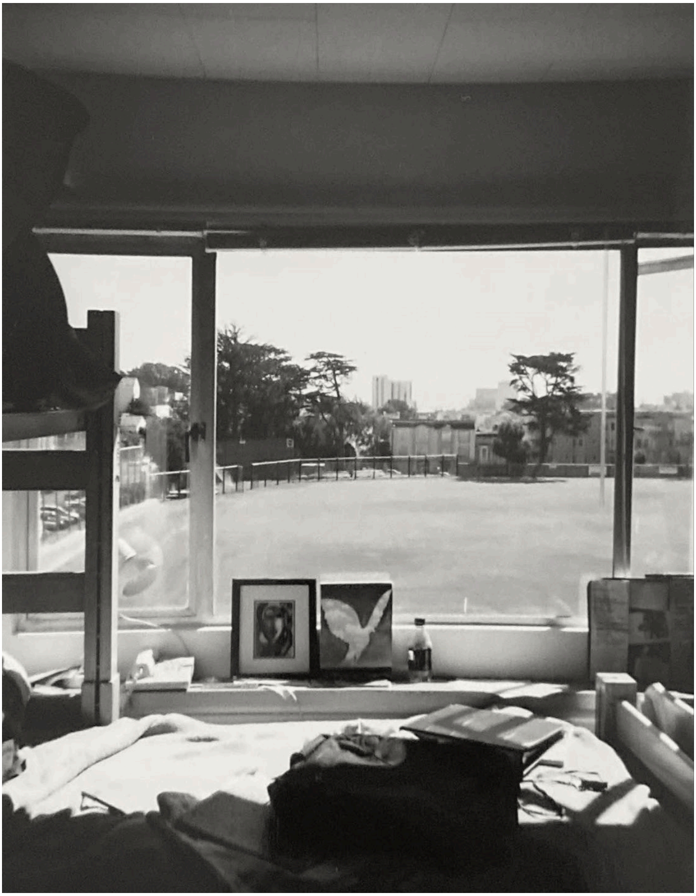

An Experiencer

Notes on approaching a bipolar disorder diagnosis holistically

By Monica Rose Koenig Bell

This printed document contains many links to resources. For easier access, please go to **https://tinyurl.com/AnExperiencer** to access the online document and clickable links.

This document shares my notes on approaching a bipolar disorder diagnosis holistically, without medication. Someone who knows about my experience in this area recently asked me about the topic, because they are struggling with medications prescribed for a bipolar diagnosis. I put my thoughts into a document that could be shared with others that might find it helpful. Will you please pass this on to three people that you think might have interest?

Thank you,
Monica

2026-05 Notes on approaching a bipolar disorder diagnosis holistically (without medication)

I'm really sad that I didn't have access to this list of resources when I was first offered a bipolar disorder diagnosis. At that point, it was so much more difficult to find information and resources about approaching a bipolar disorder diagnosis without pharmaceuticals. Which made things hard for me because I didn't have providers or a community of people I could speak openly with about this matter. So I gathered information and resources on this topic over many years, and maybe what I found might be of interest to others.

Before I get into the strategies and resources that have helped me, here is some of the backstory that led me to approach my mental health holistically:

I developed a rare level of awareness about available conventional mental health treatments as a young adult, even before I ever sought out mental health attention for myself. That's because someone I love was offered a serious mental illness diagnosis when we were both adolescents. He got professional help- but not the support he *needed*- and the results were truly heartbreaking.

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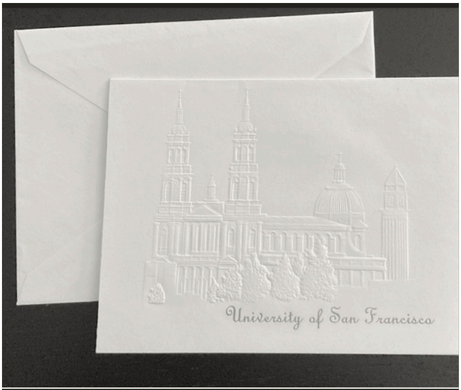
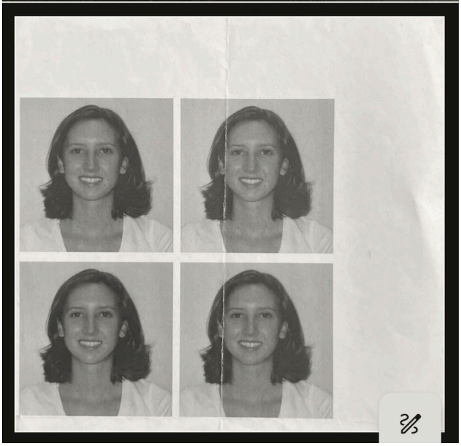
Educating minds and hearts to change the world

I started college shortly afterwards, choosing to study psychology at the University of San Francisco. I wanted professional training that would help me better support people in such situations. And my coursework was nearly complete when I realized all of this was equipping me as a consumer of mental health services for myself.

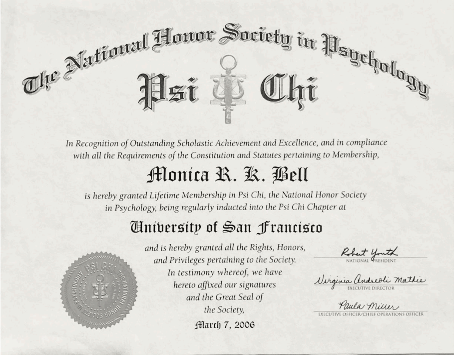
I sought professional help for a serious mental health need for myself for the very first time in spring of my junior year as a psychology student. In the months leading up to the start of the term, I went on a backpack trip across Europe with a close friend. It was a really fun adventure, filled with spontaneity. When we returned home, I attempted to get right back to the predictable rhythm of class. But as I resumed my coursework, my sleep, energy, and mood began to change. They became increasingly different from my baseline, to the point that I felt overwhelmed and concerned.

I reached out for help, and was soon sitting across from my doctor and a series of psychologists. What I was experiencing fit the criteria for a manic episode, and I was offered a bipolar disorder diagnosis.





My studies, witnessing another's struggle, and several privileges and opportunities available to me as a middle class white woman in the United States, gave me an unusually lucky start with this condition. With support from my family and university, I was able to complete my degree, graduating summa cum laude the following year.



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In Recognition of Outstanding Scholastic Achievement and Excellence, and in compliance with all the Requirements of the Constitution and Statutes pertaining to Membership,

Monica R. K. Bell

is hereby granted Lifetime Membership in Psi Chi, the National Honor Society in Psychology, being regularly inducted into the Psi Chi Chapter at

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and is hereby granted all the Rights, Honors, and Privileges pertaining to the Society. In testimony whereof, we have hereto affixed our signatures and the Great Seal of the Society,

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Medication use is an extremely personal matter. I feel that everyone deserves to be fully informed about medications offered them- and should always have personal choice about medication use.

I chose to approach my mental health holistically- that is, without medication. I didn’t start any medication at all. I did this because I was afraid to end up in the kind of heartbreaking situation my loved one had experienced (he had used medication). And my biological psychology coursework afforded me additional insight into the challenges that can arise with medication use. I also chose to approach my mental health holistically because at the time I was diagnosed, I had privileges, access to resources, and opportunities that supported that option. But I did not have access to the depth and range of information about this topic that I share with you here.

I wish to be very clear: though I chose not to take medication, I did choose to be very active and committed to my mental health. I completely reorganized my life after I was offered a bipolar disorder diagnosis. I sacrificed, prioritized, struggled, and persisted in my efforts to manage my mental health. I became vigilant about sleep, prioritized nutrition and whole foods, and was mindful about exercise, relaxation, and time in nature. I sought out information and resources that would support me to understand how my mind works, and why- so I could be as well as possible.

Over the years, I found many resources that validated a deep sense I had from the very beginning: that what happens in my mind is meaningful, not some sort of crazy flaw. Even though it felt really intense and overwhelming at first. These resources helped me appreciate and learn to honor the ways my mind works. Martin Prechtel's life story and works have been deeply influential to me in this regard. Not everyone has the opportunity to make these decisions and set their priorities in this way. I think it would be wonderful if our societies and health systems supported everyone that wished to try to approach their mental health holistically.

It would be very unfair to expect someone to manage their mental health holistically without significant support. I don't want anyone else to be forced to try to take my path without proper support. That could be super dangerous, and deeply unjust.

Also, I have heard of some people offered a bipolar disorder diagnosis having the seriousness of their experiences dismissed. And this can sometimes come along with pressure to “deal” with the situation alone or “pull oneself up by their bootstraps” without support, including medication (if desired). That is also deeply unjust, and could also be dangerous. My family never told me to pull myself up by my bootstraps or go without mental healthcare.

I’m really glad that my parents never told me to pull myself up by my bootstraps. In a lot of ways, they supported me when I asked for what I believed would be helpful for my mental health. Or when I made life choices aligned with my desire to approach it holistically. I took a lot of initiative in my mental health care journey. And having completed most of a bachelor’s degree in psychology before I was offered a bipolar disorder diagnosis influenced my ability to advocate for what I needed. I would hate for my experience to be used as ammunition against someone else, to make them to “deal” with their mental health without needed support, or pressure them to go without medication (if that is a tool they wish to use).

If I would have had more access to information about how to approach a bipolar disorder diagnosis holistically earlier on, maybe my additional medical issues with low ferritin might have been less debilitating. Maybe I would have been able to get more support in my places of work and in my community while I managed my mental health holistically. Perhaps I would have been able to better communicate my needs to my friends and family. I can't go back in time to test this theory. The next best thing is to share my notes with you. Out of hopes that your journey will be a little bit easier and more supported than mine.

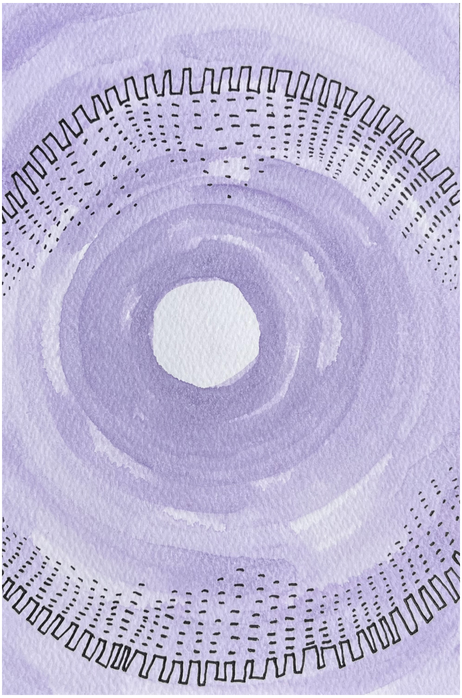
Notes about the things I began prioritizing early on, when I first started managing my mental health holistically

Reasonable accommodations at school - I met with disability services at my university shortly after I was offered my diagnosis. This afforded me the option to reduce my course load down to one class for that term. And disability services advocated for me with the registration office to be able to have 12 units count for a full course load, beginning the next term and through my graduation. This allowed me to keep my scholarships while carrying an academic load that was a bit less intense, work part time as a student, and also have time/energy for some student/volunteer activities.

Rest and stress reduction - I rested a lot in the early weeks and months right after the diagnosis. I moved back home with my mom, and commuted to San Francisco for my one class each week. My boss at my part time student job on campus was very understanding, and she let me take a leave of absence. I got to pick those hours back up when I was ready. Being around farms and gardens where produce was available supported/forced me to learn how to prepare and eat it. A lot of it.

Awareness that other cultures approach health differently than the conventional medical system in the United States - shortly after the diagnosis, someone I trusted and respected shared the book *The Spirit Catches You and You Fall Down* by Anne Fadiman with me. The book helped me understand that many other cultures think about health very differently than what is readily available in many hospitals and clinics across the United States. This prompted me to be curious about a very wide range of stories, research, and other information that could help me learn about my mental health needs and experience.

There are more resources available online from people who utilize similar lifestyle techniques to support their mental health. I don't have a favorite reference for you, but I remember seeing books and articles by other people with experience in this over the years.



Books, Lectures, Research, and Other Media

The Power Threat Meaning Framework | BPS https://share.google/W1M5NliOS8XBidlfr

Crazywise (documentary film) - https://www.youtube.com/watch?v=U4MyZj6TA4

How to Talk So Kids Will Listen and Listen So Kids Will Talk by Adele Faber and Elaine Mazlish (book)

I have been watching a lot of the show Love is Blind recently. To distract me from really serious pain caused by my non anemic iron deficiency (low ferritin) and subsequent complex medical challenges. When I consider that the participants of this show are seeking love, I think about what bell hooks defines love as: an action informed by care, commitment, respect, responsibility, knowledge and trust (I can’t find the exact quote right now, so I won’t put it in quotation marks). So more than a feeling, or attraction, or lust.

What I think could be helpful to support the participants find love through the experiment is if each of the pods had a copy of this How to Talk book. And the show participants were encouraged to read it all the way through before moving forward withcommitting to their relationships. Maybe the participants would read it together in the pods, through the wall. Or maybe they would take it back to their respective common spaces and read it there, together or on their own. I'm not totally sure, but I feel like it might support them in their search for true love. It might support them to move forward in their lives with their selected partners coming out of the show. I can't be sure about this. But it's just an idea. Because after studying this book for many years, I feel like it offers really helpful skills that can assist people to communicate in ways that can help align their relationships with bell hooks' definition of love.

I originally read Faber and Mazlish's book and began to learn these skills because I wanted to learn how to communicate better with children. I later realized these skills could help me notice, contribute to, and develop healthier relationships. And this capacity to use communication to develop healthier relationships was deeply supportive of my mental health. (If some of this document seems repetitive and unorganized, it's probably because I'm in a lot of physical pain- and it's hard to sit or otherwise hold myself up to edit it.)

The skills taught in this book have been referred to as "Congruent Communication" by some researchers. I later started doing some work with my inner parts in a support group. I found it helpful to use Congruent Communication to communicate with my own inner child. Especially the chapter on accepting feelings. None of the people in my family of origin seemed to use Congruent Communication skills.

I wonder if we would see less bipolar disorder diagnoses if the culture supported people to learn and use Congruent Communication before choosing their families in adulthood. So that families could be organized around this relationship-enhancing kind of communication, and children could be raised by adults that speak to them in this way.

This book contains lots of exercises to learn the skills, and there is also a workshop kit that goes with (https://howtotalkworkshops.com/ workshop-kits/). It was designed to be led in communities, by professional or non-professional facilitators alike. And the book has also been translated into more than 30 languages. I really appreciate how accessible this makes learning Congruent Communication.

Martin Prechtel, Grief and Praise (lecture, available for free on YouTube https://www.youtube.com/watch?v=UUwew-fPPSbE), and most of Prechtel's books.

The first one I read was Secrets of the Talking Jaguar ; Prech-tel arrived in the village of the Tzutujil Maya as a young adult, and was initiated and mentored into a lineage of what might refer to as "shamans", developing skills to serve the village. Some of the aspects of Prechtel's and his mentor's life stories include periods of time when their behavior would be seen as "manic" or "mentally ill" in a colonial medical setting. But in the Tzutujil culture, these individuals and experiences were not pathologized.

In the United States, Prechtel might have been offered a bipolar disorder diagnosis rather than mentorship. For the Tzutujil Maya, these phenomena were understood as part of the human experience, indicating that an individual is meant to receive mentorship and support to cultivate gifts that will serve the collective good. Prechtel describes how these individuals were sometimes identified earlier in life, and that they were respected. It was known that their journey would be very difficult, and would require extensive mentorship and support (including living within the household of an older shaman) as they developed their skills. While the villagers respected them, no parents would ever wish for their own child to become this kind of shaman (they have/had a word for this in their language, but I cannot remember it now).

Welcome to the Jungle: Facing Bipolar Without Freaking Out - Revised ediiton 2017, by Hilary T. Smith (book)
Smith's book is one of my favorite, most balanced books about bipolar disorder. She is a person with lived experience, and not a provider with any kinds of financial conflicts of interest regarding medication or other approaches to mental health. I like that she provides a description for her ideal of how society would support someone to manage their mental health holistically. She does so in the intro to the chapter, "YOU'VE GOT DRUGS". One thing I think is very important is that people with lived experience have access to support from mentors with lived experience. Smith's vision does not mention this.

https://books.google.com/books?id=KpUREAAAQBAJ&newbks=1&newbks_redir=0&printsec=frontcover&hl=en&source=gb_mobile_entity&ovdme=1#v=onepage&q&f=false

Your Consent Is Not Required: The Rise in Psychiatric Detentions, Forced Treatment, and Abusive Guardianships, book by Rob Wipond - More on Wipond's website here https://share.google/JLFj3YyuqQjZ88tce ; and YouTube channel here:
https://www.youtube.com/user/RobWipond ; a large theme of Wipond's work addresses broader policy factors influencing medication and choice.

The Spirit Catches You and You Fall Down, book by Anne Fadiman
https://books.google.com/books?id=a8oc9o4yPNgC&pg=PA114&dq=the+spirit+catches+you+and+you+fall+down&hl=en&newbks=1&newbks_redir=1&sa=X&ved=2ahUKEwj5hZeFvMGUAxXnDjQIHeUSH4MQ6AF6BAgNEAM

Three Identical Strangers (documentary film) - https://tubitv.com/movies/100028239/three-identical-strangers

Paper Tigers (documentary film) - https://www.youtube.com/watch?v=iV3wzUhJSKs

Other resources and groups

I have used some of these, and others are resources and groups I have heard about through other people.

The Inner Compass Initiative - has information about the safety, harms and effectiveness of the medications typically offered to someone with a bipolar disorder diagnosis https://www.theinnercompass.org/learn-unlearn ; also has lots of resources about reducing / tapering psychiatric medication (Source: Inner Compass Initiative https://share.google/M0Nnm8zkwvH3bOXnP).

Harm Reduction Guide to Coming Off Psychiatric Drugs and Withdrawal | Will Hall, MA, DiplPW https://share.google/q5hpkwfJ9Rujrh5hr (I've never read this)

Understanding Bipolar Disorder (Facebook group - has a lot of group members; most of the members seem to insist on medication, but there are many who do not use medication. And some of them are glad to share strategies that work for them; it might feel intimidating to ask questions about reducing reliance on medication when so many people insist it is necessary. It's possible to post anonymously to ask questions about medication or not using medication. This might also be a good place to ask questions about the different medications available and their various effects)

Crest BD - general information about bipolar disorder, though likely funded by pharmaceutical companies and/or research entities with profit motives that could cause bias. Much of it focuses on medication as a foundation, but not all. https://www.crestbd.ca/

Trauma Aware America - Facebook page https://www.facebook.com/TraumaAwareAmerica and group https://www.facebook.com/share/g/1E6rauXThF/

Adult Children of Alcoholic and Dysfunctional Families (ACA) - a 12 step program. Meetings are available around the clock, online via zoom Source: Adult Children of Alcoholics https://share.google/BkpKIBBpbLOJwOmgB ; meetings are all led by volunteers. Some can be better facilitated and feel more safe/supportive than others

Therapists, psychiatrists, and other providers

These folks might be amenable to helping someone approach bipolar with reduced (or no) medication. If an individual provider does not have availability, they might be willing to suggest other providers.

Mindfreedom International has a directory of alternative mental health providers https://mindfreedom.org/

Dina Tyler - https://www.dinatyler.com/

Will Hall - https://willhall.net/

Dr. J. Cooney - +1 916-540-9077 (might be willing to work with a client with financial need on a sliding scale or reduced rate)

Dr. Devika Bhushan (Pediatrician and Former Acting Surgeon General of the state of California) https://share.google/0w4ge3hcCBXT6drwr

General Notes

Disability justice is extremely important.

At this point, this is my general guess at what “bipolar disorder” is: My sense is that “bipolar disorder” is a false construct. What I mean by that is that this phenomenon has been described as a disease, and codified and reified by entrenched professional and economic forces.

I suspect that the underlying phenomenon referred to as “bipolar disorder” is a meaningful response to stress and adversity. Though it might not look like it to the untrained eye, I think this phenomenon is actually about safety and/or survival.

It is one way the human species has survived and adapted to the complexities of existence- at a population level.

It seems to me that the behaviors associated with “mania” might support some individuals to survive extreme circumstances, or to increase the chances that their genetic material will survive for another generation. Goal directed behavior can increase a person’s ability to travel a long way to safety, help them create a project or business that could increase access to resources like money or social capital, or support them to organize with the people around them to create more cohesion. Those can help a person and/or their community and relatives to be safe. And hyper sexuality could increase the chances that one’s genetic material survives.

In other instances such behaviors might lead to premature demise or increased adversity. The reason this pattern emerged in humans could be that the range of behavior it creates is so wide, it might increase the statistical probability of human survival over all.

People on the autism spectrum are more likely than the general public to receive a bipolar disorder diagnosis. Bell hooks made a speech at the LA public library (I think that is where it was) where she spoke about love that I really like. I can’t find it right now, but I might add it in later. I remember that it emphasized how everyone wants love, and I think she was saying how because that is a commonality among all people, that would be a good way to organize our efforts. This theme of love (as bell hooks defines it) strongly influences my thoughts on holistic mental health. I think that’s because loving human relationships (again, as bell hooks defines “loving”) have the potential to be so nourishing and health-promoting.

My understanding is that many societies in the history of our species have considered the phenomenon now referred to as bipolar disorder as a meaningful experience. And felt such individuals possess gifts, which would be supported through mentorship. So that they can integrate their experiences and be of service to community in unique and important ways.

Many people offered a bipolar disorder diagnosis also experience what the colonial medical system refers to as psychosis. Here are some resources that look at “psychosis” and hearing voices as meaningful experiences that can be integrated with proper support.

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head

https://www.youtube.com/watch?v=VRqI4lxuXAw

I started using the term “Experiencer” as a more respectful term for myself, to replace the pathologizing label “bipolar”. This was inspired by the way some people who hear voices choose to refer to themselves as Voice Hearers, rather than “Schizophrenic”.

Disability justice is extremely important.

In case I forgot to mention this earlier, I feel that medication use is an extremely personal matter. Many people feel confident that medication is key to their health. However, many other people feel that not using medication is key to their health. And many people also change their minds about this matter, or feel a mixture of feelings about medication use.

Child abuse - including childhood sexual abuse- can contribute to a bipolar disorder diagnosis.

Some reasons it is very important to me that people are informed consumers when they are offered medication for a bipolar disorder diagnosis: Medications can cause very serious, harmful effects. For example, a deadly rash, serious weight gain, irreversible tremors, hair loss, and long term thyroid and kidney damage. People deserve to know these risks ahead of time.

These medications can work differently from one person to the next. While one person may find wonderful benefits from a medication, another can have a horrible experience with the same medication.

Anti depressants can cause some people to become “manic”.

Disability justice is extremely important.

Please share this document how you would like, but please never charge for it. As per Monica's wishes, if you feel so inclined to donate some money please send it to A Sacred Passing.

*venmo: **@deathcarewa** or visit*
bit.ly/pleasedonatetoasp