

## The Child with Bipolar Illness and the Unique Value of Peer Support

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Challenges come in many forms. Perhaps few are greater than the profound illness of a child and the helplessness that a parent feels. I don't know if the challenge is greater or less when you are supposed to know something about how to solve the problem, and then discover how helpless you really are. As the parent of a child with bipolar disorder, I know what that feels like.

My son's illness began over 25 years ago.

I had been a board-certified psychiatrist for over 20 years and had treated hundreds of patients. Presumably I, of all people, should have been prepared for this challenge. The truth is, I wasn't.

My son was diagnosed correctly with bipolar disorder which, at that time, was still called manic depression. His life was chaotic and several times he threatened privately and publicly to harm me. Once, he threatened to kill me.

He received the best available professional help – medication and psychotherapy – from a number of highly competent psychiatrists and was hospitalized 3 times at excellent facilities all in the New York area. Sadly, and tragically for him and for me, none of this was effective.

At first, I was not able to recognize and admit that it was not just my child who needed healing. I needed help as well. For quite a while, I chose not to discuss the issue rather than honestly facing my personal anguish, my fear that he might be killed or kill someone else, my helplessness, my anger and, sadly but honestly, my shame with my son's illness and its seeming insolubility.

When I couldn't find any solution for my son's illness despite over a half dozen attempts at treatment and several hospitalizations which extended over a 10-year period I thought that perhaps I might be able to do something more that might help others with this disease including suffering parents like myself.

Long before this type of information was readily available on the internet, I searched for any existing support programs that might assist other patients like my son or parents like me who were struggling with their loved one's depression and/or bipolar disorder.

I learned that there was an organization with that specific mission based in Chicago which had been started in 1985 by Jan Fawcett, a psychiatrist who encouraged a number of his own patients to start a group to support one another. This had grown in 15 years into the Depression and Manic Depression Association with chapters in a number of states and many support groups around the country. With help from the national office, a few of us started a chapter and a support group in Greenwich, Connecticut in my home office.

Since our first meeting in the fall of 1999, our group has held almost 1,000 meetings which occur every Friday afternoon for two hours. Groups are regularly attended by 20-25 members who may be either suffering with depression or bipolar illness or may be a loved one of someone with these conditions.

I have been consistently impressed by the group's ability to accomplish a number of functions that I could not have achieved by myself or for myself. Some of these have been cited in the evolving literature on the efficacy of peer support groups.

Among many benefits, participation in these support groups has resulted in our members reporting diminished feelings of isolation, anxiety and hopelessness and an increased ability to accept and address their problems and their pain without blaming themselves or others.

Over the past 20 years our small group in Greenwich has helped many people, myself included. I never realized how much I needed the support, the wisdom and the guidance of other parents and patients. Together we learned not only how to cry but how to laugh. From despair we learned to rekindle and renew hope and in helping others we learned how to ultimately save ourselves.

Perhaps as an optimistic aside, I should add that my son, an excellent tennis player, is doing fine. We play competitive tennis together at least twice a week and I have to admit that on the tennis court he often kills me!

This account has been on our Greenwich DBSA website for close to 20 years as my " Founder's Statement." My son is well aware that this group in Greenwich exists only because of his illness and that hundreds of patients and their loved ones have been helped. Neither of us have any shame but rather pride in his recovery and in my commitment to facilitate a pro bono support group that has met weekly for 20 years that has literally saved dozens of lives.

Over many years I have witnessed the transformative value of peer support. So, when the issue of physician depression and burnout became a national concern and

an issue of great interest to Anita Everett, our past APA president, I spoke with Rick Summers whom Dr. Everett appointed to be the chairman of a newly-created special task force on physician wellness and burnout. Rick invited me to serve as a consultant to that committee.

One of the recommendations of the committee was that psychiatrists respond to this crisis by developing specific programs to address these issues within their institutions and organizations.

I felt that an ideal place to carry this message and a setting where it might be successfully implemented was our own organization as I have found AAPDPP to be a particularly caring and congenial community and small and nimble enough to be able to implement these ideas.

Eventually, this initiative led to the development of an Academy website with specific, carefully selected and solicited articles addressing a wide range of stressors in the lives of practicing psychiatrists and offering strategies to deal with these potentially painful situations.

Along with the help of a committee of dedicated consultants, a substantial work product of easily uploaded articles has been produced, the site *Psychiatrist WellBeing and Support*. This will undoubtedly help our members deal with a wide range of stressful situations that they are likely to encounter at some point in their professional careers.

I would like AAPDPP to go further.

My vision is that someday one of our members who is struggling and suffering as I was 25 years ago could speak to another member in any part of the country who had experienced a similar stressful situation and talk about his or her pain, and receive the kind of support, caring and wisdom which emerges from the type of shared personal experience that I and others receive every week in our support group in Greenwich.

Furthermore, I believe that this type of human interaction would result in lifelong friendships, deepen commitment to our organization both by those who request help and those who offer it and serve as a relevant factor in attracting new members who would see AAPDPP not only as an organization where members met once a year for intellectual sharing and stimulation but as a uniquely caring community of colleagues and an organization which could significantly enhance the quality of their lives.

It should now be quite obvious that my primary goal at this stage in my life is to reduce stigma so that more people whether they be colleagues or laymen can

accept this diagnosis in themselves or a loved one and commit to a regimen of recovery rather than hiding in the shadow of shame.

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