

Case Study: Brother Tim

Br. Tim, a monk in his late 40s, has been a member of his religious community for 20 years. His creativity and energy have been a welcome resource among his brother monks. In addition to being in charge of liturgical planning for the community, Br. Tim works as a coordinator of the kitchen for a men's homeless shelter. He loves this job because it allows him to be creative. He has enjoyed cooking since his college days, when he would often stay up half the night cooking elaborate meals. Cooking also keeps him connected to the "folks with the jokes," as he calls the lively crowd of men he serves. Often, he would stay well beyond his scheduled 40 hours, talking and ministering to the men in residence. Although he enjoyed being with the men, he would come home "wired" and unable to get to sleep until long after midnight. He would then be up again for prayer at 5:30 am, with seemingly no ill effect.

Over the past few years, however, Br. Tim's schedule had become more hectic. With the deaths of some of the older community members, Br. Tim, along with everyone else in his small community, has been asked to do more. He was called upon to manage the medical appointment schedule for the older monks and vehicle use for the community. While Br. Tim willingly accepted these responsibilities, he struggled with keeping track of logistics and felt stressed by these added roles. He kept his distress to himself, however, because he knew that everyone else was feeling stretched. The men in his community didn't really talk about feelings with one another; it just wasn't their way. When Br. Tim felt an old "dark mood" returning, he began to withdraw from community activities.

When the homeless shelter fell into hard times due to a loss of funding, the shelter had to reduce its bed capacity by 50 percent. Br. Tim was crushed when he had to turn away men he had served for years. He felt that he was personally letting them down. He was angry and upset but still didn't talk about it with anyone. Instead, Br. Tim found himself wandering onto internet pornography sites when he came home. His internet visits became more frequent, often extending into late night.

As tensions rose, Br. Tim had additional lapses in judgment. When one of the homeless men he had known for years couldn't get a bed at the shelter, Br. Tim took money from the community to pay for a hotel room for this man. When the man invited Br. Tim to stay with him one night, they engaged in inappropriate touching. Br. Tim's superior questioned him about the unusual expenditure. After an initial episode of angry denial, Br. Tim disclosed the situation, and was referred to SLI for an assessment and treatment.

Diagnosis and Treatment

The treatment team at SLI diagnosed Br. Tim with Bipolar II Disorder, appropriate since his symptoms and behaviors included depression, impulse control disorder, sexual disorder, and even antisocial personality disorder. Observing Br. Tim during his first few months in the residential program revealed depressions and hypomanic episodes (not as severe as full manic symptoms). When Br. Tim explored his family history, including his mother's depression and his father's alcoholism, he began to understand his own mental health issues. In addition, he became aware of his lack of judgment and sense of entitlement as he received feedback from other residents in group therapy about his tendency toward narcissism when he is hypomanic.

A number of medications were prescribed over the course of Br. Tim's residential treatment to address his symptoms. The medications helped the treatment team to differentiate his diagnosis, based on what actually worked to balance his mood and reduce his impulsivity. The last stage of residential treatment focused on preparing Br. Tim to manage his bipolar mood disorder when he returned home, where his community was expecting him to be able to function well, without impulsive or depressive behaviors, and to live a celibate life.

Managing Back Home

With the help of his Continuing Care therapist, Br. Tim gathered five trusted people to be on his support group and help him live out his Continuing Care Contract by integrating his new self-understandings and the reality of his mental health diagnosis into his daily life and overall identity. During the "Re-entry Workshop" to establish his Continuing Care support group, Br.

Tim's Continuing Care therapist discussed with the group the need to help Br. Tim find balance in his daily activities and monitor his moods more carefully. The community as a whole acknowledged that they had depended on Br. Tim's manic energy as they felt the pressure of more work responsibilities on fewer people. They also admitted that they had not spoken up when he had shown signs of depression and isolation. His superior agreed to meet with him once a month to review his progress in recovery and his efforts in rejoining community.

Br. Tim met with a new therapist within two weeks of arriving home and saw a psychiatrist for medication management. He also found a local bipolar support group, sponsored by NAMI – the National Alliance for the Mentally Ill (www.nami.org). In talking with his Continuing Care therapist, local psychotherapist, and support group members, Br. Tim shared his fears about slipping into depression or mania again. These individuals in his support network helped him to bring the skills he had learned while in residential treatment into his daily routines.

Br. Tim also shared with his community his new limitations on work and ministry. He has agreed to work not more than 30 hours for the first six months upon returning home, and subsequently not to work more than forty hours. He also has committed himself to take time off and get adequate sleep and rest.

The journey toward healing with bipolar disorder takes a lifetime – there is no cure for this mental illness. However, with daily medication compliance, regular therapy, and other support such as the Continuing Care support group and the NAMI bipolar support group, Br. Tim is likely to function well and avoid another relapse into major depression or mania. With the eyes and ears of his community members who observe his behaviors and share their impressions, Br. Tim has added help to succeed. As everyone adjusts to the "new normal" of living with bipolar disorder, Br. Tim and his community will be strengthened and enriched. The prognosis is good.

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