead of reacting to the presenting behavior I have to learn to take a step back and understand and empathize with the underline cause of the behavior. I mean when people are supported beyond a certain level sometimes they feel like they've lost control of their lives and so their reaction to something that you do, that you think is helpful, to them feels like more control and everybody just want to be in control of their own life and their own destinies. So it's looking at things a different way, and walking away from situations and saying that I am walking</p>	<p>Interviewer: What strategies have you found to be helpful in dealing with conflict?</p> <p>Participant: Well a couple of things that I learned, some intentional peer support where you work to build a relationship with people, and you have to recognize what's happening with the person and be able to meet them in their own reality. So instead of reacting to the presenting behavior I have to learn to take a step back and understand and empathize with the underline cause of the behavior. I mean when people are supported beyond a certain level sometimes they feel like they've lost control of their lives and so their reaction to something that you do, that you think is helpful, to them feels like more control and everybody just want to be in control of their own life and their own destinies. So it's looking at things a different way, and walking away from situations and saying that I am walking</p>
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<p>away, not because I am not interested but this might not be the time to deal with the conflict and then I would like to pick it up at a later time. Just letting things deescalate naturally and maybe trying at another time to resolve the conflict which doesn't always work. Sometimes I probably created the conflict myself.</p> <p>Interviewer: Have you felt supported by family and friends?</p> <p>Participant: No not always. My family has a strong history of mental health issues and given that you would think there would be a lot of support, but not really people just seem to say that my son should pick himself up by the bootstraps and just get himself together and do whatever. There wasn't a lot of support, there wasn't a lot of understanding from my spouse even from my other son not a lots of support and when I moved to Florida, that what led me to find to find the depression and bipolar support</p>	<p>away, not because I am not interested but this might not be the time to deal with the conflict and then I would like to pick it up at a later time. Just letting things deescalate naturally and maybe trying at another time to resolve the conflict which doesn't always work. Sometimes I probably created the conflict myself.</p> <p>Interviewer: Have you felt supported by family and friends?</p> <p>Participant: No not always. My family has a strong history of mental health issues and given that you would think there would be a lot of support, but not really people just seem to say that my son should pick himself up by the bootstraps and just get himself together and do whatever. There wasn't a lot of support, there wasn't a lot of understanding from my spouse even from my other son not a lots of support and when I moved to Florida, that what led me to find to find the depression and bipolar support</p>
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<p>alliance and then I started up the Central Florida chapter because I did not have no support. I figure if I didn't have any support there must be other people out there that don't have any support and so that's kinda what I did to build support. So sometimes support is something that you have naturally and sometimes support is something you have to recognize that you need and go out there and look for support. So I have my support from my group. I have support because building my wellness plan taught me how to speak about this things. So now that I could present things to people differently, I find that I get more support that way, because I am not speaking from frustration and wiped out from stress. I'm actually presenting to them what support I need and telling them how they could support me, so it's been a combination of things. So I would say support is grown but</p>	<p>alliance and then I started up the Central Florida chapter because I did not have no support. I figure if I didn't have any support there must be other people out there that don't have any support and so that's kinda what I did to build support. So sometimes support is something that you have naturally and sometimes support is something you have to recognize that you need and go out there and look for support. So I have my support from my group. I have support because building my wellness plan taught me how to speak about these things. So now that I could present things to people differently, I find that I get more support that way, because I am not speaking from frustration and wiped out from stress. I'm actually presenting to them what support I need and telling them how they could support me, so it's been a combination of things. So I would say support is grown but</p>
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<p>support is not always going to come from places you expect.</p> <p>Interviewer: Interesting. How would you describe faith?</p> <p>Participant: How would I describe faith?</p> <p>Faith for me is a recognition that there is some force, in my case God, because I'm a Christian. There is something that is bigger than I am, there is somebody who is in control of what's happening in my life and the things that I go through happen for a reason and I have to look for the reason to decide what it is I'm supposed to do with my experiences. So that would be how I describe faith. Faith is the thing that keep me grounded and persevering, knowing that somewhere, somehow everything that is happening to me is a piece of a plan for my life. Even though I don't know what the plan is and wish that I knew what the plan was, I still believe that there is a plan and the plan is</p>	<p>support is not always going to come from places you expect.</p> <p>Interviewer: Interesting. How would you describe faith?</p> <p>Participant: How would I describe faith?</p> <p>Faith for me is a recognition that there is some force, in my case God, because I'm a Christian. There is something that is bigger than I am, there is somebody who is in control of what's happening in my life and the things that I go through happen for a reason and I have to look for the reason to decide what it is I'm supposed to do with my experiences. So that would be how I describe faith. Faith is the thing that keep me grounded and persevering, knowing that somewhere, somehow everything that is happening to me is a piece of a plan for my life. Even though I don't know what the plan is and wish that I knew what the plan was, I still believe that there is a plan and the plan is</p>
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<p>something that seem to be for my good in the end, so.</p> <p>Interviewer: What does faith mean to you?</p> <p>Participant: It means I don't have to be in control, and the source of much of my stress was the fact that I felt like I needed to be in control of my life, of his life of everything around me. So I spent much of my time trying to manipulate things so that I could have less stress and I was totally stressing myself out trying to do those things. So faith to me means I could let go and let somebody else take control. It's funny that you say, thinking about faith I had a thought that came to me during devotions, and the question was is it not sufficient that you know that God is in control? That was a question and now when I get to the point where I am going to bomb out about something, or stress about something I just asked myself, is it not sufficient that you know God is in</p>	<p>something that seem to be for my good in the end, so.</p> <p>Interviewer: What does faith mean to you?</p> <p>Participant: It means I don't have to be in control, and the source of much of my stress was the fact that I felt like I needed to be in control of my life, of his life of everything around me. So I spent much of my time trying to manipulate things so that I could have less stress and I was totally stressing myself out trying to do those things. So faith to me means I could let go and let somebody else take control. It's funny that you say, thinking about faith I had a thought that came to me during devotions, and the question was is it not sufficient that you know that God is in control? That was a question and now when I get to the point where I am going to bomb out about something, or stress about something I just asked myself, is it not sufficient that you know God is in</p>
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control. You can't help Him so you don't need to be in control too. So that's kinda what faith does.

Interviewer: Was there a time when faith played an important role in your life as you took care of your family member with bipolar disorder?

Participant: Yes multiple times, multiple times, most recently this past week. I was really, I'm depressed about him being in jail and the fact that he may have to go to prison and the fact that all of this is because he is not taking control of his moods he figures everything is fine. I am concerned about the fact when you have a criminal background, when you have a mental health background you don't have the same opportunities in life as you do otherwise. I went to church on Sunday and the focus of the message was God's trophy of grace. The preacher spoke about Moses how he was a murderer and he was eight years old when God called him to

control. You can't help Him so you don't need to be in **control** too. So that's kinda what **faith** does.

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<p>lead the children of Israel, how Paul was a murderer and he was the founder of the New Testament church. Sometimes we don't necessarily recognize how God is working, we look at the things that are happening without realizing that we do have a God that is there directly in our lives. He has given us a lived experience that he intends for us to use somewhere else and so if this is his lived experiences that he is giving my son to use in some point of life how dare I question it. Why would I be sad and upset about it, is the same experience he could give somebody else to go to medical school. What he intends for you to do with your life, that he is preparing you to do and not necessarily the bits and pieces that we look at.</p> <p>Interviewer: I like that, that's interesting. Have you sought help from support agencies?</p>	<p>lead the children of Israel, how Paul was a murderer and he was the founder of the New Testament church. Sometimes we don't necessarily recognize how God is working, we look at the things that are happening without realizing that we do have a God that is there directly in our lives. He has given us a lived experience that he intends for us to use somewhere else and so if this is his lived experiences that he is giving my son to use in some point of life how dare I question it. Why would I be sad and upset about it, is the same experience he could give somebody else to go to medical school. What he intends for you to do with your life, that he is preparing you to do and not necessarily the bits and pieces that we look at.</p> <p>Interviewer: I like that, that's interesting. Have you sought help from support agencies?</p>
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<p>Participant: Yes, I created one my own self when I found I could not get enough support. Yes I have work with Mental Health Association and I have worked with NAMI, again Depression and Bipolar Support Alliance that ended up leading me working with the peer support coalition. So yes, I definitely sought out and collaborated with support agencies.</p> <p>Interviewer: What was your experience?</p> <p>Participant: My experience was sometimes you have to, the support agencies right?</p> <p>Interviewer: Yes.</p> <p>Participant: Sometimes you have to decide what you want, what kind of support you want before you go to the support agency because not all support agencies work in the same way. You are a unique individual coming in to an established group situation and so you go to the group with an open mind and then you decide whether or not that meeting</p>	<p>Participant: Yes, I created one my own self when I found I could not get enough support. Yes I have work with Mental Health Association and I have worked with NAMI, again Depression and Bipolar Support Alliance that ended up leading me working with the peer support coalition. So yes, I definitely sought out and collaborated with support agencies.</p> <p>Interviewer: What was your experience?</p> <p>Participant: My experience was sometimes you have to, the support agencies right?</p> <p>Interviewer: Yes.</p> <p>Participant: Sometimes you have to decide what you want, what kind of support you want before you go to the support agency because not all support agencies work in the same way. You are a unique individual coming in to an established group situation and so you go to the group with an open mind and then you decide whether or not that meeting</p>
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<p>your need for support. I find that you first have to decide what support means to you, if your definition is I am going to look for support and that person is going to give me the answers to my problems, you probably are going to be sadly disappointed. If you go to support group with the thought that they are going to provide some support for me and I have something that I can give to them. I've been dealing with this situation I can support somebody else, then you find that a given support to somebody else and joining the chain of support you get more support that way. That has been my experience every support situation is not for everybody but that doesn't mean there isn't one out there for you and if you can't find one go ahead and set one up yourself because there is somebody like you who is needing that same thing.</p> <p>Interviewer: The final question. What lessons and strategies have you learned</p>	<p>your need for support. I find that you first have to decide what support means to you, if your definition is I am going to look for support and that person is going to give me the answers to my problems, you probably are going to be sadly disappointed. If you go to support group with the thought that they are going to provide some support for me and I have something that I can give to them. I've been dealing with this situation I can support somebody else, then you find that a given support to somebody else and joining the chain of support you get more support that way. That has been my experience every support situation is not for everybody but that doesn't mean there isn't one out there for you and if you can't find one go ahead and set one up yourself because there is somebody like you who is needing that same thing.</p> <p>Interviewer: The final question. What lessons and strategies have you learned</p>
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<p>put yourself first, you have to have a plan for how you're going to do that and you have to stick with the plan. You have to have support, not only supporters for the person you're giving care to but support for yourself as well from people that are on the same path that you're on. The big thing that I learned no is fine, it is a very good 2 letter word and sometimes you just have to say no, you can't do something, or you won't do something. Or no because I have made some boundaries and that would take me beyond the boundaries of you know what you can do.</p> <p>Interviewer: Great, thank you very much. I really appreciate you taking out this time to help me with my research project and I have learned a lot from you. Thank you I really appreciate it.</p> <p>Participant: you are welcome.</p>	<p>put yourself first, you have to have a plan for how you're going to do that and you have to stick with the plan. You have to have support, not only supporters for the person you're giving care to but support for yourself as well from people that are on the same path that you're on. The big thing that I learned no is fine, it is a very good 2 letter word and sometimes you just have to say no, you can't do something, or you won't do something. Or no because I have made some boundaries and that would take me beyond the boundaries of you know what you can do.</p> <p>Interviewer: Great, thank you very much. I really appreciate you taking out this time to help me with my research project and I have learned a lot from you. Thank you I really appreciate it.</p> <p>Participant: you are welcome.</p>
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Table 2

Key

Codes for identifying themes	Clustering and Thematizing the Invariant Constituents
Stress: Yellow Conflict: Red Role of Faith in stressful situation or how Stress is dealt with: Pink Role of Faith in conflict situation or how conflict is dealt with: Turquoise Faith: Gray 25% Lessons and strategies learned: Teal	

Table 3

Codes, themes, clustering and thematizing

<p>Interviewer: Could you please tell me what it feels like to take care of a family member with bipolar disorder?</p> <p>Participant: Ok what it feels like, well I guess it feels much the same as taking care of a family member that has been a chronic disorder. You have a lot of ups and downs and a lot of stress, I guess it's about the same as dealing with somebody that has chronic illness.</p> <p>Interviewer: How long have you been taking care of this family member?</p> <p>Participant: Well my son was diagnosed and he was in his teens, and now he is 34 and I would say at least 20 years with the</p>	<p>Stress</p> <p>You have a lot of ups and downs and a lot of stress, because you know it's mostly you're waiting for something to happen constantly, you really don't know how. Bipolar is one of these things you don't necessarily know what mode the person is going to wake up in. It depends, you could be in the middle of a conversation with somebody who is a rapid cycling like my son, for example, you could be having a perfectly normal conversation and in the middle of the conversation there is a shift in mode. So with that kind of a situation you can't help to be stressed, you stress 24 seven and you stress even more if you</p>
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knowledge of the fact that the person has a mood disorder.

Interviewer: Has there been any stress related to your care giving role?

Participant: I think the question should be was there any period without stress related to the care giving role? **Because you know it's mostly you're waiting for something to happen constantly, you really don't know how. Bipolar is one of these things you don't necessarily know what mode the person is going to wake up in. It depends, you could be in the middle of a conversation with somebody who is a rapid cycling like my son, for example, you could be having a perfectly normal conversation and in the middle of the conversation there is a shift in mode. So with that kind of a situation you can't help to be stressed, you stress 24 seven and you stress even more if you live with the person. It's one thing if they live somewhere else and you're going to give the care but if the person lives with you, then it's stress basically 24 seven.**

Interviewer: How do you deal with stressful situations?

Participant: **I have a wellness plan of my own that I developed** and I encourage supporters to do their own plans. So that they could figure out how they're going to

live with the person. It's one thing if they live somewhere else and you're going to give the care but if the person lives with you, then it's stress basically 24 seven.

Role of Faith in stressful situation or how stress is dealt with

I have a wellness plan of my own that I developed in my wellness plans it's things like praying and reading the Bible picking out scriptures that work in situations, so when I'm stressed out maybe there's a Scripture that allows me to refocus and take a step back. Basically that's kinda how I deal with it, I have my own wellness plan to allow me to take care of me.

Conflict

Yeah fairly constantly, we've had really loud battles, we've had police intervention, right now my son is incarcerated and he's not speaking to me. This is all because he doesn't agree with me saying what I say about him taking his medication. He came off his medication and begun to live in mania and making not good decisions and so we have been in conflict I would say in steady conflict for the last year, it's been pretty much, totally 24 seven conflict.

Role of Faith in conflict situation or how conflict is dealt with

deal with stress, so they could figure out what the triggers are, and what they're going to do when they're triggered by the stress of working with the person. It would be good to know what your early warning signs are so you would know when you're beginning to be in a situation where stress is going to increase and what you're going to do. So that's how I kind of cope with it I have a wellness plan. In my wellness plans it's things like praying and reading the Bible picking out scriptures that work in situations, so when I'm stressed out maybe there's a Scripture that allows me to refocus and take a step back. Basically that's kinda how I deal with it, I have my own wellness plan to allow me to take care of me.

Interviewer: Has there been any conflict related to your care giving role?

Participant: Define that a little more conflict with.

Interviewer: With their son, maybe because you have told him to do certain things or maybe you don't agree with certain things and it may escalate into a conflict.

Participant: Yeah fairly constantly, we've had really loud battles, we've had police intervention, right now my son is incarcerated and he's not speaking to me.

Well a couple of things that I learned, some intentional peer support where you work to build a relationship with people, and you have to recognize what's happening with the person and be able to meet them in their own reality. So instead of reacting to the presenting behavior I have to learn to take a step back and understand and empathize with the underlying cause of the behavior. I mean when people are supported beyond a certain level sometimes they feel like they've lost control of their lives and so their reaction to something that you do, that you think is helpful, to them feels like more control and everybody just wants to be in control of their own life and their own destinies. So it's looking at things a different way, and walking away from situations and saying that I am walking away, not because I am not interested but this might not be the time to deal with the conflict and then I would like to pick it up at a later time. Just letting things deescalate naturally and maybe trying at another time to resolve the conflict which doesn't always work. Sometimes I probably created the conflict myself. It means I don't have to be in control, and the source of much of my stress was the fact that I felt like I needed to be in

This is all because he doesn't agree with me saying what I say about him taking his medication. He came off his medication and begun to live in mania and making not good decisions and so we have been in conflict I would say in steady conflict for the last year, it's been pretty much, totally 24 seven conflict.

Interviewer: What strategies have you found to be helpful in dealing with conflict?

Participant: Well a couple of things that I learned, some intentional peer support where you work to build a relationship with people, and you have to recognize what's happening with the person and be able to meet them in their own reality. So instead of reacting to the presenting behavior I have to learn to take a step back and understand and empathize with the underline cause of the behavior. I mean when people are supported beyond a certain level sometimes they feel like they've lost control of their lives and so their reaction to something that you do, that you think is helpful, to them feels like more control and everybody just want to be in control of their own life and their own destinies. So it's looking at things a different way, and walking away from situations and saying that I am walking

control of my life, of his life of everything around me. So I spent much of my time trying to manipulate things so that I could have less stress and I was totally stressing myself out trying to do those things. So faith to me means I could let go and let somebody else take control. It's funny that you say, thinking about faith I had a thought that came to me during devotions, and the question was is it not sufficient that you know that God is in control? That when I get to the point where I am going to bomb out about something, or stress about something I just asked myself, is it not sufficient that you know God is in control? You can't help Him so you don't need to be in control too. So that's kinda what faith does.

I'm depressed about him being in jail and the fact that he may have to go to prison and the fact that all of this is because he is not taking control of his moods he figures everything is fine. I am concerned about the fact when you have a criminal background, when you have a mental health background you don't have the same opportunities in life as you do otherwise. I went to church on Sunday and the focus of the message was God's trophy of grace. The preacher spoke about Moses how he was a murderer and he was

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Interviewer: Have you felt supported by family and friends?

Participant: No not always. My family has a strong history of mental health issues and given that you would think there would be a lot of support, but not really people just seem to say that my son should pick himself up by the bootstraps and just get himself together and do whatever. There wasn't a lot of support, there wasn't a lot of understanding from my spouse even from my other son not a lot of support and when I moved to Florida, that what led me to find to find the depression and bipolar support alliance and then I started up the Central Florida chapter because I did not have no support. I figure if I didn't have any support there must be other people out there that don't have any support and so that's kinda what I did to build support. So sometimes support is something that you have naturally and sometimes support

eight years old when God called him to lead the children of Israel, how Paul was a murderer and he was the founder of the New Testament church. Sometimes we don't necessarily recognize how God is working, we look at the things that are happening without realizing that we do have a God that is there directly in our lives. He has given us a lived experience that he intends for us to use somewhere else and so if this is his lived experiences that he is giving my son to use in some point of life how dare I question it. Why would I be sad and upset about it, is the same experience he could give somebody else to go to medical school. What he intends for you to do with your life, that he is preparing you to do and not necessarily the bits and pieces that we look at.

Faith

Faith for me is a recognition that there is some force, in my case God, because I'm a Christian. There is something that is bigger than I am, there is somebody who is in control of what's happening in my life and the things that I go through happen for a reason and I have to look for the reason to decide what it is I'm supposed to do with my experiences. So that would be how I describe faith. Faith

is something you have to recognize that you need and go out there and look for support. So I have my support from my group. I have support because building my wellness plan taught me how to speak about these things. So now that I could present things to people differently, I find that I get more support that way, because I am not speaking from frustration and wiped out from stress. I'm actually presenting to them what support I need and telling them how they could support me, so it's been a combination of things. So I would say support is grown but support is not always going to come from places you expect.

Interviewer: Interesting. How would you describe faith?

Participant: How would I describe faith? Faith for me is a recognition that there is some force, in my case God, because I'm a Christian. There is something that is bigger than I am, there is somebody who is in control of what's happening in my life and the things that I go through happen for a reason and I have to look for the reason to decide what it is I'm supposed to do with my experiences. So that would be how I describe faith. Faith is the thing that keep me grounded and persevering, knowing that somewhere,

is the thing that keep me grounded and persevering, knowing that somewhere, somehow everything that is happening to me is a piece of a plan for my life. Even though I don't know what the plan is and wish that I knew what the plan was, I still believe that there is a plan and the plan is something that seem to be for my good in the end, so.

Lessons and strategies learned

Probably the same lessons that will be learned taking care of a person with chronic illness. This is not a personal choice nobody got up and said one day that they wanted to live with bipolar disorder. It's not my fault as a parent or family member, I didn't do something wrong in some way that caused this to happen. I learned that often the closer you are to the situation, the less you're able to see, so sometimes it's better to take a step back and take advice from people who are looking at things from a position of not being so involved in. I learned that you have to take care of yourself, human nature is take care of, women especially, mothers, is to take care of everybody to the exclusion of yourself. I have learned that if you going to take care of somebody and you're going to do it effectively you have to take care of yourself, you have to

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Interviewer: What does faith mean to you?

Participant: It means I don't have to be in control, and the source of much of my stress was the fact that I felt like I needed to be in control of my life, of his life of everything around me. So I spent much of my time trying to manipulate things so that I could have less stress and I was totally stressing myself out trying to do those things. So faith to me means I could let go and let somebody else take control. It's funny that you say, thinking about faith I had a thought that came to me during devotions, and the question was is it not sufficient that you know that God is in control? That was a question and now when I get to the point where I am going to bomb out about something, or stress about something I just asked myself, is it not sufficient that you know God is in control. You can't help Him so you don't need to be in control too. So that's kinda what faith does.

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Interviewer: Was there a time when faith played an important role in your life as you took care of your family member with bipolar disorder?

Participant: Yes multiple times, multiple times, most recently this past week. I was really, I'm depressed about him being in jail and the fact that he may have to go to prison and the fact that all of this is because he is not taking control of his moods he figures everything is fine. I am concerned about the fact when you have a criminal background, when you have a mental health background you don't have the same opportunities in life as you do otherwise. I went to church on Sunday and the focus of the message was God's trophy of grace. The preacher spoke about Moses how he was a murderer and he was eight years old when God called him to lead the children of Israel, how Paul was a murderer and he was the founder of the New Testament church. Sometimes we don't necessarily recognize how God is working, we look at the things that are happening without realizing that we do have a God that is there directly in our lives. He has given us a lived experience that he intends for us to use somewhere else and so if this is his lived experiences that he is giving my son to use in some

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Interviewer: I like that, that's interesting. Have you sought help from support agencies?

Participant: Yes, I created one my own self when I found I could not get enough support. Yes I have work with Mental Health Association and I have worked with NAMI, again Depression and Bipolar Support Alliance that ended up leading me working with the peer support coalition. So yes, I definitely sought out and collaborated with support agencies.

Interviewer: What was your experience?

Participant: My experience was sometimes you have to, the support agencies right?

Interviewer: Yes.

Participant: Sometimes you have to decide what you want, what kind of support you want before you go to the support agency because not all support agencies work in the same way. You are a unique individual coming in to an

established group situation and so you go to the group with an open mind and then you decide whether or not that meeting your need for support. I find that you first have to decide what support means to you, if your definition is I am going to look for support and that person is going to give me the answers to my problems, you probably are going to be sadly disappointed. If you go to support group with the thought that they are going to provide some support for me and I have something that I can give to them. I've been dealing with this situation I can support somebody else, then you find that a given support to somebody else and joining the chain of support you get more support that way. That has been my experience every support situation is not for everybody but that doesn't mean there isn't one out there for you and if you can't find one go ahead and set one up yourself because there is somebody like you who is needing that same thing.

Interviewer: The final question. What lessons and strategies have you learned from taking care of a family member who has bipolar disorder?

Participant: Probably the same lessons that will be learned taking care of a person with chronic illness. This is not a personal

choice nobody got up and said one day that they wanted to live with bipolar disorder. It's not my fault as a parent or family member, I didn't do something wrong in some way that caused this to happen. I learned that often the closer you are to the situation, the less you're able to see, so sometimes it's better to take a step back and take advice from people who are looking at things from a position of not being so involved in. I learned that you have to take care of yourself, human nature is take care of, women especially, mothers, is to take care of everybody to the exclusion of yourself. I have learned that if you going to take care of somebody and you're going to do it effectively you have to take care of yourself, you have to put yourself first, you have to have a plan for how you're going to do that and you have to stick with the plan. You have to have support, not only supporters for the person you're giving care to but support for yourself as well from people that are on the same path that you're on. The big thing that I learned no is fine, it is a very good 2 letter word and sometimes you just have to say no, you can't do something, or you won't do something. Or no because I have made some boundaries and that

<p>would take me beyond the boundaries of you know what you can do.</p> <p>Interviewer: Great, thank you very much. I really appreciate you taking out this time to help me with my research project and I have learned a lot from you. Thank you I really appreciate it.</p> <p>Participant: you are welcome.</p>	
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First Themes: Stress

Stress is the first theme discussed. This theme is derived from stress experienced by family members taking care of individuals with bipolar disorder. Tara a mother who took care of her bipolar daughter and grandchildren recounts her stressful experiences.

It is very difficult, it is not easy but at the same time you do it from your heart knowing that especially it is a family you don't want others to do it, you rather do it yourself because it is not everybody that understand and they may rough them, you call it abuse. So I do it myself even though it is rough.

I was working at a medical center and I would leave my work in the morning to go and take care of she and the children, because taking the medication in the morning she can't even know feeding them because she had the baby at that time and she can't even know the feeding to give because of the medication. So in the morning I would go straight there. At times my husband and I, she would leave at 3 o'clock in the morning, she go ministering to people she said. Everybody she sees she would stop them and would want to pray for them and things like that. And then my husband and I would meet her at the street, knowing what would happen to her so we would follow her everywhere. She would stop cars and trucks

and things like that and we would prevent her because we know they would pick her up, and we don't know what would happen to her. We decided to take her to the hospital but most of the time we had to cope with it.

Tara's experience is validated by previous research which mentioned that family members frequently feel worn out due to the time and energy expended on problems associated with the illness. There is not much vigor left to spend in other potentially fulfilling relationships or satisfying activities (Tracy, 2016).

Ashley like Tara found it very stressful and painful taking care of her mentally ill son. Please read her story as she wrote it in appendix 5 under My Approximate 30-Years Encounter with my Son's Bi-polar.

It can be very stressful at times because of looking and knowing what you are or what my child is going through, could be very, very painful. Also, it seems that I am seeing all that is going on and he I guess because of so many parts of the illness, all what is involved is not able to see, to know what is going on. There I am trying to give all the help and denial is preventing him from seeing what is going on. In fact the most stressful thing apart from the illness, the other stressful thing is how in trying to get help for him, how I knock on so many doors and yet still it seems as though I am not getting the help I should get for him, because I think mental illness awareness is not the way it should be. So because of that help, it's getting better but when that started it was more difficult to get help for him.

Ashley's dissatisfaction with the mental health services is not unique, previous research showed that many families were disillusioned with the services provided for

their family member with bipolar disorder. Families were not getting the services and support they expected the mental health services to provide. Services were limited for patients with bipolar disorder (Maskill, Crowe, Luty, & Joyce 2010).

Pat unlike Tara and Ashley was a child who assumed the role of parenting her mother. Rusner, Carlsson, Brunt, & Nyström (2013) mentioned that role reversal and added responsibilities on family members occur when a parent has bipolar disorder. She relayed how difficult it was growing up and helping to take care of her bipolar mom, also the difficulties she encountered in trying to get her to take her medication.

It can be stressful at times because she may not want to take her medicine, there are times when she's taking her medicine and she is doing fine. The thing is once she is taking it she is fine and we get so secure and by the time we know that something is wrong with her and we go to the doctor it may take a while before the medicine kicks in. The other thing is by the time we get to the place where the medicine works she would become more and more bizarre. The thing is once her medicine is working fine for her she would always ask the doctor if she could have less medicine, and this creates the cycle.

I remember when we went back to New York and we were not living with my grandmother, whenever we went out I had to remind her to get the baby because she would keep forgetting him. The baby was in the stroller and sometimes she would walk out and leave the baby there in the stroller.

As far as the stresses concern I don't know, I do take a break. I know she's not well and it's keeping her from not sleeping, sometimes she is up so much that I can't take it anymore and sometimes I just doze off. What she would do, she

would take everything she has and just throw them away, anything, even her cell phone she threw away. We constantly had to watch her because she would throw everything in the dumpster. When things are missing I would call my uncle and he would go in the dumpster and bring them out. She also threw in her passport and the dumpster, everything goes in the dumpster.

Shelley like the mothers mentioned previously also takes care of her bipolar son. She lives with stress because she does not know what to expect from him from one minute to the next. According to Ogilvie, Morant, & Goodwin (2005) a heavy burden is placed upon caregivers which is strongly linked to depression in caregivers, this affects the process of recuperation in the patient and adds stress and conflict to the environment. Shelley experience stress continuously in her care giving role.

You have a lot of ups and downs and a lot of stress, because you know it's mostly you're waiting for something to happen constantly, you really don't know how. Bipolar is one of these things you don't necessarily know what mood the person is going to wake up in. It depends, you could be in the middle of a conversation with somebody who is a rapid cycling like my son, for example, you could be having a perfectly normal conversation and in the middle of the conversation there is a shift in mood. So with that kind of a situation you can't help to be stressed, you stress 24 seven and you stress even more if you live with the person. It's one thing if they live somewhere else and you're going to give the care but if the person lives with you, then it's stress basically 24 seven.

Betsy like Pat also took care of her bipolar mother as a child. Unlike Pat, Betsy did not have a grandmother who took most of the responsibility when she was younger.

She also took care of her younger siblings which was very stressful, since she also had to make sure her siblings were well behaved at home and at school. She also had to feed them, and at times the food was insufficient.

My first experience taking care of a person was my mom. Was a reversal of position I felt like I was the mother and she was the child during these periods of time. I had to take a part of the leadership, my sister and I were older and we took care of the family. We had to make other people think that she was there when she wasn't because we didn't want to get separated. So it was taking on that leadership role when you were still a child. When she comes home making sure she is taking her medication so that she wouldn't have to go back. It's always in your mind I don't want to see her go back. You had to be real quiet and try to get the other kids and don't get on her nerves so that she can function and don't have to go back to the hospital. So that's part of the frustration of someone who's taking care of someone you love, especially if it's your mom because you love your mom.

There was a lot of stress, a lot of stress, like I said trying to keep, because there was, 11 of us and I am the second oldest. So it was a matter of making sure the kids went to school every day, they had something to eat and sometimes that was difficult we didn't have it. My father worked so we would have to make things do, make whatever he gave us stretch. Sometimes the aunties would come over and bring food over on occasions, or my grandmother, but it was very stressful. As a child you don't know what those responsibilities are until it's thrust upon you. You make sure you keep your brothers and sisters dressed properly to go to

school and they don't tell the teacher that your mom was sick because they may come and take you away. So it was almost a ritual every day, don't say anything to your teacher mom would be home soon, and pretty much we achieve that but it was a lot of stress. I don't think kids look at it as stress but looked at it as a challenge, we got to get through to the next day.

Doherty Unlike the other participants who took care of siblings, children and parents, is taking care of her mother-in-law. She shares how difficult it is taking care of her mother-in-law with bipolar disorder and the burden it places on the family.

It very hard, very stressful at times because you have to deal with, I guess I can say mood swings but they are not really mood swings, is that when their mind pops and tell them something different. You know, you just have to go with the flow, knowing that it's not really them that is talking that has their mind like that. So it puts a lot burden on us, knowing that what she's going through but then how do we keep ourselves from stressing out, you know in the point of trying to deal with her situation. I mean we have to try to keep our minds together and our stress level down as far as taking care of our own selves and then have to worry about helping her as well. So I mean it's very stressful. If you don't know how to handle the stress you become ill you become stressed out at everything else because of what she is doing.

Roxanne like Doherty did not take care of siblings, children and parents, but took care of her now ex-husband. She found taking care of her husband Clinton with bipolar disorder very difficult. Giving birth to their baby daughter Gabrielle only added to her

stress, because he was unable to take care of baby Gabrielle so she finally divorced Clinton.

I took care of my husband Clinton, now ex-husband. He was diagnosed as schizophrenia as a late teenager, I would say probably about 2011 or 2012 he was diagnosed with bipolar disorder. He had a close friend passed away about 2010 and that kind of trigger and changed his diagnosis and symptoms was changing, so really I lived the diagnosis every day, day in and day out and it was a challenge for sure. He still struggles with it today and the care of our daughter, I don't miss being around it all the time, I think having the perspective that I do now, not being around it that showed me how kind of my mood changed and my perhaps anxiety increased even more and just how stressful it really was.

I think that the stress of the diagnosis is probably the first or second, the biggest reason that I decided to ask him for a divorce, I just couldn't be around a mental illness any longer. My occupation as a nurse and I think nurses always have the responsibility if you will to always be taking care of people and you know in their job and then I was coming home and taking care of someone. So the stress of always having that weight on my shoulders of if anything went wrong, or you know after our child was born that I was having the stress of him not being able to take care of her or being at work and he would call me and say I can't take care of her. I didn't have any family resources in Florida at the time and so it was stressful when I was at work and when I was at home with him, so it was always stressful. With this disorder I would say every about six weeks, it was very cyclical for him. Like I didn't know if it was just like a cycle or rhythm or

something like that, every six week is was when he would go downhill.

Sometimes I would even like have it in the back of my mind okay like the six weeks are coming up.

Terry also found it difficult taking care of her brother with bipolar disorder, she shares her experience in caring for her mentally ill brother. “I learned from day to day, you know how to deal with it, at the beginning it was like, oh, it’s hard and then from day to day I learn how to deal with it and it’s getting more easier”.

Dottie like Betsy and Pat took care of her mother with bipolar disorder. However, Dottie’s mom did not develop mental health issues until she was probably in her 70s so Dottie did not have to take care of her as a child like Betsy and Pat who took care of their mother at a young age. Dottie too found it difficult taking care of her bipolar mother.

It was a very hard experience, first of all because it was a family member and the back and forth of the person’s attitude, physical well-being was a little hard. It was not always an easy task because the family member they know you so therefore they might try to push things to the limit. If it’s another healthcare worker that is not related they might let things slide a little and especially a mother. Even though they are in and out of thought when they come back in the thought yo! they can be agitated a lot, yes somewhat.

Karen like Shelley and Ashley took care of her bipolar son. She sought advice for her mentally ill son from his teacher who discouraged her to seek treatment for him lest he be labeled for life.

Oh definitely a lot of stress he wouldn’t agree to the treatment program. As far as therapy goes Justin was not willing to talk to anybody, so most of the advice I was

getting from people was get him into therapy and that just wasn't going to happen, he wasn't.

With Justin since fifth grade he failed fifth grade just flat out, and I knew we had behavioral problems and other problems with him for a long time and I asked his teacher, that mind you he was in fifth grade. I just knew that Justin needed help, he needed something and I didn't know what and I ask his fifth-grade teacher at the end of the year what should I go and have him tested. She was quick to say no, no, don't have him tested that they would label him for life, but he did go to summer school and made a B through the whole summer school where as he had just made F across the board in fifth grade. So I knew that he was smart, you know he just had something going on, and again he quit high school. In the 10th grade he just stopped going to class, wouldn't go, couldn't get him to go, and he took his GED and scored very high on it. So I would try my hardest in doing what I thought was right for my child.

Second Theme: Conflict

The second theme is derived from conflicts experienced by family members taking care of individuals with bipolar disorder.

All the participants in this study experienced conflict, some more severe than others. In most of the participants you could sense from their tone of voice, the hurt and pain they are going through. They long to see change in their family member, but are helpless to effect the change they desire. When the mentally ill family members are in mania they cannot hear what their caregivers are saying because their reasoning powers are impaired. According to Umlauf, & Shattell (2005) bipolar disorder is typified by

severe moods, including both depression and mania. Ellison, Mason, & Scior (2013) also mentioned that during episodes of mania the individual with bipolar disorder experience an increased rate of thought and speech. Thought process is typically accelerated, stressed, over productive, semi reasonable and extravagant. Awareness and attentiveness are impaired. The need for sleep is lessened and changes occur in appetite. According to Ellison, Mason, & Scior (2013) dysfunctional activities occur because of abhorrently extreme self-confidence, this is also comprised of lack of self-consciousness, intrusiveness, rashness, irresponsibility, irritability, and at times violence. Risks are frequently taken, such as impractical plans or improbable business plans, reckless spending or gambling.

Five subthemes emerged under conflict. These subthemes are: **1. Conflict with Finance. 2. Conflict with the Mental Health Institution. 3. Medication Conflict. 4. Conflict in Responsibility. 5. Communication Conflict.**

The first subtheme: **Conflict with Finance**

As mentioned above some individuals are reckless spenders, Tara taking care of her daughter Elizabeth was unable to control her spending habits.

I remember one time where we were staying together when she got her Social Security or whatever she was getting disability she would spend it all and I had the children to take care of. I got them to sign the check over to me instead of her and that was another conflict. She was mad and went to court and stop me from getting it. She would go and buy dresses and spend the money wild and buying makeup and spend it wild when I need the money to look after the children. Yes,

so she did that, that is the conflict we had, she would not cooperate with the finance, financial situation.

The second subtheme: **Conflict with Mental Health Institution**

Ashley too experienced conflict with her son, she has difficulties getting her son to seek help when he needs it, and she also has conflict with the mental health institution that would not accept him. Only when he is a danger to himself and others would he be accepted.

I remember the time when he was escalating to the point, of course it starts and then they go into the mania part of it and that's when their reasoning seems to be going away from them, and there I am trying to get him the help in trying to talk with him, saying, you need to go and let me take you to the hospital. It's like he can't hear me, and although I am understanding a bit of what is going on because it's like reasoning is not there, but still that is causing an argument and even a fight. Sometimes we have to be careful because when the reasoning is not there then you know they are liable to do things that could be very hurtful and so on. That is a conflict there seeing that he needs the help and he is not seeing that, and that can really escalate.

I find that the doors are not opening the way it should open you know. There are times I have gone to the mental health center and they would tell me well you know what, he has to be a danger to himself and for others before they could do anything. And I am saying beg you pardon, you know by the time they get to that stage that's the time, that's a place you don't want them to reach you know, get to the point of danger to themselves and others and that's the time you give them

help. So I find that these are times that are very discouraged for me as a family member and even though he is not aware of it of what is going on it's very discouraging because they need the help before they get to that stage.

The third subtheme: **Medication Conflict**

Pat also experienced conflict; she had difficulties with her mom taking her medication.

We had conflict with medication. When we go to the doctor and he tells her what medication to take sometimes she would get it mixed up and take the wrong dosages and she would get upset when I correct her. We couldn't leave her in the apartment by herself. We would call for help and ask them to come and pick her up because we knew she was not well, but they would not come except she's a danger to herself and others. That was difficult but what could you do.

Shelly like Pat had conflict over medication. Her son did not see the need to take his medication. She was in constant conflict with her son for about a year.

We've had really loud battles, we've had police intervention, right now my son is incarcerated and he's not speaking to me. This is all because he doesn't agree with me saying what I say about him taking his medication. He came off his medication and begun to live in mania and making not good decisions and so we have been in conflict I would say in steady conflict for the last year, it's been pretty much, totally 24 seven conflict.

The forth subtheme: **Conflict with Responsibility**

Betsy was also in conflict with her mom when she had to take her to the hospital. Due to her mental health illness her mom was unable to take the responsibility of checking herself into the hospital when she became ill.

I would get cussed out on a regular, because most times I would assume the role of if she had to go back to the hospital I would have to be the one to sign her in, in order to tell them that she was, at the time they had behavioral hospitals. They closed those all down, I think during Reagan. At the time you had to sign, someone had to give a statement to the hospital as to why the person was coming in and it would always fall on me. So she would not be herself and would tell me some choice words as to what she thought about it and who I was because I did it, but then it didn't bother me because I knew that wasn't who she was. So there was conflict, she would never fight me, but there was verbal conflict.

Roxanne too like Betsy experienced conflict with responsibility while living with her bipolar husband Clinton. He would call Roxanne at her job complaining that he was unable to take care of their baby daughter. Unable to cope with the stress of taking care of her baby and her husband simultaneously, Roxanne chose to take care of her baby and divorced Clinton. The denial of Clinton's family of his mental illness did not encourage him to be responsible.

We got a divorce just because I chose to take care of my daughter instead of taking care of him because I couldn't do both. I told him that and my daughter was more important to me at the time, you know she was an infant, and you know I just couldn't handle the stress of not knowing what every day would hold and so

it ultimately, I would say our current arrangement of just co-parenting. In my case Clinton's family was very much in denial about his diagnosis. So they did not pay much attention to it, or pay much mind to it, they thought I was blowing things out of proportion and just being selfish and things like that.

Karen also experienced severe conflicts with her son Justin who was not responsible enough to seek mental health treatment when encouraged to do so.

There was a time after Justin separated from his wife and he came to live with us. It was just a harrowing time and I had phone numbers everywhere, for the health center, the police department, the sheriff department, the coaching for peers, I think that might be the name of it, and we did talk on a weekly basis. He wouldn't agree to the treatment program. As far as therapy goes Justin was not willing to talk to anybody, so most of the advice I was getting from people was get him into therapy and that just wasn't going to happen, he wasn't.

The fifth subtheme: **Conflict in Communication**

Terry too experienced conflict; she often has difficulties communicating with her brother. According to Katz, Lawyer, & Sweedler (2011) as mentioned in chapter 2 communication is the influence an individual exerts over another person on a conscious and unconscious level. It includes an exchange of meaning among individuals in which information is given and received through the tone of voice, expression of the face, hand motion and stance, which helps to appropriately convey the message each individual is trying to relay. Effective communication is very important because it helps individuals to meet their needs, develop significant interpersonal relationships and helps individuals to function adequately in society. Terry found it difficult to communicate effectively with

her brother due to his mental health illness which was frustrating to both Terry and her brother.

Well for him, like I get used to him. When he first come, when he used to talk to me and he say something, we can talk and then I say something, and then he can get loud and talking, talking, talking. I used to try you know to say no, no, no, that's not the right way to do it, and stuff like that, but then he gets a little bit upset and every day I go to bed I say Lord you have to help me how to deal with it. Sometimes when he say something I don't even answer, sometimes he would walk behind me and say I am talking to you, you didn't answer me, because I don't want to make him upset by saying something you know. It's more like when he say something, I think he wants you to agree with him, so I deal with it, let me tell you and God help. Sometimes I sit in my room, evening time when he is sleeping and then I sit in my room and thinking, yes I take it day by day.

Third Theme: Faith

The third theme is derived from faith exhibited by family members taking care of individuals with bipolar disorder, under which are two subthemes. These subthemes are:

1. **Faith and stress.**
2. **Faith and Conflict.**

The first subtheme: Faith and Stress

Nine of the ten participants in this study have a strong faith in God. Although they have been through many stressful situations they still have faith in God and believe that he will see them through and continually be with them. Sometimes participants had no clue where their children or their parents were, but prayer and faith in God took them

through these difficult times. Previous research shows that an increasing number of medical and psychological studies indicate that faith has a definite positive impact on individual's wellbeing. Faith has been shown to improve physical and mental health, including lower levels of worry, stress, depression, suicide, conflicts and destructive behavior (Faith and Wellbeing, 2014). "Faith generates optimism, enriches interpersonal relationships, creates support systems and enhances quality of life" (Hansen, 2014, pp. 1-2). Collins & Bowland (2012) mentioned that caregivers who were spiritual had a higher level of self-care, even though they did not report a lesser intensity of worry or discontentment in their role as a caregiver. One family member who was taking care of her mother with bipolar disorder mentioned that her faith got her through conflicts and stressful times.

Tara depended on her faith in God to bring her through the stressful situations she encountered with her daughter.

O yes you have stress because you don't sleep, you really get tired and stressed.

Once she went away and we didn't know where she was, at that time I just fall on my knees and I just pray to God and ask him, you know, and just ask him to protect her. I couldn't do anything else because I didn't know where she was and I just call on Him. It was like if somebody just put me down on my knees. I just felt I dropped down by the bedside and I prayed to God that wherever she is He would protect her. When I got up an officer called and told me she was at a hotel looking for her husband, the door was open, because I had called everybody at that time. I was going under that stress and I called everybody. I think it was my son who went to get her. She was lying down, she had her bedroom door open and the

money on the table, I think half of it was gone that money was supposed to pay her rent. That was very stressful, especially when you don't know where to find her. You know in all of it I could tell you God is real, because when I prayed I heard a voice saying I am praying for you and I was comforted.

Previous research also suggests that, "spiritual beliefs and practices may contribute to reduced stress and improved sense of security, and decreased depressive symptom" (Barnes, Fox, Pendleton & Plotnikoff, 2000, p. 899).

Ashley too depended upon her faith in God to bring her through stressful situations. She shared that she talks to God continually, and he has given her the strength she needs to care for her mentally ill son, and to deal with the stress.

I believe that without the faith I have in God I don't think I would be able to handle it the way I have handled it, so with a lot of prayers, believing that there is a God, believe and hoping that in the God I believe has strengthened me to be able to bear the burden and to help, that has helped me with the stress. Also many of the people who believe the way I believe, I have gotten help from them, they have prayed for me and just help me in so many different ways.

I continuously have to call upon God, I continuously have to say that you show me what to do and how to do it because mental illness is of such that the effect, it affects so deeply because life is not the same you know. There are so many facets so many things going on. Life is not the same, not the same with your child, not the same with your family member who has the illness and not the same with every other family member. You know it does something to the whole family, you know it does that, you have to continuously call upon God, all the time it's not

just one time. All the time I have to go to God in prayer and sometimes even talking to God, yes all the time so it's not just one time, all the time.

Pat like Tara and Ashley depend upon her faith in God to bring her through stressful situations. She believes God hears and answers her prayers. "Well I pray about it. Yes because I believe God hears and answer prayers. I know things are difficult now but I trust God that he would work things out and she would be better soon." Previous studies also suggest that spiritual beliefs and practices do contribute to decreased stress and increased sense of well-being, and decreased depressive symptoms (Barnes, Fox, Pendleton & Plotnikoff, 2000).

Shelley's faith also takes her through stressful situations. She shared that she copes with stress by reading scriptures that are applicable to her situation and help her cope with stress. She calls it her wellness plan.

I have a wellness plan of my own that I developed, in my wellness plans it's things like praying and reading the Bible picking out scriptures that work in situations, so when I'm stressed out maybe there's a Scripture that allows me to refocus and take a step back. Basically that's kinda how I deal with it, I have my own wellness plan to allow me to take care of me.

Previous research validates Shelley's wellness plan. According to Hansen (2014) prayer offers a reprieve from stress in a variety of ways. Prayer for help may be an immense source of comfort and relief because an individual does not feel they have to bear their problems alone. Frequently when individuals are hurting or perplexed, they may feel as if there is no one to converse with or rely on. A prayer during these stressful times alleviates that feeling of loneliness. The conviction that God is listening to their

prayers and will assist them is a basis of hope for countless persons. Hope provides the strength to carry on. Hansen (2014) mentioned that reading the Bible could greatly help to decrease stress.

Betsy depended on prayer and scripture reading like Shelley to take her through the stress of caring for her bipolar mother. She mentioned that she made it through those rough years as a child through prayers taught to her by her mother when she was not ill.

Much prayer, I should add my mom even though she was sick, that was one thing she instilled in us. She would teach us Bible verses, she would always tell us to pray, sometimes she would take time and have Bible discussions with us, but when she was lucid that was primarily her teachings to us that God was the answer. When she found herself, at one time she was totally to the point where she did not know anyone, when she found herself coming back to herself, it was through prayer. She started reciting the Lord's prayer and her memory came back to her after she recited the Lord's prayer, so that was important and she wanted to make sure that we received the word even though she was not lucid all the time, when she came to herself that was what she taught us.

In fact she was a musician; she played for churches, so we were at church as often as she had to play. We had to go to church when she was lucid and her-self. So faith was a very important part and she taught us how to pray. I often wonder how can you have bipolar and still pray, but when you have a sickness is almost like asking how can you have cancer and still pray.

Doherty on the other hand feels their faith is being tested but believes God is going to take them through this difficult period of their life.

We just sit and we just pray that it's going to get better and we just go from there. Like the old saying, God never going to put too much on you that you can't handle so I believe He's testing our faith with this, because we'd done been through a lot. We still here, we still going, but it hasn't increased anymore, you see what I'm saying I mean by us taking the time for thanking the Lord for letting us live and be able to do that with her being able to see her through this process of what she's going through. That's all I can see it as, because if you didn't believe in God you probably wash your hands and get rid of her but I'll see my faith I'm here to take care of her. That's what I would've want or the Lord would've want somebody to do, in my case, even though everybody don't see it that way but I do. And that's not with anybody that we know with bipolar disease, that's with anybody like your parents, your kids, God puts you here to help take care of them.

Roxanne unlike all the other participants has been questioning her faith and is not sure what God's plan is for her.

We both definitely strayed from our faith, I am a very independent person and so I think I have made some of my own decisions in regards to my faith and we do take Gabrielle to the same church. We don't attend at the same time, but if he have her he takes her when he's well enough, and then I take her to the same church, so she has some consistency with that faith base as well.

I have faith that I, whether I believe it or not some days, I will never be given more than I can handle, and I question that and I question my faith a lot, but I know that God has a plan has a plan for Clinton, He has one for our daughter. I just don't know what that plan is (sobbing), I would love to know sometimes

that's for sure. I think there's a verse in the Bible, talks about faith as small as a mustard seed and so I just need to remind myself about that, whenever I think that I can't do it or am questioning or doubting or any of those things.

Terry's faith also takes her through stressful situations. She prays daily to God for his help in caring for her bipolar brother Bob.

I believe in God, and when you stress I kneel I pray, and every morning when I wake up early in the morning that's the first thing I do. There is always a way, God is always helping me. Faith is every day without faith I could not go through it.

Dottie like the others mentioned above too depended on her faith in stressful situations, but she went a step further and included other family members by forming a prayer group, and together they prayed for her bipolar mother. She developed the prayer group in order to help the family cope.

Having a faith and the family that is together, and we are still together, though after the situation we are very close. I think it brought us closer, I think it brought us closer too, as we were able to communicate. Prayer, reading the Bible, I do now have a prayer group because of some of the situations, a family prayer group it is, it consists of at least 10 to 13 family members on the conference line.

Karen's faith is also taking her through her struggles.

Well I'm a very religious person so I always rely on God and go to him in prayer and I tried to stay quiet and stay calm and do what I can. I could have gotten really angry a whole bunch of times but I just try not to. I believe God had been

right there with me from the very beginning or I would have never been able to deal with what I deal with without God, so.

God is the center of my life, I believe that all things work together for good to those who believe in God and do what he wants us to do. I believe that bad things happen in our lives, and this world is not my home so I just have to behave in a way that I know is going to please God even though dealing with nasty situations.

The second subtheme: **Faith and conflict**

Conflict is inevitable when taking care of an individual with bipolar disorder.

Many of the participants in this study have experienced severe conflict, but their fate in God has been able to keep them moving ahead instead of giving in to their circumstances. They firmly believe that God is by their side and He is helping them. Many pray to God and read scriptures from the Bible, which is a great source of strength when times are uncertain. Previous research shows that most people of faith see prayer as a lifeline and use prayer to take them through difficult times throughout the day. A wonderful benefit about prayer is that it may offer people of faith some quiet time alone, where they can think and it gives them the opportunity to focus on them-selves and reduce mental stress (The Health Site, 2014). Faith and spirituality may provide a sense of purpose, and give people of faith something to connect to that is greater than themselves, and enable them to release control to a higher power. These abstract gains then translate into concrete ones such as an expansion of social networks and improved health. All of these factors are vital for stress reduction and to decrease conflict (Hansen, 2014).

Ashley reiterated that it is her faith in God that sees her through times of conflict.

Again, I will go back to my source of help, which is my belief in God and the way I just relate to Him I pray to Him, also the support group that I have had, my prayer group my, church family and so on, that has been quite the source of help for me.

Despite Shelley's frustration with her son, she also trusts God to take control of her situation.

It means I don't have to be in control, and the source of much of my stress was the fact that I felt like I needed to be in control of my life, of his life of everything around me. So I spent much of my time trying to manipulate things so that I could have less stress and I was totally stressing myself out trying to do those things. So faith to me means I could let go and let somebody else take control. It's funny that you say, thinking about faith I had a thought that came to me during devotions, and the question was is it not sufficient that you know that God is in control? That now when I get to the point where I am going to bomb out about something, or stress about something I just asked myself, is it not sufficient that you know God is in control. You can't help Him so you don't need to be in control too. So that's kinda what faith does.

I'm depressed about him being in jail and the fact that he may have to go to prison and the fact that all of this is because he is not taking control of his moods he figures everything is fine. I am concerned about the fact when you have a criminal background, when you have a mental health background you don't have the same opportunities in life as you do otherwise. I went to church on Sunday and the focus of the message was God's trophy of grace. The preacher spoke

about Moses how he was a murderer and he was eight years old when God called him to lead the children of Israel, how Paul was a murderer and he was the founder of the New Testament church. Sometimes we don't necessarily recognize how God is working; we look at the things that are happening without realizing that we do have a God that is there directly in our lives. He has given us a lived experience that he intends for us to use somewhere else and so if this is his lived experiences that he is giving my son to use in some point of life how dare I question it.

Quoting scriptures has also helped Betsy to cope with the conflicts she had with her mom.

Not retaliating like they are giving it out and keeping a prayer in mind is important. Sometimes you have to cote those scriptures over in your mind because of conflict sometimes you get angry, you're fearful, it's good to know those scriptures and repeat them over in your mind and keep a calm spirit when the spirit of the other person is raging, not to follow suit because it's not them in a sense.

Faith has also helped Terry to cope with conflict; she believes that God is in control and someday would make things better.

I know God is there, and I know God is watching after me, and I know God is going to make it better the next day, you know he is with me and he's going to make it better. I know God is there and he's going to help me and he's always with me, and if I want something and it doesn't happen a certain way it is because maybe it's not going to be good for me that time I need it. For me God is in

control of my life. I just trust Him and I pray to Him, and sometimes I fast also I fast for it. I pray and fast, pray and fast.

Fourth Theme: Lessons and Strategies Learned

The fourth theme is derived from lessons and strategies learned by family members taking care of individuals with bipolar disorder.

All the participants in this study have learned various lessons and strategies while taking care of their family member with bipolar disorder. Some have learned never to retaliate but to be calm and patient with them. Some have recommended calling the police when the mentally ill relative is a danger to self or others, in order to prevent them from doing something that they may regret. Others find that listening is very important to make sure that their needs are met. Research shows that reflective listening in which an individual pays careful attention to the content and feelings could greatly help to decrease conflict among family members (Katz, Lawyer, & Sweedler, 2011). It was also suggested that caregivers should take the time to do things for themselves, because often they are so focused on the mentally ill relative that their own needs are neglected. It was also mentioned to shower the mentally ill relative with love and hugs. Fink (2011) mentioned when in a battle remind the mentally ill that you still love and care for them. Often conflict occurs because one feels that they are not loved or are fearful that they will be hurt or deserted. This helps to decrease the conflict and the discussion could be redirected to a problem-solving approach.

Tara learned that patience is very important when taking care of her daughter Elizabeth.

The lessons that I have learned, patience is one of the things we have to have, because if you're not patient with her, you will try to yell at them you will try to argue with them so you have to have as much patience to ignore some of the things they do. So you have to have patience in dealing with them, be calm. You can't cooperate with them in everything that they do because not everything they do is right, so like I said ignore and you speak to them very calmly because the more you yell, the more they get very angry.

Ashley works on remaining calm when her son is escalating because if she argues with him, someone may get hurt since he is not always in control of himself.

Well I have learned that when my son is in his escalation phase it is a serious time. It is a time you know as I said reasoning is not there the way as it should and because of that it could be, to him he is not aware of the danger that, he is not aware of the seriousness of what is going on and because of that they can really do some hurtful things without them being aware because the reasoning is going away from them. So the longer it stays the more dangerous it becomes. So I have learned at the time like that is to try to deflate things you know, don't do anything that would cause him to do something that he is not aware that he is doing you know. So I try to many times, to be more on the, instead of arguing with him I would let him have the say, that does not mean I am not looking for help because at the time while this is going on. I might be calling the police. I will be trying to find help for him, but aggravating the situation with him I tried not to because that can really lead into something really dangerous and serious, that he might when he come to himself and get on his medication he might feel very, that will bring

him some pain because he see I did that, I did that. They are not aware of at that time, when they are not aware of what is going on, of what they're doing and so on. Sometimes they can hurt you. You are trying to help them but they can really hurt you, so I have learned to back out. I will instead of arguing with him look for help for him and call the police and so on. It is sad to do that but you have to do whatever you have to do when you have to do it or else you might face serious consequences. When I say serious consequences, you know they might, something might happen that you know, you'll be very sorry that will cause pain and you will be very sorry.

Pat finds listening is very important.

Always listen to her and what she's saying even though sometimes she is difficult to understand. Sometimes she hear voices and that would be a clue that her medication needs adjusting. If these concerns are not addressed she could worsen. So listening to her is very important because it gives you clues as to how she is doing.

Shelley finds among other things, taking advice from others in her bipolar support group and taking care of yourself is very important.

Probably the same lessons that will be learned taking care of a person with chronic illness. This is not a personal choice nobody got up and said one day that they wanted to live with bipolar disorder. It's not my fault as a parent or family member, I didn't do something wrong in some way that caused this to happen. I learned that often the closer you are to the situation, the less you're able to see, so sometimes it's better to take a step back and take advice from people who are

looking at things from a position of not being so involved in. I learned that you have to take care of yourself, human nature is take care of, women especially, mothers, is to take care of everybody to the exclusion of yourself. I have learned that if you going to take care of somebody and you're going to do it effectively you have to take care of yourself, you have to put yourself first, you have to have a plan for how you're going to do that and you have to stick with the plan. You have to have support, not only supporters for the person you're giving care to but support for yourself as well from people that are on the same path that you're on. The big thing that I learned no is fine, it is a very good two letter word and sometimes you just have to say no, you can't do something, or you won't do something. Or no because I have made some boundaries and that would take me beyond the boundaries of you know what you can do.

Betsy believes it is important to show love and give hugs to mentally ill family members.

One thing is the stress, but you love them, for some reason that word reaches them, they need a lot of hugs. So always remain calm in stressful, or when they are getting over the top don't match what they're doing, always remain calm. Speak with them like you would speak with anyone else, not treating them like they are crazy because their mind is going hundred miles a minute, and sometimes it is hard to decipher the two because you want to be angry because they are making you angry. You have to kinda keep your cool and always remain in control and pray, for goodness sakes pray. Sometimes you just have to quiet yourself and you can't do it while you are in an interaction, but you could say calm in the name of Jesus or something or whatever it takes to keep you calm.

Doherty has learned not to argue with her mother-in-law, but to go along with her in order to avoid arguments.

What we learned, give her a day or it may not even be a day or later on in the day will give her a call back. We just want to let her know, we feed off of her. Like if she is arguing about something we just say okay mama, okay mama, okay mama, okay mama we just go with her, and then later on we would call her back and she would say I didn't say that, and we would be like okay mama, that's okay. We just go with her, we learned not to argue with her, not to make her anymore upset, or even when we talk to her later on we don't even bring it back up again, we don't want to that's just something that was said at that time that wasn't, we not going to bring back memories for her to try to think about it again. So I mean we just feed off of her, we learned that this is one of her moments, this is what she feels is happening, but is actually nothing happening. So the next time we'll try to be better at helping her. I wouldn't even say helping her, what we learn, we just listen to her, we know half the time it's not relevant we just learn to listen to her.

Roxanne thinks communication is vital.

I think it's the communication. It is the number one, not only communicating with the individual but also the individual family. I think it's important to take care of yourself and I know that I haven't done it, even if it's just going for a walk by yourself. You just have to tell yourself that you choose to do that, even if the person, the not well person isn't doing well that day, you still have to give

yourself a mental break or a mental time because if you don't do that you can't take care of yourself or others as best as you could.

Terry thinks that she should get counseling because of how difficult it is taking care of Bob.

It is very hard, is not an easy job to do, it is not easy at all because today he could be in the mood and then a couple hours later is a different mood. You know sometimes I even tell myself, I should go to counseling too, that's true sometimes I say let me go to counseling too because it's very tough on me and it's very hard. And I think people who doesn't know about it I don't think they could understand because its very tough, people have to have a lot of patience to do that.

Dottie learned that being attentive and giving a lot of love like Betsy did to her bipolar mom was very important.

Well I would say that it's a close person, it's a family member, number one so you have some things that they're going through within the family. So my strategy would be to be more attentive, to be attentive to that family member love on them as much as possible because love is really what's going to bring them through this situation anyway.

Karen was discouraged from seeking help for her son as a child when he displayed inappropriate behaviors. She was told that he would be labeled if she sought help for him, eventually around age 25 he was diagnosed with bipolar disorder. As Karen reflected she realized that even as a child he displayed some of those behaviors. So Karen learned that she just had to do what is best for her son. "I would try my hardest in doing what I thought was right for my child".

Saturation

This study reached a point of saturation because most of the research participants were giving some of the same responses. All of the participants were Christians, and all but one had a firm belief in God and trusted in him to see them through conflict and stress. Of the 10 participants nine believed that you should never give up on the mentally ill but should show them love and understanding. According to Turner (2016) Saturation occurs in qualitative research when there is adequate data to make sure that the research questions can be answered, the same themes are recurring, and no new insights are given by extra data supply. In this study nine of the 10 participants were from close knit family and their desire is to see their bipolar relatives get well and be reunited with them physically, emotionally and mentally.

Group Analysis

It is interesting to note that although all participants in this research happened to be Christians, all but one had a firm belief in God. Roxanne admits that her ex-husband's bipolar diagnoses caused her faith to waiver. Carpenter, Laney, & Mezulis (2012) mentioned that a positive coping outlook on faith, helped individuals to adjust well psychologically, while a negative coping outlook on faith was linked to negative psychological adjustment. In a study of 336 adult protestant churches a positive coping viewpoint served as a safeguard against depressive symptoms. They also found that negative life events' impact was lessened once the participant had a positive outlook on their faith. Twenty-nine cross-sectional studies also showed that having a positive outlook on one's faith helps individuals to adjust better in stressful situations and during conflicts. Roxanne mentioned her ex-husband mental illness affected their faith.

His disorder definitely strayed both of us from our previous many years of living at church, throughout the summer practically, and for holidays and everything like that. So it definitely changed the dynamics in that we had a home church that we would go to in Apopka but once again he wouldn't be able to go sometimes.

When participants were asked the question how do you deal with stressful situations? Most mentioned that their faith in God helped them through stressful times, however, some mentioned different ways of coping with stress. Dorothy taking care of her mother-in-law, trusts God to help her in stressful situations, but she also shares other ways she copes with stress.

Pass it on to somebody else for right now I have to come back to it later, I'll call her when I think that she is done, done a little bit or when she is in her right mind. What we do like if she calls and we are like you know, she needs us to run over there for you know for something that's really not nothing, she wants us to now but then the next moment she would call and say never mind, never mind, don't nobody talk to me anymore. So how we deal with it most of the time we will let her go with her flow and she would call us back, no that's okay blah, blah, blah. I can't even describe how we deal with it, we just deal with it because we been going through it for so long now that we just go with the flow. Really as far as the stress part of it, we just take deep breaths and then it's like if one of us can't take it no more we say you handle her this time or you handle her this time, you know like we go back and forth with each other to take some of it this time, you deal with her now I'll deal with her later, that part.

According to Cummings, & Reed (2008) deep breaths of fresh air outside the home helps to decrease stress. Also sharing the responsibility of caring for her mother-in-law helps to ease the stress, and that burden is not left to one individual.

Roxanne copes with stress by taking it one day at a time, and she has a strong support base.

I think I've just learned that it's important to take one situation at a time, and one day at the time and even one hour at a time. Just taking it little bit by little bit by little bit. Don't bite off you know the whole day or the whole thing don't bite off more than you can chew just chew little pieces at a time has proven successful for me.

My friend's base is probably the most stable thing that has been in my life since I moved to Florida. They saw me through getting married, getting a child and then getting a divorce, and they haven't criticized, judged, they have supported me the whole way. My parents moved down when my daughter was two, they've been down here for almost 3 years. My mom passed away February, then the support of not having her is pretty challenging, but my friends are amazing. I couldn't have been through everything I have been through without them.

Terry taking care of her brother, trusts God to see her through stressful times, but she also has a strong support base among friends from her church.

I've got a lot of friends in church, they support me if I have to go somewhere they help out, they watch him for me sometimes. Sometimes I'm busy with work and I am coming home and they know I am tired and they cook for me, for me and him food, so when I come home I can get some rest and give him food. Yes, praise

God, my church we really support each other, they support me, and he knows my friends too, now they are like family to him here.

Previous research also mentioned that a feeling of belonging motivates people to increase their social networks. Having the same belief system helps to create close relationships. Research has shown that the more close and supportive relationships a person has, the happier they will be (Hansen, 2014). Church attendance often leads to lower levels of stress, decreased conflict and worry. Church attendance could lead to easier adjustments in life and greater life satisfaction, due to the association with a like-minded group of believers who support each other in stressful situations (Barnes, Fox, Pendleton & Plotnikoff, 2000).

When research participants were asked the question, what strategies have you found to be helpful in dealing with conflict? Many shared that their faith in God sustained them in times of conflict; however, some had other strategies to deal with conflict. Shelley who also believes that God will help her in times of conflict, also has other strategies for dealing with conflict.

Well a couple of things that I learned, some intentional peer support where you work to build a relationship with people, and you have to recognize what's happening with the person and be able to meet them in their own reality. So instead of reacting to the presenting behavior I have to learn to take a step back and understand and empathize with the underlying cause of the behavior. I mean when people are supported beyond a certain level sometimes they feel like they've lost control of their lives and so their reaction to something that you do, that you think is helpful, to them feels like more control and everybody just want

to be in control of their own life and their own destinies. So it's looking at things a different way, and walking away from situations and saying that I am walking away, not because I am not interested but this might not be the time to deal with the conflict and then I would like to pick it up at a later time. Just letting things deescalate naturally and maybe trying at another time to resolve the conflict which doesn't always work. Sometimes I probably created the conflict myself.

Previous research validates Shelley. When the mentally ill has outbursts of anger do not respond with anger but allowed the individual to calm down, and then return to the topic being discussed in a calm state mind. This would help to prevent the conflict from escalating (Fink, 2011). Support group also helps to alleviate stress. Many family members find that going to a support group helps to alleviate their stress and isolation. In a support group they meet other individuals with similar experiences and gain strength and support as they care for their ill relative (Jönsson, Skärsäter, Wijk, & Danielson, 2011).

Roxanne thinks communication is very important to avoid conflict. Previous research shows that family members who take care of individuals with bipolar disorder frequently experience a high level of stress (Jönsson, Skärsäter, Wijk, & Danielson, 2011), their communication is often distorted, which leads to conflict among family members. During conflict situations, nonverbal communication tends to be more powerful than verbal communication (Katz, & Associates, 2006). Knowing how to communicate effectively will help to alleviate a lot of stress, conflict and tension experienced by family members taking care of the mentally ill. Roxanne had difficulties communicating with her ex-husband.

I think communication is paramount. I think without communication it leaves people in the dark, and it leaves them confused and part of his diagnosis is, I couldn't communicate with him sometimes. So I think that was adding fuel to the fire between his diagnosis and everything but people need validation people need thank yous, people need all of those things to be successful in either being a parent or successful being in the workplace or being a spouse and so all of those things you know between communication and time.

Karen's son was going through a very difficult time when he was divorced from his wife. During those difficulty times he was supported by Coaching for Peers, "we did talk on a weekly basis".

In this research faith played a very important role in the lives of the participants, many indicated that they could not survive their role as caregivers without a deep faith in God. Research also shows that people of faith are likely to worry less and are better able to cope with the uncertainties, conflicts and setbacks of life. Faith could help individuals to cope with widowhood, raising developmentally challenged children, divorce, unemployment or disability. They may also suffer less from anxiety and depression (Faith and wellbeing, 2014, p. 2). Collins & Bowland (2012) in their research discovered that more than two thirds of psychiatric patients reported that religion strengthened and comforted them and required more resources of a religious nature. One of their most frequent spiritual needs was prayer and knowing that God was with them at all times. It was also noted that people who were religious had more positive emotions, were less anxious, had less self-destructive behaviors and less mental health illnesses.

For many of the research participants prayer was their life line. Through prayers they communicated with God and found peace and strength to care for their mentally ill relative. Research has found that there are many benefits to prayer. According to The Health Site (2014) prayer influences an individual's mind by causing relaxation, this in turn reduces the effect stress and conflict has on various body organs. It also helps fight physical stress, conflict and evens out emotional reaction. Researchers have found that praying can actually boost the level of dopamine or the happy hormone in the brain. When this occurs individuals are happier and more peaceful. Studies also show that praying helps surgical scars to heal quicker. Praying has been known to improve one's immunity. One particular study also found that praying also reduces the symptoms of asthma.

Participants expressed the importance of their faith when they were asked the question, what does faith mean to you? Tara believed through faith she could move mountains, to her faith seems like \$1 billion in the bank.

Faith can move mountains because I really had some mountains to climb and faith has really worked. I prayed and I see my prayers answered, even though she is in the hospital. I do not doubt that my prayers are answered, I still have strong faith and I believe in God. I know He is real and has helped in many ways. Probably I could've died and she could have died, but He has kept us and the children came out good, thank God.

To me faith is like having a billion dollar, you know to me faith is like having a billion. My faith, my health, I depend on my health, even the Bible says faith is like a mustard seed, I believe in faith so much I am going to show you my

grandson bought this and bring it to me because I am so much a faith person. It's a mustard seed he bring that to show how much I depend on faith and my faith in God and he buy that and bring because we talk so much about faith.

I always have hope, I pray and even though it seems like things are not done immediately or whatever when I pray I have faith in God and even though you know you may not see the things happening, you know he hears and he cares. He knows best what to do and when to do it. So I have faith in God even though she is in the hospital, like I said I'm hoping that she can come out and have a life you know. I have the faith that will happen and God would allow me to see her enjoy some good days of her life. I am happy that I have strong faith in God, always trust him.

Yes, yes, because I would not have been able to do the things I did if I did not have faith. I would not have been able to accomplish a lot of things that I have accomplished, because of my faith I have accomplish that.

For Ashley faith is trusting God and having a relationship with him.

Faith is to me, is belief of, it's a belief in a God that I have not seen physically, but I know Him because of his word. His word helps me to trust Him and I have seen Him work, I have seen His power in my life and in the lives of others, and so on that causes me to trust Him and have this, how could I describe faith more than that? It's trust in this power that has made Himself known to me. It's a relationship with God that I trust and belief in, and that gives me a hope, that I am hoping. So faith is not just what, you don't see it, but you have this connection

with God that you trust Him and believe in Him. That is my faith that is what faith means to me.

Pat shares what faith means to her. “It is believing that a better end is coming even though I can’t see it”.

For Shelley faith is knowing that God is in control of her life and he has a plan no matter what happens.

Faith for me is a recognition that there is some force, in my case God, because I’m a Christian. There is something that is bigger than I am, there is somebody who is in control of what’s happening in my life and the things that I go through happen for a reason and I have to look for the reason to decide what it is I’m supposed to do with my experiences. So that would be how I describe faith.

Faith is the thing that keeps me grounded and persevering, knowing that somewhere, somehow everything that is happening to me is a piece of a plan for my life. Even though I don’t know what the plan is and wish that I knew what the plan was, I still believe that there is a plan and the plan is something that seem to be for my good in the end, so.

Betsy describes faith as being her lifeline and it’s something she could hold on to even though she cannot see it. She has the faith that God is working things out for her even in difficult times.

Faith is the belief that God has it all in control, that all things work together for good. You have to believe it even if you don’t see, sometimes you don’t even feel it, but you have to know from previous experience from what the word said and what God has shown you that he is going to work it out. So describing faith, it is

belief that God will work it out, that God will give you the strength to get through this day; you have to take it a day at a time. That is what faith is to me is belief that God is going to do what he said he's going to take you through this hard time, this difficult time. Faith is my lifeline; it's how I live each day whatever happens he's in control, so it's a very important part of my life.

Doherty shares what faith means to her.

Faith is something that you believe in, I'm going to put it that way, it's just something that you believe. That is as simple as I could get it because if you don't believe in something good I don't know what you believe in because faith is nothing but good. I mean, I have faith, then I'm going to wake up in the morning, I have faith I am going to make it through my day. Is something you have to believe in.

Faith helps Roxanne to hold on and be positive.

So I just think it's the unseen that I have to kinda have to grasp on to and hold on to be positive, and you know that it's just that unseen presence, just what I have to believe in day in and day out. When I'm having a good day, a bad day, just realize that there is a Creator that have my best interest at heart and I just have to believe that, I just have to believe in day in and day out.

Dottie sees faith as stepping out into the unknown.

I walk by faith and not by sight, so in other words faith walk is my life. Stepping out on the unknown, not knowing but knowing that the positive is going to happen. Faith is believing that it is going to happen no matter what, is faith.

Theories in Relation to Care Giver Experiences

The theories mentioned previously that reflected the stress of family members taking care of individuals with bipolar disorder are Darwin stress theory, Marxists critical theory, Peter Berger & Thomas Luckman, Jurgen Habermas critical theory and Interpersonal communication theory. As participants told their stories as they experienced it these theories came into clear focus.

Darwin saw stress as an individual struggle for survival, also as an organism's struggle with the environment in competition with other organisms in order to survive. Outside forces, causing a threat or challenge to the integrity and survival of a particular organism, have generally been understood to be the concept of stress (Ryan, 2014). In Darwin's stress theory, stress is experienced by family members who take care of individuals with bipolar disorder. Family members experience stressors from different angles, such as from the aggression displayed by the mentally ill relative when in mania, which leads to conflict in the family.

Stress theory could clearly be seen in Karen's struggle with her bipolar son Justin. She sought help from his teacher who discouraged her to seek treatment for him lest he be labeled for life. As he grew older his illness worsened. Karen tried to find help for him when he was diagnosed with bipolar disorder but was often unable to obtain the help he needed. "Justin threatened to kill himself numerous times, there were lots of very scary situations in the home, he would pull a knife on himself and threaten, just a lot of spontaneous, dangerous behavior". This family has experienced severe stress as they struggled to survive. Ashley's son would refuse to seek help when he was escalating. "There I am trying to get him the help in trying to talk with him, saying, you need to go

and let me take you to the hospital. It's like he can't hear me, and although I am understanding a bit of what is going on because it's like reasoning is not there, but still that is causing an argument and even a fight". Both Ashley and Karen experienced severe stress and conflict as they took care of their bipolar relatives. In an effort to get her son in a safe place Ashley would call the mental health center but often was not able to get the help she needed. "I find that the doors are not opening the way it should open you know. There are times I have gone to the mental health center and they would tell me well you know what, he has to be a danger to himself and for others before they could do anything". It is a struggle for survival for family members who are taking care of individuals with bipolar disorder. Trijntje, Van Der Voort, Goossens, & Van Der Bijl (2009) mentioned that family members also experience stress and conflict when dealing with the medical professionals who may not have found a cure for the bipolar disorder. They also struggle against the medical institution for proper care for their loved one.

Marxists critical theory as mentioned in chapter 2 believes that the motive for all social and political activities is to control economic power (Tyson, 2006). Control of economic power could be seen in the form of government cuts toward mental health institution. A few decades ago the government took care of the majority of the mentally ill, in institutions for the mentally ill (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Now before patients are fully recovered from their mental health illness, they are sent home for family members who are inexperienced in medical training to take care of the individual who has bipolar disorder, which creates huge conflict in the family.

Ashley often found it difficult to secure help for her son because of strict government control over mental health institutions. Mentally ill patients are kept only for a limited time in the hospital and then released back to society.

To commit somebody to the hospital they would only keep them for how long, I think it's just about three days and so on and after that, then they have to go to court and so on. It is, it is not easy to because of that law that they have to be a danger to themselves and unto others before they can do anything for them this law is causing these people not to get the help that they need to get before they reached the danger part of the illness.

Pat like Ashley often found it difficult to find help for her mom because of the deinstitutionalization of the mental health institution. "We couldn't leave her in the apartment by herself. We would call for help and ask them to come and pick her up because we knew she was not well, but they would not come except she's a danger to herself and others. That was difficult but what could you do". Marxists critical theory would view the deinstitutionalization of mental health patients as a means of controlling the economic power (Tyson, 2006). By deinstitutionalizing mental health patients, most of the cost to take care of the mentally ill are passed on to the family members, which is a huge source of stress for the family (Maskill, Crowe, Luty, & Joyce 2010). Pat and Ashley mentally ill relatives were victims in a system that they had no power to control.

Berger & Luckman (2013) as mentioned previously believes that society is the result of human product. Social order is not given biologically, it is not part of nature, and it exists only as a creation of human activity. Through habitualization which is any action or pattern that is frequently repeated, conflict is diminished and frees up energy to

make other decision, or learn new activities. Society create the laws which are enforced by institutions and agree which laws would be enacted and what actions are needed if the laws that the institution put in place are disregarded and conflict ensues (Lemert, 2013). Lemert (2013) mentioned that institutionalization takes place whenever there is a mutual typification of customary action by a variety of individuals. Despite the many benefits, institutions could also be controlling.

In my research many family members are disappointed and frustrated with the mental health institution; they feel that they are not receiving adequate care for their mentally ill relatives. This concurs with previous research, Jönsson, Skärsäter, Wijk, & Danielson (2011) mentioned that family members who take care of individuals with bipolar disorder are dissatisfied with the mental health institutions because they are not providing the care that their family member with bipolar disorder needs, which is very frustrating and stressful. Ashley expresses her frustration with the laws of the mental health institution which would only admit mentally ill patients when they are a danger to themselves or others.

This law I think is not very good for mental illness, I don't know when they put it there how it was put there. I think it's time they need to start looking into it because it's preventing them from getting what they need to get to prevent them from getting to the very escalated part of the illness where they can go into psychosis and so on.

Pat also expressed her frustration with the mental health institution that would not help her mother when it was evident that she needed to be admitted to the mental health hospital. "They would not come except she is a danger to herself and others". According

to Jönsson, Skärsäter, Wijk, & Danielson (2011) institutions could be brutal and controlling and make rules that are often in their own best interest, which often creates conflict in families ill prepared to take care of the mentally ill.

However, even though it seems as though family members are not fairly treated by institutions, the institutions have to comply with insurance regulations. Health insurance such as Medicaid and Medicare only pay for a limited amount of time for the mentally ill to be in a mental health institution that is why patients are frequently discharged before they are well enough to go home.

Habermas critical theory believes that in modern societies disequilibrium in the system has its root cause in the disturbance of material reproduction. He also believed that a crisis occurs in the systemic disequilibrium when the performance of the economy and state is below the desired level of aspiration (Lemert, 2013). Habermas critical theory is evident through the dynamics of the individual with bipolar disorder and their family members. Habermas critical theory would view the stress and conflict faced by family members taking care of individuals with bipolar disorder as disequilibrium in the system, and individuals in society needs are not met (Lemert, 2013).

All the participants interviewed admitted that there was disequilibrium in their family due to the bipolar illness. For Roxanne the stress and conflict was too great and she eventually divorced her husband. "I think that the stress of the diagnosis is probably the first or second, the biggest reason that I decided to ask him for a divorce, I just couldn't be around a mental illness any longer". Betsy who took care of her mother as a child also experienced great stress because she had to take over the management of the family. In an effort to keep the family together Betsy and her siblings would give

outsiders the impression that their mom was in the home when in reality she was in the hospital, they did not want their family to be separated. When she got out of the hospital Betsy and her siblings tried to take good care of her. “When she comes home making sure she is taking her medication so that she wouldn’t have to go back. It’s always in your mind I don’t want to see her go back. You had to be real quiet and try to get the other kids and don’t get on her nerves so that she can function and don’t have to go back to the hospital”. Betsy was also stigmatized as crazy because of her mom’s mental illness; some family members were supportive while others kept their distance when she was ill. “Friends think maybe like she’s going to be crazy. They kinda reflect like mother like daughter, like you gonna be like that so they kinda treat you differently”. Tara too experienced stress and conflict as she took care of bipolar daughter who spent all her money on herself instead of buying food and other necessities for her children. “She would go and buy dresses and spend the money wild and buying makeup and spend it wild when I need the money to look after the children”. Dottie like Tara, Betsy and Roxanne experienced disequilibrium in her family as she took care of her bipolar mother. She found her mood swings very challenging. “It was a very hard experience and the back and forth of the person’s attitude, physical well-being was a little hard”.

Shamsaei, Khan, Kermanshahi, Vanaki, & Holtforth (2013) mentioned that disequilibrium could be seen in family members of individuals who have bipolar disorder, they feel ostracized by society and often isolate themselves from others, because of the embarrassment of having a mentally ill family member. They feel they are misunderstood, looked down upon and not treated fairly, even by the mental health institution that should be supporting them. Habermas feels that societies could avoid

conflict by addressing the issues that are causing the conflict in the community and help to solve the problem (Lemert, 2013). The issue of inadequate care for the mentally ill should be addressed by the government. Solving this issue would help to alleviate a lot of stress and conflict among family members because with the proper medication and help the individual with bipolar disorder could be stabilized.

The final theory mentioned in chapter 2 is interpersonal communication.

Communication is the influence an individual exerts over another person on a conscious and unconscious level. It includes an exchange of meaning among individuals in which information is given and received through the tone of voice, expression of the face, hand motion and stance, which helps to appropriately convey the message each individual is trying to relay. Effective communication is very important because it helps individuals to meet their needs, develop significant interpersonal relationships and helps individuals to function adequately in society (Katz, Lawyer, & Sweedler, 2011).

Interpersonal communication usually occurs between two individuals in a relationship. The group could include more than two, but not more than four or five individuals (McDermott, 2009). Family members taking care of individuals with bipolar disorder are not able to communicate with them effectively, especially when they are in mania. Ashley found it very difficult to communicate with her son in the manic phase. “It’s like he can’t hear me, and although I am understanding a bit of what is going on because it’s like reasoning is not there, but still that is causing an argument and even a fight”. Terry too encountered difficulties communicating with her bipolar brother; he would try to get her to agree with his point of view. Often she would try to avoid him by walking away, but he would follow her around the house asking her the same questions

over and over, wanting to know why she would not agree with him. “I used to try you know to say no, no, no, that’s not the right way to do it, but then he gets a little bit upset. Sometimes when he say something I don’t even answer, sometimes he would walk behind me and say I am talking to you”. Roxanne, like Terry and Ashley found communication with her ex-husband and in-laws very difficult; her in-laws were in denial so it was impossible for Roxanne to communicate with them. “They thought I was blowing things out of proportion and just being selfish”. Family members who take care of individuals with bipolar disorder frequently experience a high level of stress (Jönsson, Skärsäter, Wijk, & Danielson, 2011), their communication is often distorted, which leads to conflict among family members. During conflict situations, nonverbal communication tends to be more powerful than verbal communication (Katz, & Associates, 2006).

Knowing how to communicate effectively will help to alleviate a lot of stress, conflict and tension experienced by family members taking care of the mentally ill. Ashley has learned the importance of communication, she has learned that when her son is escalating not to argue with him. “I have learned at a time like that, is to try to deflate things you know, don’t do anything that would cause him to do something that he is not aware that he is doing you know”. Pat like Ashley believes effective communication is very important, she thinks listening to her mom is very important. “Always listen to her and what she’s saying even though sometimes she is difficult to understand”. Effective communication helps to decrease stress and conflict and helps family members to communicate more effectively with each other and their mentally ill relative.

Summary

My research concurs with the literature review that I have done showing that individuals who take care of family members with bipolar disorder experience a lot of stress and conflict. It also concurs with other research that faith plays an important role in helping family members to deal with the stress and conflict of bipolar disorder. In the next chapter I will discuss the contribution of my search, limitations of my study, and recommendations for future research.

Chapter 5: Discussion and Implication of the Study

In this chapter I will discuss my research findings and how it concurs with the literature review in chapter 2. I will look at the stress and conflicts experienced by family members who have taken care of individuals with bipolar disorder. I will also look at the role faith played, and how participant's faith helped them to cope with the stress and conflict they experienced while taking care of their family member with bipolar disorder. I will also discuss the benefits and limitations of this study.

Discussion

The purpose of this study was to explore the stress and conflict encountered by family members taking care of individuals with bipolar disorder, and how to help alleviate their stress and resolve conflicts. I also explored the role of faith related to stress and conflict, faced by family members taking care of individuals with bipolar disorder. This was accomplished by interviewing family members who took care of individuals with bipolar disorder. This research explored the stress and conflict they experienced while taking care of their mentally ill relative. The role faith played in the life of family members, and lessons and strategies learned from taking care of a family member with bipolar disorder was also explored.

The findings of this study resulted from the data collected from 10 participants through semi-structured interviews with family members who has taken care of individuals with bipolar disorder. Participants were from various states Florida, Alabama, Tennessee, and New York. Participants had to be at least 21 years old and participated in the care of a family member with bipolar disorder for at least one year. Flyers were sent out to the Depression and Bipolar Support Alliance from which one

participant responded and was interviewed. Three of the participants I personally knew were taking care of bipolar family members and I ask them if they would participate and they agreed. Two of the other participants I also knew but was not aware of the fact that they were taking care of family members with bipolar disorder. I was randomly asking individuals if they knew of anyone that was taking care of a family member with bipolar disorder and both revealed that they were taking care of a bipolar family member and agreed to be interviewed. Three participants were referrals from participants (snowball) that I interviewed and one was referred to me by a friend.

In chapter 2, I discussed that previous research showed that family members taking care of individuals with bipolar disorder are often stressed because they are so involved with the care of the mentally ill that they feel it is impossible to live their lives the way they envisioned it. Studies have shown that family members who take care of individuals with bipolar disorder experience great anguish and burden which often leads to conflict, imperils their health and lifestyle (Jönsson, Skärsäter, Wijk, & Danielson, 2011). Conflict and stress makes it difficult for the caregiver to provide emotional support for the individual with bipolar disorder. Jönsson, Skärsäter, Wijk, & Danielson (2011) mentioned that family members suffer from low self-esteem and lack of confidence because of the stress and conflict of caring for a family member with bipolar disorder. Family relationship, social association and the ability to work is also negatively impacted. The result is social isolation which could lead to destructive conflict since family members are forced to sacrifice their social life.

My research concurs with existing literature which was extremely limited. There is very little research on the burden or stress faced by family members taking care of their

bipolar relatives (Berk, Jorm, Kelly, Dodd, & Berk, 2011). It is also adding to the body of literature in regards to the implication of conflict and faith that family members taking care of individuals with bipolar disorder live stressful lives. All the research participants in my study, without exception, found that taking care, and living with a family member who has bipolar disorder is very, very stressful. Tara who took care of her daughter Elizabeth, experienced a great deal of stress. Elizabeth who had young children, would often leave home at 3:00 in the morning to pray with people on the streets. She would stop passing vehicles and asked them if they would like her to pray for them. Tara and her husband fearing that unscrupulous men may take her in their vehicle and hurt her, would follow her around to prevent her from stopping the vehicles. After working nights at a medical center, Tara would first go to Elizabeth's home to make sure her children were fed because she was not capable of feeding them. Tara even requested help from the State and was asked if she wanted to give up the children. Of course she refused and did her best to help her mentally ill daughter and her grandchildren.

As mentioned previously taking care of individuals with bipolar disorder is indeed a daunting task, and for family members it is extremely difficult as they watch their loved ones go through the cycles of the disorder. Some spouses unable to cope with the stress and conflict of their spouse having bipolar disorder may divorce or separate from the spouse with the mental illness (Rusner, Carlsson, Brunt, & Nyström, 2013). Role reversal takes place when a spouse is diagnosed with bipolar disorder. If the husband is unable to support the family financially and emotionally, the wife would have to take on those added responsibilities (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). This added responsibility taken on by the healthy spouse could lead to resentment and

conflict since the healthy spouse is not only parenting the children, but may also have to be a parent to the ill spouse. The healthy spouse now has to monitor the signs and symptoms of the bipolar disorder. They also would have to help their spouse with their medication, and would also have to deal with their hospitalizations (Tracy, 2016).

For Roxanne the stress of taking care of her bipolar husband was overwhelming. She explained that as a nurse she took care of patients and it was difficult after a stressful day at work to come home and take care of her husband Clinton. Roxanne explained that Clinton's bipolar disorder "was just like a cycle or rhythm, every six weeks he would go downhill." This was very difficult for Roxanne, especially after the birth of their daughter Gabrielle. Clinton would call her at work, complaining of his inability to take care of their daughter Gabrielle; this was very disconcerting to Roxanne since she had no relatives around to help with her daughter's care. Roxanne appeared to be trapped in an endless cycle of stress, stress on the job and stress at home. There was also the stress of the unknown because she never knew what behaviors to expect from Clinton when the next cycle came around. For Roxanne the only way out was a divorce. Life is less stressful since her divorce because she does not have to live with Clinton's unpredictable behavior. Roxanne divorcing to avoid the endless cycle of stress concurs with existing literature that some marriages end in divorce because of the stress of living with a bipolar spouse.

As mentioned previously, if there are children in the home, they may take on the role of caring for the parent with bipolar disorder when the well parent is absent. They may also be the only emotional support that the well parent has (Tracy, 2016). This period could be very stressful for children because without warning they are placed in the

parent's position of taking care of the home duties and also the mentally ill parent. As in previous studies, participants in my research also experienced role reversal. Betsy was also thrust into this position, "I felt like I was the mother and she was the child." When Betsy's mom was ill, Betsy had the responsibility of taking care of her siblings. There were 11 siblings of which Betsy was the second child, so she had the responsibility of making sure her younger siblings were fed and properly clothed for school. For Betsy and her siblings, it was very stressful trying to keep the teachers from finding out that her mom was in the mental institution. They were afraid that they would be taken away from their family, so in order to keep the family together they would instruct the younger siblings not to tell the teachers that their mom was in the hospital because she would soon be home. They all had to be well-dressed and give the appearance that everything was normal at home even though things were not normal. Pat also had the role of a parent thrust upon her as she had to take care of her bipolar mother in her late teen years. Her grandmother and grandfather took care of her mother when Pat was a child but as she grew older, the role was shifted to her. Pat remembered times when they were out in public and her mom would forget the baby, "I had to remind her to get the baby because she would keep forgetting him." She also had to keep reminding her to take her medication and made sure she took the right dose.

My research also concurs with previous studies, as mentioned earlier that family members who take care of individuals with bipolar disorder could experience severe conflict. Conflict and stress makes it difficult for the caregiver to provide emotional support for the individual with bipolar disorder (Jönsson, Skärsäter, Wijk, & Danielson, 2011). Shelley who takes care of her son with bipolar disorder, has experienced severe

conflict. He refuses to take his medication, which makes it difficult for Shelley to communicate with him “it’s been pretty much, totally 24/7 conflict.” Sometimes their conflict got so heated that Shelley had to have the police intervene. Currently he is incarcerated and she worries that he may have to go to prison, because she knows once you have a record your opportunities in life are limited. Karen also experienced severe conflict with her son Justin. He came to live with her after his divorce which was a harrowing experience for Karen and her husband, “especially when he was high on can beers so that was pretty nerve-racking”.

The role Faith plays in stressful situations, conflicts, and on individual’s well-being in general was discussed in depth previously. It was discussed how an increasing number of medical and psychological studies indicate that faith has a definite positive impact on individual’s wellbeing. Faith has been shown to improve physical and mental health, including lower levels of worry, stress, depression, suicide, conflicts and destructive behavior (Faith and wellbeing, 2014). “Faith generates optimism, enriches interpersonal relationships, creates support systems and enhances quality of life” (Hansen, 2014, pp. 1-2). People of faith who regularly engage in religious activities such as prayer and church attendance are inclined to have better health than people of non-faith (Faith and wellbeing, 2014). Research also suggests that faith might serve as a protective factor against negative health outcomes (Yeh & Bull, 2009). About 40 percent of seriously ill patients claimed that religious beliefs or practices were their most important means of coping with stress, and more than half said they coped with their illness to a large extent by relying on spiritual activities such as prayer and scripture reading (Larson & Larson, 1998).

Nine of the participant mentioned that faith in God is what kept them going, knowing that He is there, and He will sustain them. Many mentioned that without Him they themselves would be ill. Although they are deeply hurt to see their loved ones go through the cycle of bipolar disorder, faith in God gives them hope. Ashley who has been taking care of her son with bipolar disorder for over 30 years, finds it very difficult to watch her son as he goes through the cycle of mania and depression. It is very difficult for her but her faith in God is her mainstay, “without the faith I have in God I don’t think I would be able to handle it.” She also receives support from her church family and friends who also believe that God will see her through. Shelley who is depressed because her son is in jail and may have to go to prison, still has a strong faith in God. She believes even though she may not understand why this is happening to her, she feels God is still in control. When she’s tempted to lose control or feel very stressed, she asks herself the question “is it not sufficient that you know God is in control?” Asking herself this question helps her to refocus and to decrease her stress and anxiety.

Previously I also discussed how studies have also shown that adolescents and teenagers of faith are better adjusted to society than those without faith. According to Barnes, Fox, Pendleton & Plotnikoff (2000) in a study of 5000 a contributing factor to the lower level of stress, decreased conflict and worry is church attendance. Church attendance could lead to easier adjustments in life, greater life satisfaction, lower risk of criminal behavior and the exploitation of drugs and alcohol, improved scholastic and social competence, and decreased suicidal ideation. Religious societies could also provide group support. Religious practices such as prayer requests are the most common complementary and alternative therapy in the United States. Research has also shown

that faith helps children cope with daily stresses and conflicts that they face in life. Instances in which faith and coping may intersect for children include nighttime fears, psychiatric problems, suffering, hospitalization, disability, cancer, and terminal illness. Children also find meaning in faith when facing substance abuse or acquired immunodeficiency syndrome in other family members, as well as the critical illness of a sibling, or the demise of a family member. Faith also helps children to deal with the emotional assault of sexual abuse, racism, conflicts, cultural destruction and traumas experienced by being a refugee. It also helps them to cope with life in the disenfranchised urban neighborhood variables (Barnes, Fox, Pendleton & Plotnikoff).

My research agrees with the findings above that faith helps children cope with the daily stresses and conflict. Betsy was a child when she had to take on the role of acting as the mother by caring for her siblings because of her mom's mental illness. Betsy mentioned how faith and prayer took her through those difficult times. Whenever her mom was lucid she would teach her and her siblings to pray. She would read and teach them the Bible and take them to church. So the faith her mom instilled in her when she was lucid took her and her siblings through rough times when her mom was ill and not able to take care of them. Pat who also took care of her bipolar mother when she was young, mentioned that her belief and faith in God has been able to see her through those difficult times, "I trust God that He would work things out."

I also mentioned previously that people of faith are likely to worry less and are better able to cope with the uncertainties, conflicts, and setbacks of life. Faith could help individuals to cope with widowhood, raising developmentally challenged children, divorce, unemployment or disability. They may also suffer less from anxiety and

depression. “This is particularly true of those coping with the uncertainties of major illnesses such as cancer, or recovery after major surgery, as a result non-religious people are four times more likely to commit suicide than are religious people” (Faith and wellbeing, 2014, p. 2). Collins & Bowland (2012) mentioned that caregivers who were spiritual had a higher level of self-care, even though they did not report a lesser intensity of worry or discontentment in their role as a caregiver. One family member who was taking care of her mother with bipolar disorder mentioned that her faith got her through conflicts and stressful times.

My research also concurs with the findings above, Dottie who took care of her mother with bipolar disorder; found that her faith gave her the strength she needed to take care of her. Dottie prayed, read her Bible and prayed regularly with her family members online, this she found gave her strength to care for her mentally ill mother. Dottie mentioned that her faith is very important to her, “faith walk is my life.” Karen found taking care for mentally ill son very challenging. However, her faith in God gave her the strength to cope with his mental illness. “I would have never been able to deal with what I deal with without God”.

Existing research also shows that faith and spirituality may provide a sense of purpose, and give people of faith something to connect to that is greater than themselves, and enable them to release control to a higher power. These abstract gains then translate into concrete ones such as an expansion of social networks and improved health. All of these factors are vital for stress reduction and to decrease conflict (Hansen, 2014). A feeling of belonging motivates people to increase their social networks. Having the same belief system helps to create close relationships. Research has shown that the more close

and supportive relationships a person has, the happier they will be (Hansen, 2014). Most people of faith see prayer as a lifeline and use prayer to take them through stressful times throughout the day. A wonderful benefit about prayer is that it may offer people of faith some quiet time alone, where they can think, and it gives them the opportunity to focus on themselves and reduce mental stress (The Health Site, 2014).

My research agrees with the existing research above as Terry who cares for her bipolar brother Bob, finds solace in communicating with God. Whenever she is faced with the stress and conflict of caring for Bob, she talks to God and asks Him to show her how to deal with each difficult situation, “let me tell you and God help.” Terry also has her church family who supports her; they even help her with the care of her brother when she has to work late. Dorothy mentioned that it is hard and stressful taking care of her mother-in-law, with bipolar disorder because of her mood swings. However, Dorothy trusts God and don’t believe He would give her more than she could bear, “God never going to put too much on you”. She also thanks God for giving her the strength to go through this process with her mother-in-law, because if it wasn’t for God, she may have given up on her a long time ago.

My research also shows that faith helps to decrease stress and conflict. It gives individuals a better outlook in life, and they are aware that they are not alone when going through difficult and stressful times. They have a God that they could turn to, from whom they feel comforted, and know that He is with them no matter what they go through, and they know they can trust Him. Scripture reading, prayer, and songs of faith strengthen their faith and draw them closer to God. They feel strengthened and renewed as they continue to take care of their family member with bipolar disorder.

Benefit of this Research to the Field of Conflict Resolution

This study is very beneficial to the field of conflict resolution because family members taking care of individuals with bipolar disorder experience severe stress and conflict. The entire family is affected when a family member is diagnosed with bipolar disorder. Conflict often arises among family members who are all trying to adjust to changes that have to be made (Trijntje, Van Der Voort, Goossens, & Van Der Bijl, 2009). Conflicts arise among parent and children who feel neglected because more attention is paid to the mentally ill family member (Tracy, 2016). The field of conflict resolution could help to decrease the stress and conflict encountered by caregivers through education, resources and faith.

Education could include information on support groups, how to set boundaries, planning for difficult behaviors and also looking at natural ways stress is alleviated. Training could be given on ways to manage conflict, which includes taking time out when the mentally ill has outbursts of anger. Do not respond with anger but allowed the individual to calm down, and then return to the topic being discussed in a calm state mind. This would help to prevent the conflict from escalating (Fink, 2011). Education is very important because families feel helpless when they do not receive the information needed that would help them to better take care of the individual with bipolar disorder (Rusner, Carlsson, Brunt, & Nyström, 2013).

Having resources readily available for caregivers such as various services that are offered and their location will greatly help to decrease their stress and anxiety. Often family members do not know where to turn for help, so having resources available for them would help to direct them in the right step.

Previous research shows that having faith in God, talking to God through prayer, and scripture reading helps to decrease stress and conflict. Nine of the ten participants in this research who are mainly professionals attest to the fact that prayer, faith in God, and scripture reading gives them the courage and strength that they need to deal with the stress and conflict they experienced, while taking care of their family member with bipolar disorder. Many have mentioned that without faith in God they would not have been able to endure the stress and conflict they face on a daily basis.

If this module of faith in God, prayers, and scripture reading is widely adopted in the field of conflict resolution it will help family members to avoid destructive conflict. Family members taking care of individuals with bipolar disorder would be better able to resolve their issues and engage in constructive conflict. This faith module could be very useful since as mentioned earlier that bipolar disorder is acknowledged for causing huge functional impairment and is recognized as the sixth leading cause of disability in the world today (Maskill, Crowe, Luty, & Joyce, 2010). In the United States more than 16 million bipolar outpatient visits are made to the doctor's office each year. Bipolar disorder creates a considerable burden on an individual's medical and socioeconomic level (Ogilvie, Morant, & Goodwin, 2005). The field of conflict resolution will greatly benefit from this module because it would help caregivers of family members with bipolar disorder to experience less stress and conflict and provide them with great inner strength while taking caring of their mentally ill relative.

Recommendations for Family Members who are Caregivers

Based on the data analysis in this study, there are various recommendations for family members who are taking care of individuals with bipolar disorder.

Some have mentioned to notify the authorities when danger is eminent. Ashley mentioned that the police should be called when the mentally ill relative is a danger to self and others, in order to prevent them from doing something that they may regret when they are not manic. “I will instead of arguing with him look for help for him and called the police. It is sad to do that but you have to do whatever you have to do”.

It was also suggested that caregivers should take some time to do things for themselves. Often they are so focused on the mentally ill relative that their own needs are neglected. Shelley mentioned that “you have to take care of yourself”.

Betsy mentioned to shower the mentally ill relative with love and hugs, “love them, they need a lot of hugs”. Often the mentally ill may feel that they are not loved, so showering them with affection may lessen their insecurity and will help them to feel loved.

Pat finds that listening is very important. “Always listen to her and what she’s saying even though sometimes she is difficult to understand. Listening to her is very important because it gives you clues as to how she is doing”. Dorothy also mentioned “we just listen to her; we know half the time it’s not relevant we just learn to listen”. Listening to the mentally ill relative helps to make sure that their needs are met. Listening attentively to the individual with bipolar disorder could also help to lessen stress and conflict.

Some have learned never to retaliate but to be calm and patient with their mentally ill relative. Tara mentioned that “you have to have patience and speak to them very calmly because the more you yell, the more they get very angry”. Often being calm and not retaliating may help to diffuse conflicts that may ensue.

Most have found that faith in God, talking to God through prayers, and reading scriptures helps to lessen their stress and conflict. Many family members have found that having faith in a God who cares for them, helps them through stressful situations and conflict as they take care of their bipolar family. Many have found that prayer which is talking to God as to a friend, to be very therapeutic. Through prayers they could share their frustrations, conflicts, and anything that seems unbearable with God. Faith and prayer was very important to Ashley.

I believe that without the faith I have in God I don't think I would be able to handle it the way I have handled it. So with a lot of prayers, believing that there is a God, believe and hoping that in the God I believe has strengthened me to be able to bear the burden, that has helped me with the stress.

Prayer helps to ease the aching heart, draws one close to God and strengthens the individual to face life's challenges. Many find comforting words as they read through the Bible, these words often help to strengthen their faith, increase their trust in God, and comfort their aching hearts. Shelley mentioned that “reading the Bible picking out scriptures that work in situations, allows me to refocus and take a step back”.

Recommendations for Health Care Practitioners

Family members are often overwhelmed with the care of their mentally ill relatives, and the health care practitioner is often their last resort. Health care

practitioners often focus on the patient, and the family needs are frequently not addressed. Previous research also mentioned that health care professionals need to pay close attention to the relationship between the patient and family members, their social circumstances and their cultural beliefs in regards to health (Ogilvie, Morant, & Goodwin, 2005). Health care practitioners should help family members understand the nature of bipolar disorder and should educate them how they should interact with their mentally ill relative. Informed information about the illness greatly reduces the stress and decrease the conflict of family members taking care of the mentally ill (Rusner, Carlsson, Brunt, & Nyström, 2013). Health care practitioners should also have resources that are being offered for the mentally ill and their caregivers, these resources could help to ease their stress and anxiety. Terry found the medical team that treated her brother very helpful. “The clinic I went to, the doctor wanted to have more test done, it was a lot of money so the social worker give me the insurance, she applied for me”.

Practitioners could also encourage caregivers who are frazzled by stress and conflict to try a new approach to cope with stress and resolve conflict. This includes faith in God, talking to God through prayers, and scripture reading. My findings concurs with existing research as mentioned earlier that an increasing number of medical and psychological studies indicate that faith has a definite positive impact on individual’s wellbeing. Faith has been shown to improve physical and mental health, including lower levels of worry, stress, depression, suicide, conflicts and destructive behavior (Faith and Wellbeing, 2014). Dorothy’s faith gives her the strength to take care of her mother-in-law despite the overwhelming stress she encounters, “if you didn’t believe in God you probably wash your hands and get rid of her”. The medical field is also increasingly

acknowledging that faith plays an important role in patient well-being, and recovery in stress reduction. A study at Dartmouth Medical School revealed that a consistent predictor of patients who survived heart surgery was the strength of a patient's religious commitment. In this study of 232 patients, those who said they obtained no strength or reassurance from their religious faith had approximately three times the risk of death in the six months following surgery compared to patients who found at least some strength. None of the deeply religious died, compared to 12 percent of those who rarely or never went to church (Larson & Larson, 1998). Ashley also is strengthened by her faith, “believing that there is a God has strengthened me to be able to bear the burden and has helped me with the stress. Also many of the people who believe the way I believe have prayed for me”.

Seeing that there are so many studies that points to the fact that faith is beneficial to an individual's health and well-being, practitioners should consider this option when seeking to help caregivers who are taking care of individuals with bipolar disorder.

Recommendations for Clergy

Clergies should make concerted effort to encourage their congregations to embrace caregivers taking care of their mentally ill relatives. Many caregivers feel that they are ignored by their congregation and often suffer in silence because of the stigma associated with mental health illness. According to Rogers, Stanford, & Garland (2012) research have shown that pastors lack the skills to recognize mental health disorders, and those who mentioned their mental illness to the church have had their mental illness dismissed. Many families are also afraid to discuss their struggle with mental health illness because it is often viewed as a spiritual problem, and it is believed that only

spiritual intervention is needed. Also families are afraid of being judged if they disclose that their family member has mental illness, so they struggle in silence.

Clergies could have a ministry for Caregivers of the mentally ill. This ministry could provide support for family members who are taking care of individuals with bipolar disorder and would help to meet some of their physical, emotional and mental needs. This ministry will also give caregivers the opportunity to meet with other family members who are caring for their mentally ill relatives and they could be of support to each other.

Maybe clergies could also have an annual mental health awareness day where caregivers taking care of their bipolar relatives are recognized, and are able to share their struggles, hopes and fears with their congregation. Special training classes should be held for clergies in order to help them to understand the etiology, signs and symptoms of bipolar disorder. They should also receive training on how to minister to caregivers taking care of their mentally ill relative.

Clergies could also set up a special prayer group to pray specifically for caregivers taking care of their mentally ill relatives. Dottie's prayer group was a source of strength to her and her family, "I do now have a prayer group because of some of the situations, a family prayer group". According to Hansen (2014) prayer could greatly help to decrease stress and conflict. Caregivers may feel loved, comforted and accepted by their congregation once they know that prayers are being offered in their behalf.

Recommendations for Mental Health Institutions

Mental health institutions could probably set up a triage where bipolar patients in their manic phase could be assessed and model of treatment determined. Caregivers were

often very frustrated at the response from the mental health institution when they tried to Baker Act their bipolar relatives who were escalating. They were told that the mentally ill relative first had to be a danger to self and others before they could Baker Act the ill relative. Ashley was often frustrated because it was difficult to find the help she needed when her son escalated. “There are times I have gone to the mental health center and they would tell me well you know what, he has to be a danger to himself and for others before they could do anything”. Pat’s experience was similar to Ashley. Many times it was unsafe for Pat’s mom to be by herself when she was escalating, and she also found it difficult to receive help for her mom. “We couldn’t leave her in the apartment. We would call for help and ask them to come and pick her up because she was not well, but they would not come except she’s a danger to herself and others”. This law was enacted as mentioned previously because of the O’Connor v. Donaldson Supreme Court case in 1975. Donaldson a schizophrenic patient was confined in a mental health hospital for almost 15 years. The hospital refused to release him even though he had not been receiving any medication for his illness and claimed that he was not dangerous or mentally ill. The Supreme Court ruled in his favor and prohibits the confinement of individuals to a mental health hospital if they are not a danger to self or others (Steffen, 2017). Although this law may seem inhumane it also protects the rights of the mentally ill.

Caregivers were also frustrated about the length of time their bipolar relatives were permitted to remain in the hospital. Once admitted their mentally ill relative was only permitted to stay for three days which was not enough time for them to de-escalate. For Ashley this is very frustrating “To commit somebody to the hospital they would only

keep them for how long, I think it's just about three days and so on and after that, then they have to go to court and so on". In previous research Maskill, Crowe, Luty, & Joyce (2010) mentioned that families were not getting the services and support they expected the mental health services to provide. Services were limited for patients with bipolar disorder. Many were discharged from the hospital before they were fully recovered which placed heavy burdens on family members.

Mental health institutions should allow bipolar patients to be stabilized and have their medication adjusted before they are discharged. Before discharge caregivers should be instructed on how to care for their mentally ill relatives, often they are ill prepared to provide the needed care which often results in stress and conflict. As mentioned previously, research shows that family members who took care of an individual with bipolar disorder were not provided with adequate information on the process of the illness; therefore, they were not able to adequately manage and support the individual with bipolar disorder (Rusner, Carlsson, Brunt, & Nyström, 2013). Having the knowledge on how to take care of their bipolar relatives will greatly decrease the stress of the caregivers.

Limitation of this Study

The limitation of this study is that all the participants were females. Males were given equal opportunity to participate because flyers were posted, and I also personally asked males if they knew of anyone who was taking care of an individual with bipolar disorder. All males contacted said they knew of no one with bipolar disorder, only females responded and participated in this research. It would have been great to have male participants in this research. It may have given a more balanced perspective from

both male and female, of the role of faith in dealing with stress and conflict while taking care of their family member with bipolar disorder.

Another limitation is conducting interviews telephonically. Unlike face-to-face interview where you could see the person and each facial expression, with telephonic interviews you have to use your imagination as to what their facial expression may be from their tone of voice. Participant may also be distracted during the telephonic interview by someone in their vicinity thus not being totally involved as the face to face interview, thus decreasing the richness of the interview.

Recommendation for Further Study

In this research all the participants with the exception of one was able to maintain the family unit. Most participants spoke of concerted effort made to keep the family together and there is deep hurt and pain because of the disconnect of the mentally ill relative, but they have not given up and are hoping that one day things will change. The only family unit that gave up on keeping the family together was the married couple, the marriage ended in a divorce and the ex-wife expressed relief from the stressful relationship. The stress was too great for her, and the best option for her was a divorce. It is also interesting to note that this participant admitted straying from her faith due to her husband mental illness. The other nine family units were mothers with bipolar disorder, children with bipolar disorder and a sibling with bipolar disorder. These family units are still intact and are praying for the day when they could connect emotionally, physically and mentally with the mentally ill relatives.

Further study should be done on husbands and wives versus other members in the family to see if there is a greater divorce rate or estrangement between husbands and wives versus the relationship between siblings and parents.

Further study could be done with fathers and sons to see if there is that strong bond and commitment as was found between mothers and daughters.

Further study could also be done with male siblings to see if there is that strong bond and commitment as was found between sister and brother.

Further study should also be done to see if the healthy spouse has a burning desire to reconnect with the bipolar spouse versus siblings and parent's desire to reconnect physically, emotionally and mentally with the bipolar relatives.

Finally further study could also be done on other religions such as the Catholic faith, the Jewish faith, the Islamic faith or any other religion to see if their religious belief also helps them to cope with conflict, stress and to keep the family together as was in the case of the Christian faith.

My Personal Reflection

I must admit it has been a long rough, road but God brought me through. Indeed the longest rope does have an end. It is very important to keep writing and never give up even when you do not feel like it. Eating healthy is very important. I have found that eating fruits and salads while studying kept me fresh and energetic when I had long hours to study. Cooked food always made me sleepy after I ate. When I wanted to stay awake during the night I would munch on grapes, and that kept me awake for hours until my brain was tired. I must give glory, praise, and thanks to God for being continually with me whenever I felt like giving up. He would always bring to my mind encouraging Bible

verses that would let me know He is with me, and I should not give up. My favorite verse in the Bible is Isaiah chapter 41 verse 10 which says “fear not, for I am with you. Be not dismayed, for I am your God. I will strengthen you, yes, I will uphold you with my righteous right hand”. Yes it has been a long and tedious journey but it is worth it.

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Appendix A: Research Questions

Research Questions

1. What was your experience taking care of a family member with bipolar disorder?
2. How long have you been taking care of this family member?
3. Has there been any stress related to your care giving role?
4. How do you deal with stressful situations?
5. Has there been any conflict related to your care giving role?
6. What strategies have you found to be helpful in dealing with conflict?
7. Was there a time when faith played an important role in your life as you took care of your family member with bipolar disorder?
8. How would you describe faith?
9. Tell me what does faith mean to you?
10. Have you felt supported by family and friends?
11. Have you sought help from support agencies?
12. What was your experience?
13. What lessons and strategies have you learned from taking care of a family member who has bipolar disorder?

Appendix B: General Informed Consent Form



NOVA SOUTHEASTERN UNIVERSITY
College of Arts, Humanities, and Social Sciences

General Informed Consent Form NSU Consent to be in a Research Study Entitled

Stress and conflict experienced by family members living with an individual with bipolar disorder and the role of faith.

Who is doing this research study?

College: College of Arts, Humanities, and Social Sciences

Principal Investigator: Sharonrose Bollers, M.S.

Faculty Advisor/Dissertation Chair: Judith McKay, Ph.D., J.D.

Co-Investigator(s): None

Site Information: Nova Southeastern University, 4850 Millenia Blvd, Orlando, FL 32839

Funding: Unfunded

What is this study about?

This is a research study, designed to test and create new ideas that other people can use. The purpose of this research study is to explore stress and conflict experienced by family members taking care of individuals with bipolar disorder. It will focus on how to help alleviate their stress and resolve conflicts. I will also explore if faith plays a role in the stress and conflict experienced by family members taking care of individuals with bipolar disorder.

Why are you asking me to be in this research study?

You are being asked to be in this research study because you are currently taking care of a family member with bipolar disorder, or have taken care of a family member in the past with bipolar disorder for at least one year. I am looking for volunteers to participate in this research. This research is being conducted to get a better understanding of how caregivers function under stress and conflict. This study will include about 10 people.

What will I be doing if I agree to be in this research study?

While you are taking part in this research study, you will participate in an individual interview on your experiences as a caregiver of a family member with Bipolar Disorder and how you manage conflict and stress. The interview is expected to take approximately 45 to 90 minutes and can be completed by telephone or in person at an office on NSU's

Orlando campus, or a location convenient to you.

Research Study Procedures - as a participant, this is what you will be doing:

Participation in this study will involve responding to 13 questions, based on stress and conflicts experienced by family members, who are taking care of individuals with bipolar disorder.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

You may find some questions we ask you to be upsetting or stressful. If so, we can refer you to someone who may be able to help you with these feelings.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time, or not be in it. If you do decide to leave or you decide not to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the end of the study but you may request that it not be used.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will help decrease stress and conflicts in the lives of family members who take care of their mentally ill relatives.

Will I be paid or be given compensation for being in the study?

You will be given a \$20.00 Visa gift card upon completion of the interview to compensate for the time you took to participate in this research study.

Will it cost me anything?

There are no costs to you for being in this research study.

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. Names will be replaced with pseudonyms on transcripts. This data which includes the responses to the 13 questions on stress and conflict and also audio recordings will be kept securely in a locked file cabinet in my home. All data which includes transcripts, audio recordings will be kept for 36 months and destroyed after that time by shredding. Electronic files will be stored on my password-protected personal computer and after 36 months they will be permanently deleted. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution. If we publish the results of the study in a scientific journal or book, we will not identify you.

Will there be any Audio or Video Recording?

This research study involves audio recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution. The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights please contact:

Primary contact: Sharonrose Bollers, M.S. can be reached at 321- 430-1477. If primary is not available, contact: Judith McKay, Ph.D., J.D. can be reached at 954-805-9597

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board

Nova Southeastern University

(954) 262-5369 / Toll Free: 1-866-499-0790

IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Adult Signature Section

I have voluntarily decided to take part in this research study.

Printed Name of Participant	Signature of Participant	Date
Printed Name of Person Obtaining Consent and Authorization	Signature of Person Obtaining Consent & Authorization	Date

Appendix C: First Cycle Coding

First Cycle Codes

The key themes/areas that were identified during first cycle coding are: very difficult, rough, called help, very, very painful, was so annoyed, was so upset, meet her at the street knowing what would happen, would stop cars and trucks, would follow her everywhere, would happen to her, take her to the hospital, lay down across the street and let a truck run over, buy dresses and spend the money wild and buying makeup and spend it wild, would not cooperate with the finance, very stressful at times, denial is preventing him from seeing what is going on, not getting the help I should get for him, he was escalating, mania, reasoning seems to be going away, medicine kicks in, become more and more bizarre, remind her to get the baby because she would walk out and leave the baby, take everything she has and just throw them away, anything, even her cell phone she threw away, constantly had to watch her because she would throw everything in the dumpster, would not sleep and she would be up the whole night, I couldn't sleep either, conflict with medication, would get it mixed up and take the wrong dosages, ups and downs and a lot of stress, you're waiting for something to happen constantly, don't necessarily know what mode the person is going to wake in, could be in the middle of a conversation with somebody who is a rapid cycling, in the middle of the conversation there is a shift in mode, stress 24 seven, really loud battles, had police intervention, son is incarcerated and not speaking to me, totally 24 seven conflict, reversal of position I felt like I was the mother and she was the child during these periods of time, my sister and I were older and we took care of the family, be real quiet, don't get on her nerves so that she can function and don't have to go back to the hospital, responsibilities are thrust upon you, keep your brothers and sisters dressed properly to go to school and they don't tell the teacher that your mom was sick because they may come and take you away, get cussed out on a regular, verbal conflict, mood swings, is that when their mind pops and tell them something different, it puts a lot burden on us, if you don't know how to handle the stress you become ill you become stressed out at everything, I lived the diagnosis every day, day in and day out and it was a challenge for sure, ask him for a divorce, I just couldn't be around a mental illness any longer, about six weeks, it was very cyclical for him, every six week is was when he would go downhill, couldn't handle the stress of not

knowing what every day would hold, family was very much in denial about his diagnosis, they did not pay much attention to it, or pay much mind to it, they thought I was blowing things out of proportion and just being selfish, get loud and talking, talking, talking, they might try to push things to the limit, very aggressive and controlling and really kind of abusive and he dragged my sister-in-law down the hallway by her hair, it was just a harrowing time and I had phone numbers everywhere, for the health center, the police department, the sheriff department, threatened to kill himself numerous times, there were lots of very scary situations in the home, he would pull a knife on himself and threaten.

Appendix D: My Approximate 30-Year Encounter with my Son's Bipolar

Dealing with my son's bipolar issues for the last 30 plus years is phenomenal. His diagnosis, at age 17, came one year after his terrible automobile accident in 1986. Until his diagnosis, this young man was noted for his attributes of love, consideration, thoughtfulness, and kindness to family, friends, and associates. From a child, he was blessed with a high level of intelligence, which he humbly used to advantage others by mentoring and aiding his friends in homework and other assignments. As a result of his dedication and initiative, he was able to complete high school in three years rather than four. My son's greatest ambition was of becoming a Neurosurgeon, but because of his bipolar illness, he could not accomplish this goal.

The impact of his illness is very taxing, stressful and spiritually challenging to me. It stirs within me deep compassion and concern for those with mental health issues.

The Stress Factors

One of the stressful aspects of this experience relates to the topsy-turvy nature of the disorder, not to mention my unpreparedness for the onslaught of difficulties I have encountered. How should I respond to a gifted child's abrupt, intellectual change to his ever increasing manic behaviors and lack of concern for life? This unexpected event has a negative impact on my whole family, particularly my daughter who adores her older brother.

The second and most humiliating stressor relates to the repetitive response to my son's bipolar disorder by the medical professionals who continually states: "There's nothing we can do before your son is a threat to himself or others." This delay of medical intervention has resulted in periods of danger to my son, his family and others.

The first medical error of taking my son off his psychotropic medications caused his second manic episode to be more intensely self-destructive. While he was appropriately medicated, he was able to expedite his college years and enter medical school at age 21. Unfortunately, because of the withdrawal of his medication, he had to drop out of medical school.

Delayed medical intervention caused my son to experience multiple manic episodes with progressive, debilitating effects. His last mania episode of 2013 was the most humiliating due to the self-inflicting, negative outcomes which included a 60-day detention for alluding the police and for not having his medication in the right containers. It was very painful to watch my son in psychosis stand before a judge to receive an unjustifiable and unnecessary punishment. This type of intervention was unnecessary punishment because it could have been prevented with timely, medical help.

As a Registered Nurse, my son's dilemma pushed me to diligently learn the onset symptoms of active bipolar; particularly the pre-cursors of the manic episodes and the interventions to best support him. At the first indications of the 2013 manic episode, before it developed into full blown mania, I contacted all available resources including the law, the hospital, and my son's mental-health therapist. All of my efforts were to no avail. The unified, repetitive response of "There is nothing we can do until he is a threat to himself or others" quickly depleted my life- savings.

My 47-year-old son has been non-productive for the last 23 years; nevertheless, during bouts of mental stability, he managed to accomplish such goals as marriage, fathering a son, being employed as a Land Scientist and working on a PHD in Plant Biology with two years to completion. At present, he appears mentally stable on In Vega

Sustainer medication. However, because of the afore-mentioned flaw in the system's mental health regulations, I cannot commit my son to treatment against his will. He now lives a sedentary life of isolation and overeating and weighs 300 plus pounds. In addition, without an effective weight-control intervention, his diagnosis of Diabetes and Hypertension places him at risk for pre-mature death. It is very painful to consider this possible end of life for my only son.

My Spiritual Connection

Whether in the courthouse, police station, hospital, jail facility, at home, or anywhere else; when the weight of the load of my son becomes overwhelmingly heavy, I connect with God through prayer for strength and sustenance. I also find an inner peace because of my faith in believing God's promises as written in His word. The promises listed below are a bulwark that keeps me solid and secure.

*"There hath no temptation taken you but such as is common to man: but God is faithful, who will not suffer you to be tempted above that ye are able; but will with the temptation also make a way to escape, **that ye may be able to bear it.**"*

1 Corinthians 13:10 KJV

"...for he hath said, I will never leave thee, nor forsake thee." Hebrews 13:5 KJV

"And we know that all things work together for good to them that love God, to them who are the called according to his purpose." Romans 8:28 KJV

"What shall we then say to these things? If God be for us, who can be against us?" Romans 8:31 KJV

I am a Seventh-day Adventist and a church-goer; thus I am able to connect with friends through an on-line prayer group from which I also gain spiritual and moral support and encouragement to cope from day to day.

This experience with my son spiritually tests, refines, strengthens, stretches and bolsters my faith in God. It makes me stronger, toughens my resolve to stay committed to Him and endure the circumstances and trials until He brings deliverance. I am now more resilient in hope and courage and have come to realize that in this trying place, my test in patience and growth in unconditional love, force me to reflect on God's own love and compassion for all His children. It shows me that God is always available and faithful; not changeable and undependable as human beings can be. The experience shows me where my vulnerabilities are and in what areas I tend to be overly sensitive; in whom and where I place my trust and faith. These encounters drive me to my knees to pray and seek God more; to make Him the foundation upon which I stand so that I would not become spiritually dead (a fatal statistic). This is God's way of giving me a practical faith lesson in walking daily with Him. This experience also shows God whether I will have confidence in Him and allow Him to build certain character traits in me that might have otherwise taken much longer to achieve. God indeed is my creator and sustainer and I am grateful to Him for the inner strength He apportions me to cope and remain hopeful about a better, victorious tomorrow.

I now pray for and think of others who are going through similar experiences. I know and believe that the same God, who loves me and helps me, also loves them and is interested in all their affairs as well. His promise is: *"Come unto me, all ye that labour*

and are heavy laden, and I will give you rest.” (Matthew 11:28 KJV) My testimony is that God will never let anyone down who sincerely seek Him and call upon Him for help.

My Concern for the Mental Health Population

During the 30 plus years of dealing with my son’s mental-health issues, I have become less judgmental, less critical and more sensitive to the mental-health population. This is due to my increased knowledge and understanding of the abnormal impact of chemical imbalance on a person’s behaviors. Also, my constant negotiation and intervention on behalf of my son has resulted in my increased awareness of our failure to adequately support this population. I am praying towards the availability of knowledge/education to the general public, particularly law enforcers, about the nature and/or characteristics of mental illness in order to lessen the stigmatization and inhumane responses when dealing with persons with these Mental Disorders. I believe every family member of the mentally ill would fare better knowing their loved one is entrusted to a community whose interventions are not devoid of love and compassion. Most importantly, I am praying that legislators will re-examine and change the law that states the mentally ill must be a threat to self and others before the law intervenes. The old adage “Prevention is better than cure” seems applicable to everyone except the mentally ill. The waiting period between onset symptoms of a manic episode, and the time when my son is a danger to himself and others, are the most stressful, most harmful, and most critical. The sleepless nights and the cumbersome days of restlessness and mere helplessness—just watching a loved one through escalation and psychosis, and too frequently totally ignorant of his involvements and/or his surroundings have been the most painful and fearful.

I am a 71 year-old retired Registered Nurse with experience in mental health. Because of my grave concern about inadequate support for the Mentally-ill population, I anticipated pursuing a degree in mental health, during retirement, in order to extend my service to this population. Unfortunately, due to the mental illness of another family member, I am forced to postpone my return to the class room. Despite these upheavals, my ardent prayer and hope remains focused on more support/intervention for the Mental Health population. Perhaps the research in gene therapy will soon provide this much needed breakthrough. Until then, I remain hopeful in spite of the pain.

A Hurting Mother—Ashley White