A STUDY ON THE EFFECTIVENESS OF THE HOPE FOR GENERATION BUDDY PARTNER PRAYER MINISTRY TO CHRISTIANS WITH BIPOLAR 1 DISORDER WHO EXHIBIT MANIC SYMPTOMS

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A dissertation submitted to the faculty in partial fulfillment for the degree of Doctor of Ministry

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ABSTRACT

The purpose of this dissertation: *A Study of the Effectiveness of the Hope For Generations Buddy Partner Prayer Ministry on Christians with Bipolar 1 Disorder Who Exhibit Manic Symptoms* is to examine the impact of prayer during the manifest flare up of manic symptoms. The study will focus on the effectiveness of the prayer ministry of the Buddy Partner Prayer Group (BPPG) in 'Hope For Generation Church Ministry on behalf of participants in the midst of Bipolar Disorder 1 decompensating during worship services. Using a case study approach utilizing eight (8) participants, the results verified the hypotheses and demonstrated that when the Buddy Partner Prayer Group (BPPG) in Hope For Generation Church Ministry prayed, in 7 of 8 cases believers with Bipolar 1 Disorder who exhibited manic symptoms showed a decrease in these symptoms.

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LIST OF ABBREVIATIONS

APA: American Psychological Association

BVC: The Broset Violence Checklist

NAMI: The National Alliance for Mental Illness

NASB: New American Standard Bible

NIMH: National Institute of Mental Health

DSM: American Psychiatric Association and Statistical Manual of Mental Disorders

DrPH: Doctor of Public Health

CASPER: Community Action on Suicide Prevention Education and Research

CHAPTER ONE

Key Scripture Verse:

News about Him spread all over Syria, and people brought to Him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and the paralyzed, and He healed them. (Matthew 4:24 NIV)

INTRODUCTION

As the music began to play and the choir sang, the visitor began to dance erratically. She danced into the aisle, and began taking off her clothes. She quickly took her skirt off, and began to remove her blouse when two ushers grabbed her forcefully and physically removed her from the sanctuary. As she was being taken out of the sanctuary she shouted, "I want to dance like David danced, dance like David danced. What's wrong with you people? Don't you believe the Bible?"

Every church has encountered at one time or another mentally ill people disturbing their services and causing other members of the congregation to be concerned about their safety. Most of these churches would rather not have people who are disruptive attending their services, but oftentimes, the manifestation is revealed after the fact. If an individual is known to have a history of mental illness, they become suspect and are labeled violent and/or are ostracized -

especially from the church.

Overall, most churches have a tendency to manage mentally ill members in four ways: pay no attention to them, regard them wholly as a spiritual problem, remove or reject them from participating in church, or refer them to the professionals and wash their hand of the trouble. The study shows that after the Buddy Partner Prayers Group (BPPG) prayed for members with Bipolar 1 Disorder who experienced manic symptoms there was a decrease in the manic symptoms and participants were able to perform self-appointed tasks. Four participants remained in church after (BPPG) prayer, and two (2) of the participants expressed desire to be prayed for prior to their visit to the Psychiatric Emergency Room. The reason given was that when they came to church and prayer was offered on their behalf, they could predict the result- that is, they rapidly calmed down, which for them would ultimately result in less time in the Emergency Room, and a reduced hospital monitoring of three days or less.

On the other hand, if they arrived at the Emergency Room agitated or in a manic phase, it would be more than likely that they would be admitted to one of the hospital units for a period in excess of one week before being discharged. The participants all claimed to hate the confinement of extended hospital stays and monitoring. In addition, the consensus was that prayers required no insurance or money, and they could walk out of church without fear of being locked up. The visits to the Psychiatric Emergency Room when agitated often times resulted in participants being given medication and more often than not hospitalization. Seven (7) of the eight (8) participants testified to the effectiveness of the BPPG as they realized and achieved their goals; four (4) participants remained in worship and two (2) went to the hospital voluntarily, and two (2) were taken by EMS (P4, & P8) for further evaluation.

For many Christians, the fact that another believer could be diagnosed with Bipolar

Related Disorder is problematic. This prejudicial way of thinking is often cultivated in churches, as many churches believe that mentally ill individuals are demon possessed. To those who hold these views, certain specific scriptures seem to support them. In their way of thinking, Jesus was casting out demons from people who were demonically possessed everywhere in the books of the Gospels.

Statement of the Ministry Problem and Purpose of Research

From time to time, people who are identified with Bipolar 1 Disorder attend church and sometimes become disruptive and violent in the on-going service. Some of these disruptive people in church services diagnosed with Bipolar 1 Disorder are Christians. They often seek help in a safe place to worship despite the problems their symptoms may cause. Most churches have few resources and no one with knowledge of mental illness. There are others who have begun to decompensate at home and family members call the church first for help. Unfortunately, many Christians who are diagnosed with Bipolar 1 Disorder and who seek spiritual help during difficult times are often confronted by people with a lack of knowledge, are dismissive, condemning, or make the sufferer feel ashamed. More often than not, the prayers, and counsel these people receive do more harm than good.

There is limited research on this topic, with most of the studies dealing with religious and psychotic illnesses examining schizophrenia, not Bipolar 1 Disorder. There are many resources on the topics of worship and on Bipolar 1 Disorder separately, but the combined topic seems to have limited primary and secondary sources. Most written research is about demon possession, not addressing mental illness as a sickness that needs treatment. Even though most churches admit that people with mental illness have disrupted their church services and there are many calls from home for help with mentally ill believers, very few churches have entered into any

serious discussions; attempt to engage in a study, or document relevant information on the topic. The question that naturally arises is: why were people reluctant to write on this topic even though it is a well-known problem in church assemblies and at home? One possible answer is that not many people's theology can differentiate between people who are mentally ill and those who are demon possessed. Interviews with countless pastors and lay members revealed that only two of the persons interviewed were able to differentiate between people who are demon possessed and those are mentally ill.

This study demonstrates that prayer can help believers to manage their actions when manic symptoms flare up in church services, and at home – if churches are willing to get more involved. This study will show that the Buddy Partner Prayer Group at Hope For Generation Church succeeded at enabling some believers with Bipolar 1 Disorder who exhibited flare ups of manic symptoms to continue in the church services and resume routine behavior at home after prayer on their behalf. The study demonstrates that when the Prayer group prayed, most of the participants felt better almost immediately. The Broset Violence Checklist (BVC) was applied to test for the presence or absence of the manic symptoms after the Buddy Partner Prayer Group prayed.

Many studies have established the positive relationship between regular church attendance and good mental health. Studies also demonstrate that the stronger the religious experience, the greater benefits in terms of ability to manage the symptoms of their psychosis at home or in church.[1] This study will also show that being part of a religious community increases the mental wellbeing of congregants with Bipolar 1 Disorder. It will also examine the experiences of the participants and the impact of prayer when they experience de-compensating

1 Koenig, Harold. ed. *Handbook of Religion and Mental Health*. (San Diego: Academic Press, 1998), 514-554.

symptoms. The study will also prove that prayers from the BPPG help those believers to cope better with their manic symptoms when they come to church services and or when at home.

According to Harold Koenig, devotion and prayer dedication are valuable coping strategies for those with emotional problems, [2] but there has been little investigation on prayer helping people when they are de-compensating. This study measures the association between prayers by the Buddy Partner Prayer Group and Bipolar participants' actions after they exhibited decompensating symptoms at home or in church.

INTENT OF THE RESEARCH

The Church and Community Context

The purpose of this study is to demonstrate that through the Buddy Partner Prayer Group, (a special prayer group developed to assist congregants with Bipolar 1 Disorder) seven (7) out of eight (8) participants who experienced manic symptoms in church services and at home had improved. This dissertation study will also demonstrate that worshipping and prayer are valuable coping strategies for individuals with Bipolar 1 Disorder who are suffering from manic symptoms. Most of the study was done in Hope for Generation Church in the Bronx, New York.

Rhema For Life Ministries (which later became Hope For Generation Church) was planted on August 1, 2008, when three men and two women got together and decided to do a church plant in in the Bronx, New York. Two of the five people were health care professionals (males), one of the other three was a health administrator (female), and the other two were a cook (male) and a clerk (female). These people observed that there were certain groups of people who were discouraged from worshipping in the congregation of their former church. Among the groups that were discouraged from attending church services were people who were

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[2] Koenig, Harold. *Faith & Mental Health: Religious Resources for Healing.* (Philadelphia: Templeton Foundation Press, 2005), 133-134.

mentally ill. The ushers would promptly escort them out of the building if they were acting in an unusual manner and were not members of the church. If they were members, a quick prayer would be made on their behalf and 911 would be called to escort these members to the Hospital or they were taken home.

When the five concerned members approached leadership and pointed out what they had observed, leadership told them that the church had to protect its members and visitors from physical harm. When they expressed their desires to start a ministry for the mentally ill in the church, they were told that the church had enough ministries and was not interested in any new ones at the time. The five men and women pointed out the frequency of flare up of manic symptoms by members and visitors during church services and stressed that something had to be done. These five believers told the church leaders that they would start a ministry to accommodate people with mental illnesses to which the leadership responded that they would not support the new ministry. The group of five men and women started a new church plant on August 1, 2008. One of the goals of the new church plant was to pray for people with mental illness. The group found a church building approximately a mile from their former church.

The new church plant was called Rhema For Life Ministries and later re-registered as Hope For Generation Church (HFG) in July 2011. Some of the new church members included mentally ill members who were from the former church who had moved their membership to HFG Church. Three of the participants were treated at the mental hospital where two members of the Buddy Partner Prayer Group worked.

The Buddy Partner Prayer Group in Hope For Generation Church was formed on January 7, 2012 with a planned procedure to work with members who exhibited flare-ups of manic symptoms while in church. The church also received calls from homes of family members who

were believers and were experiencing flare up of manic symptoms as well. The ministry of the Buddy Partner Prayer Group, which started with praying for people who were exhibiting manic symptoms in church, was eventually extended to home visits as more requests were coming from family members at home. Mentally ill people had entered church services in progress and yelled, screamed, verbally threatened laity, physically threatened congregants, punched walls and threw furniture, and removed their clothes, to mention a few of their incidences.

A special meeting was convened on February 1, 2012, to address the question of how the church could assist people who visited the sanctuary seeking help for their mental illnesses. Different speakers spoke about reports the church received from families and participants complaining about the flare up of manic symptoms. From this meeting, five church members volunteered to become a Buddy Partner Prayer Group member. The group initiated a plan to meet every Saturday evening to train, plan and strategize. In addition, they also agreed to have debriefing meetings after each incident. The regular practice of the church before the creation of BPPG was to interrupt service proceedings to offer prayers for the individuals who were exhibiting manic symptoms, and/or remove them from the sanctuary. In addition, emergency assistance (911) was called if the congregants remained agitated for any extended period. The Buddy Partner Prayer Group would subsequently take a different approach in helping participants who demonstrated flare up of manic symptoms at church. The BPPG would formulate a plan on how to approach and pray with people who were beginning to experience manic symptoms and proceed onwards.

On February 14, 2012, the prayer group met and discussed different scenarios and how they would approach people who were exhibiting manic symptoms in church and at home. The experiences of BPPG members 1 and 5 were invaluable as these members were professional

mental health workers. The group met on Wednesdays and Saturdays to pray and to discuss different issues relating to the participants, especially how to build a relationship with the people who were participants in the study. The Buddy Partner Prayer team was acquainted with over 67% of the participants, as they attended church services regularly. While believers with this illness may find it challenging, the knowledge of Buddy Partner Prayer Group gave the family and laity assurance and understanding of the manic symptoms so that they could live and worship with these participants.

Many church members would rather not have these congregants attend their churches. On the other hand, there are Christians who continue to encourage believers and visitors with Bipolar 1 Disorder to continue visiting places of worship. Some members with the diagnosis or history of mental illness will even seek opportunities to speak to congregations that do not understand the challenges of Bipolar 1 Disorder and its stigma. In the House of the Lord, all should be welcome, especially those who seek refuge in His house. They should not be labeled, stigmatized, or discriminatively associated with evil. As one congregant stated in church, "It is hard to fight mental turmoil most days and to also deal with pressure from your community, especially Christian believers."

The body of Christ will have to deliberately work against the stigma associated with the psychiatric illnesses and educate a widened church audience. A course in psychiatric disorders should not only be a required course in medical and nursing schools, but should also be taught in seminaries. The Lord's commission said that we should go into "all" the world (Matthew 28:19-20) and preach the Gospel. The church has to reach a place where believers will have a better understanding of Bipolar Related Disorders and other psychiatric illnesses and be willing to go out into all the world and teach others how to address it.

Believers also display psychiatric symptoms at home to the distress of family members and these families often seek and need support from the body of Christ. There have been instances during the flare up of manic symptoms when sufferers do not sleep for many days. The family members also experience lack of sleep for fear of mentally ill family members harming themselves. Their fear is not without merit because behaviors of the mentally ill are unpredictable and sufferers have been known to harm themselves and others.

It is important for families of the mentally ill to know that they are not alone and that the church is with them. The professional members of the church who are knowledgeable about the illness can help the family with relevant information about how to treat their loved ones. For instance, without education, it is hard for people to grasp and appreciate the severity of the symptoms, such as the terrifying thoughts associated with the illness or the many sleepless nights that both family members and the ill believer must endure. The BPPG has dedicated their service to respond to calls from family for prayer and help.

Assumption for the Research

Members of the congregation with manic signs and symptoms during their de-compensating episodes will benefit from prayers made by the Buddy Partner Prayer Group through manifest decrease in their symptoms. The study will show that congregants with manic symptoms of Bipolar 1 Disorder are individuals with a medical diagnosis instead of demon possession. It will be shown that the church's general dismissal of people with strange behavior as only demon possessed is unjustified. In fact, the Bible differentiates mental illness from demon possession, (Mathew 4: 24 NIV).

The participants in this study answered all the interviewed questions openly and honestly. It was clear that some of them were actively displaying manic symptoms but answered the

questions nonetheless. Responses received from the decompensating believers accurately reflected their mood at the time. It is fair to assume that the Buddy Partners Prayer Group's techniques worked well in the church services and at home, as only one who participated in the study hurt himself at home during decompensating episodes before the prayer group arrived at his house.

Hypothesis

This study will utilize the Broset Violence Checklist (BVC)[3] as a reference to verify its two main hypotheses:

H1: The prayer ministry of the Buddy Partner Prayer Group at Hope for Generations Church has enabled participants undergoing a flare up of manic symptoms to see a decrease in those symptoms.

H2: The Prayer ministry of the Buddy Partner Group at Hope for Generation Church has enabled participants undergoing a flare up of manic symptoms to accomplish a clearly defined self-appointed task.

The study was done over a six-month period, and consisted of case studies of people who began to de-compensate while in church services and at home. The survey looked at how these Bipolar 1 Disorder believers responded after prayers had been offered on their behalf. The investigation observed the congregants who remained in church for the duration of the service after they were being prayed for and noted significant changes in their behavior. The study demonstrated that in these cases prayers were associated with improved de-compensating symptoms. These researched questions were asked and answered:

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[3] Almvik, R., Woods, P., and Rasmussen, K. (2000). The Broset Violence Checklist sensitivity, specificity, and interrater reliability. *Journal of Interpersonal Violence*. 15(12), 1284-1296. Retrieved from http://search.ebscohost.com

Research Questions

The two questions researched for the study are:

1. RQ1: Does the participants' manic symptoms subside after Buddy Partner Prayer Group prayed for them?
2. RQ2: Does Buddy Partner Prayer enable the participants to accomplish a self-appointed task? That is whether to stay for the remainder of the service or go to the hospital.

Model of Research - Model 2, Experimental Research

The present study is called "Model 2" or "Experimental Research", which introduces an intervention in order to bring improvement to the ministry problem, or to demonstrate that some solution is being brought to the ministry problem. This project seeks to improve the effectiveness of the Hope For Generation Church Buddy Partner Prayer Ministry relating to Christians who experience flare up of manic symptoms in Bipolar 1 Disorder. In the Buddy Partner Prayer Group, five members come alongside believers experiencing manic symptoms and pray with them. Data was collected to show that the manic symptoms were improved. More specifically, it argues that prayer was associated with the positive ministerial effect of improving the de-compensating symptoms of the Bipolar 1 Disorder. This study has sought to reconcile the church congregation to those who are de-compensating in church by presenting data to prove that prayer can help them.

The writer chose to use the qualitative methods as it primarily gives the congregants participating in the study the opportunity to describe their own actions, behaviors, and interactions. Their stories focus on their own experiences from their own perspectives. The participants are able to tell their story and give descriptive insight and detail to their stories. The

qualitative data collected will describe the participant's experiences from their own perspectives.

Empirical Unknowns

The experiences of the Bipolar 1 Disorder participants at home and in church services during and after decompensating episodes were the empirical unknown. In this study, they were able to describe the experiences of their illnesses with qualitative data through interviews. Their responses in these interviews, at the time the study was proposed, were unknown. The present researcher, from previous experiences, suspected that prayer had the potential to quiet manic symptoms in congregants with Bipolar 1 Disorder, as RQ1 inquires. It was unknown if this would occur regularly in the controlled observed setting of the present study. The same is the case with RQ2; the present researcher has suspected that the Buddy Partner Prayer Group prayer ministry would enable the participants to accomplish a self-appointed task, that is, whether to stay for the remainder of the service or to go to the hospital. It was unclear whether the improvement in coping would result in success in achieving the congregant's self-appointed task in the controlled observation of the present study.

Definition of Terms

Bipolar 1 Disorder**:** Bipolar 1 Disorder is a brain dysfunction that results in manic depressive illness. It causes unusual shifts in mood, energy levels, and physical manifestations like weight loss or gain. Symptoms can be mild – like decreased need for sleep or increased goal-related activity. Symptoms can be severe – like attempted suicide. Bipolar 1 Disorder has two phases: Manic Episodes and Major Depressive episodes. All the participants have been diagnosed with Bipolar 1 Disorder.

The Broset Violence Checklist (BVC) is a useful six-item instrument assessing behaviors and moods like confusion, irritable, and boisterous behavior, physically threatening behavior,

verbally threatening, and attacking with objects. The checklist seeks the presence or non-presence of these behaviors or moods. This checklist will be used to determine if the manic symptoms exhibited by participants were present before and after BPPG prayers. This study has no intention of claiming that BPPG prayer reduces violence, even though the study makes use of Broset Violence Checklist (BVC), and that the intent in using the BVC was that the checklist is well-known among mental health workers and that it serves adequately to describe the presence or absence of manic symptoms and conveys the change in the condition of the participants.

Buddy Partners Prayer Group: Designated individuals assigned to partner alongside de compensated people to pray. This Buddy Partner Prayer Group was formed in Hope For Generation Church specifically to pray with congregants who exhibit manic symptoms in church.

De-compensating: Represents states when people diagnosed with mental illness are unable to control themselves. They manifest symptoms, such as, grandiosity, decreased need for sleep, talkativeness, irritability, boisterousness, and physically and verbally threatening behavior.

Effectiveness: Whether participants are able to achieve self-appointed tasks or goals such as staying in church for the entire service after prayer or going to the hospital as planned.

Manic Episode: A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally increased goal – directed activity or energy, lasting at least 1 week and present most of the day, nearly every day or any duration of hospitalization, if necessary (DSM-5, P. 124).

Mental Illness: According to the National Alliance on Mental Illness (NAMI): A mental illness is a medical condition that disrupts a person physical and verbal functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result

in a diminished capacity for coping with the ordinary demands of life. Therefore, mental illness can only be diagnosed by a qualified licensed mental health professional psychiatrists, psychologists, and clinical social workers.

Mental Health: is defined as the absence of mental illness or the absence of one or more specific psychiatric illnesses. According to [4]World Health Organization (WHO), mental health disorders affect an estimated 22% of American adults each year. The organization further states that the detection and interpretation of mental health conditions have changed over time and across cultures and there are still variations in definition, assessment, and classification, although criterion guideline standards are widely used.

A Mental Disorder: is usually defined by a combination of maladaptive feelings, actions, thoughts, and or perceptions. According to Harold G. Koenig, M.D. in his book, *Faith & Mental Health: Religious Resources for Healing*, [5]mental disorder or psychiatric disorder usually refers to people with chronic, persistent problems in social relationships or occupational functioning due to a group of mental disorders. It is a mental or behavioral pattern or anomaly that causes distress or disability, and which is not developmentally or socially normative. There is a wide range of mental illnesses from very mild (that is hardly different from normal) to very severe (requiring chronic institutionalization), (pg. 282). [6]

Perceived Threat: Definition by Dutton & Jackson, 1987.[7] Threat perception is a deep sense of vulnerability that is assumed to be negative, likely to result in loss, and largely out

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[4] World Health Organization. *Mental Health Action Plan 2013-2014.* (Resolution WHA66/8: New York, 2013).

[5] Koenig, Harold G. *Faith & Mental Health: Religion Resources for Healing.* (Philadelphia: Temple Foundation Press, 2005), 282.

[6] Vyhmeister, Nancy Jean. *Your Guide to Writing Quality Research for Healing Papers: For Students of Religion and Theology. "Preparing Bibliographies."* (Grand Rapid, Michigan: Zondervan Press, 3008), 49-53.

[7] Dutta, Jane & Susan Jackson. *Birth of the New York Left.* (New York: Basic Books, 1987), 189.

of control.

Violence: is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organization, 2002).

Worship: Worship is an act of a religious devotion usually directed towards a deity. Communicating and praising God is worship.

Worshipping with congregants with Bipolar 1 Disorder: Church believers worshipping with people who are diagnosed with Bipolar 1 Disorder and have a history of disruptive behavior in church services. These church members continue to worship with Bipolar 1 Disorder members even when knowing the history of these people.

Limitation of the Study

This dissertation is a study of the effectiveness of the Hope For Generation Buddy Partner Prayer Ministry on Christians with Bipolar 1 Disorder who exhibit manic symptoms. The study was done at the Hope For Generation Church and was completed with some limitations. Some of the limitations of this study are (1) The number of cases, eight, which is too few to generalize the success of the prayer to all congregants with Bipolar Related Disorders, (2) The self-reported data was not confirmed for accuracy by outside entities, (3) There was limited research on this topic – most of the studies dealing with religious and psychotic illnesses examined schizophrenia, not Bipolar Related Disorder, (4) the reluctance of people to write on this topic and speak out publicly about this topic, and (5) the researcher did not have access to the participants' medical records therefore he is reliant on their self-report that they had been diagnosed as being Bipolar 1 Disorder. Another limitation of the study was the complaints by

participants that they were sleepy after the prayer session with the BPPG. Sleepiness may have contributed to the decrease in the manic symptoms but there is no way to eliminate this as a possible factor.

Delimitations of the Study

The delimitation of this study will focus on Bipolar 1 Disorder congregants who attend church services and have manic symptoms or de-compensating (become sick) while in church and also at home. While the problem of mental illness is widespread and affects many members of the body of Christ, the delimitations of the study will focus on additional areas. These include (1) the manic symptoms of Bipolar 1 Disorder and less on the depressive symptoms as these symptoms tend to result in isolation, with individuals confined in bed or bedrooms, (2) a six-month period of data collection, (3) congregants who attended the same church and sought treatment at the same hospital, and (4) congregants with varying histories that were not always known due to patient confidentiality laws.

There are numerous other diagnoses in psychiatry that affect the American population, but this paper will only study the Bipolar 1 Disorder at Hope For Generation Church located in the Bronx, New York. The experiment will include five members of the Buddy Partner Prayer Group praying alongside the congregants while he or she is in a state of de-compensation. The case studies examined eight participants while they were actively in the de-compensating phase and prayed for them and watched if their behavior was altered after prayer. Some of the believers stayed after prayer while two of the participants made it known before prayer that they were there for prayer and would leave after the prayer session. Emergency Medical Service (EMS) took two participants to the hospital, and one was taken from home by the same service to the hospital emergency unit.

The study lasted for six months starting in September 2013. The initial study was to determine whether the participants achieved their goals, that is, to remain for the duration of the church service, or went to the hospital as planned, or were relieved of the manic symptoms at home. The study discovered that the two participants came for prayers in hope that its effectiveness (prayers) would keep them in control and decrease their length of stay in the Emergency Room as they went off to the hospital for medical treatment. They hoped that the power of the prayer would keep them in the hospital three days or less and stabilize their mania. The participants surveyed in this study are members and regular visitors of the church.

Theological Framework

There are three aspects to the theological framework related to the research. First, the church's call to bring healing to the mind, second, to help meet the spiritual needs of people who are diagnosed with Bipolar 1 Disorder, and third, to clarify the relationship between demonization and Bipolar 1 Disorder.

The church is mandated to bring healing to the mind of mentally ill people. If mental illness is an illness and not a deliberate sin, then healing should be possible. This healing may be physical as well as spiritual. The church believes that true healing is of God and cooperates with medical professions to bring healing, not just to the mind, but also the whole person. The mind, body and spirit are interconnected and complex and cannot be easily unraveled by health professionals, but God is interested in caring for all His children. Just as God has put the body together and has given extra honor and care to those parts that have less dignity, even so, He wants us to bring harmony among the members so that all members of the body care for each other. If one part suffers, all the other parts suffer with it (1 Corinthians 12: 24 – 26).

The attitude and approach of the church should be to cater for those parts that have "less

dignity" and those who are suffering. Many churches believe that all illnesses are spiritual in origin, so therefore mental illnesses are real, treatable, and manageable. The church believes that mental illness is real, and so is prayer, which has the power to change things. The Gospel impacts every area of the Christian's life and God heals every kind of life. A recent study by Life Way Research in 2014 found that pastors become the first responders when crisis hits the family.[8] Many mentally ill people look to their church for spiritual guidance in times of their mental crisis, the church should be there for them.

Churches should also cater to the spiritual needs of the Bipolar 1 Disorder members. The church has a Biblical role model for those who are sick and Jesus is our example, He shows how often God shows compassion for His children when they are hurt. In the books of the Gospel, Jesus models deep empathy for those who are perceived to have mental illness (Matthew 4: 24). Therefore, people affected by the flare up of their manic symptoms need friends who will stay with them during times of their illness. Churches can start support groups where congregants, families, and friends meet regularly to talk about how the church can help people with mental illness. There are people who argue that many churches allow people to suffer because they do not understand the needs of the mentally ill and do not know how to treat them. Churches can make this area one of the areas of focus and can offer hope through the grace of our Lord and Savor Jesus Christ, who is always with His people and will not allow anything to separate them from His love (Romans 8:35 – 39).

The relationship between demonization and Bipolar 1 Disorder has been a popular church topic for centuries. Church leaders need to preach more sermons from the pulpit addressing this topic. Being possessed by demons or evil spirit is one of the oldest ways of explaining bodily

[8]Murashko, Alex. *Stigma of Mental Illness 'Still Real' Inside the Church, Life Way Research.* (LifeWayResearch.com 2014)

and mental disorders. While demon possession is a very real phenomenon, it is not the same as serious mental illness. The Catholic Church in 1999 issued an official revision on the guidelines for performing an exorcism and determining whether one needed to be performed at all.[9] This is the first revision of Catholic Church policy on the issue since 1614.

Updated rules for declaring someone possessed by demons include consulting with medical and psychiatric professionals to rule out any physical cause for person's distress, as well as exploring possibilities of the manifestation of mental illness before a diagnosis of demonic possession is even considered. The priests will look for things that cannot be easily faked, such as fluently speaking in languages that were previously unknown to the person, and or demonstrating extra-ordinary strength. Other assessments could be the afflicted person's ability to know things that they should not know, such as personal information about the priest and professionals performing the inquiry.

The Catholic Church's approach and method to distinguishing Bipolar Related Disorders and other mental illnesses from demon possession make sense. There are also physical symptoms that are evident in people with mental illnesses. In addition, a complete medical checkup should be first completed to rule out all medical diagnosis before investigating for demonic possession. Sometimes chemicals in the brain cause imbalances in people that can trigger mental illness. Bipolar 1 Disorder consists of euphoric and/or irritable mood that can cause grandiosity, decreased sleep and pressured speech-to name a few of the symptoms. Thus, the doctors doing a complete work-up on persons displaying manic symptoms will determine if the illness is cause by neurochemical imbalance or something else. The BPPG is a selected

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[9] Hooper, John in Rome, Wednesday 27, January 1999. (The Guardian, 1999). "It is 90 pages long, written in entirely in Latin. Issued yesterday by the Vatican, De Exorcismis et supplicationibus quibusdam is a Roman Catholic Church's new manual for those whose duties include driving out the Devil. It is the first primer to be issued to exorcists since 1614.

prayer group in Hope For Generation Church that prayed for the participants who are members or visitors of the church, who experience flare up of manic symptoms, and who allowed the group to pray for them. According to DSM – 5, in order for a person to be diagnosed with Bipolar 1 Disorder, he or she must meet the criteria for a manic episode (See DSM – 5, pgs. 123 – 124). Hope For Generation Church operates from this view and all participants in this study are under psychiatric care.

Evidently, what people experience from Bipolar 1 Disorder hampers their ability to enjoy their lives and be productive. What has become clear is the early start of the illness and the noticeable signs that family, friends, and teachers might identify, in order to guide the person to help. Christians should understand what people with mental illness and their families are experiencing within the walls of the church. Churches need not be concerned about whether or not the person who had an episode or flare up of manic symptoms in church is demonically possessed or is a Bipolar 1 Disorder patient. Instead, churches should show love, concern, and dignity for a fellow human being who is made in the image of God. Churches should encourage its members with knowledge of the illness to educate other members about the disease process. Christians should love people following Jesus' example; God would honor the effort as if the church is ministering unto Him personally (Matthew 25:40).

The Buddy Prayer Partner Group prayer ministry is in keeping with scriptural recommendations for the sick: Matthew 4:23 - 24 . . . And healing every disease and sickness among people. News about Him spread . . . all who were ill with various diseases, those suffering severe pain, the demon possessed,[10] those having seizures. And He healed them. This

[10] Koenig, Harold G. *Faith & Mental Health: Religious Resources For Healing.* "The Christian Church, however, did not always behave compassionately toward the mentally ill. A common explanation in the general

is an example of one of the many scriptures that distinctly address different types of illnesses, diseases, and demon possession. Jesus shows His concern for wholeness and the writer characterizes the illnesses, "Healthy people don't need a doctor – sick people do. I have come to call not those who think they are righteous, but those who know they are sick," (Mark 2: 17).

We serve God who calls us to serve, "the least of these (people), as if we were serving Him (Matthew 25:40). It is the heart of God to care for those who are sick, the Bible told us so. Christians must help alleviate the suffering of those who are hurting from Bipolar Related Disorders; the church should not delay, but should lead the way. In many churches the main emphasis is based on, "victorious Christian living" with the basic deduction that Christian do not have troubles. This is indirect opposition to what Jesus said, "Here on earth you will have many trials and sorrows. But take heart, because I have overcome the world," (John. 16: 33).

Other Bible verses also addressed the topic of Christians' suffering. Peter said Christians should not be surprised at the fiery trials they are going through as if it was something strange afflicted on them. Instead, they should be glad because these trials make them associates with Christ in His suffering, so that they will have a delightful joy of seeing his glory when it is revealed to the entire world (1 Peter 4: 12 – 13). When Paul suffers a "thorn in the flesh, a messenger from Satan to torment me and keep me from becoming proud." When he begged God to take it away, the Lord did not remove it but assured him: "My power works best in weakness" (2 Corinthians 12:7 – 9). God does not only permit our misery; He values it for His own sake.

Suffering of mental illness seems to affect so many people, for example, marriages with long tests of faithfulness and self-sacrifice in caring for a spouse. There are Christians with stories of struggling with the impulses of the illness and their use of medication to control their

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population was that mental illness was due to demonic possession, which led to persecution of the insane (whose numbers in Europe increased dramatically after 1300), p. 20.

behavior. Some believers hide their mental illnesses for years because of the church's attitude on the topic. There are members who would not reveal their family history on the topic because of fear of being ostracized from the church. Believers come forward to share their stories with leaders in Hope For Generation Church because they think that the church cares and would not judge them. There are also members of BPPG who also have family members with Bipolar 1 Disorder and who would understand their stories and struggles. There are other family members who are in denial with their love ones living with the disease. Most of all, people should know that they are not alone in the struggle with this illness, that the church will hear their story and still love and support them, not judge and ostracize them.

The church can help and should lead the movement toward loving reception and open support for those with mental illness. The church can make the difference. It is rooted in the teaching of the church that someone much greater than ourselves is in us. The church is based in the power and grace of Jesus Christ and the comfort of His presence among us, even when illnesses threaten to overwhelm us (2 Corinthians 4: 8 – 10). Scripture is the Christian weapon and people with mental illness should be encouraged to read, repeat or listen to the Word at all times. See the scriptures below:

- James 5:13-15 – "Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord. Verse 15 – and the prayers of the faith shall save the sick . . . The leaders should be asked to pray, laying hands on the sick and anointing them with oil.

Luke 9:1-2 – "Then He called his twelve disciples together, and gave them power and authority over all devils, and to cure diseases. And he sent them to preach the Kingdom of God, and to heal the sick.

There are always Scripture verses that people with Bipolar 1 Disorder can use for comforting themselves while going through decompensating episodes, for example: (Romans 7: 17-24 NKJV) 17 – "But now it is no longer I who do it, but sin that dwells in me. 18. For I know that in me (that is, in my flesh) nothing good dwells in me. For to will is present with me, but how to perform what is good I do not find. 19 – For the good that I will to do, I do not do; but the evil I will not to do, that I practice. 20 – Now if I do what I ought not to do, but sin that dwells in me. 21 – I find then a law, that evil is present with me, the one who wills to do good. 22 – For I delight in the law of God according to the inward man. 23 – But I see another law in my members, warring against the law of my mind, and bringing me into captivity to the law of sin, which is in my members. 24 – Oh, wretched man that I am! Who will deliver me from this body of death?

Like Paul, Christians including those diagnosed with Bipolar 1 Disorder fight the war that goes on in all of our minds. The fight goes on between what God requires and what sin wants. The fight in the minds of the Bipolar 1 Disorder believer in Jesus Christ and the contrary impulses often leave them restless, insomniac, and exhausted. Some Christians hear voices in their minds that tell them things contrary to the teaching of Jesus Christ and impulses that drive them to do what they hear. The community of believers can play a pivotal role at this point; they can come alongside these believers and pray for mood stability. Another useful scripture is (Romans 8: 38 NIV): "For I am convinced that neither height nor depth, nor anything else in creation will be able to separate us from the love of God that is in Christ Jesus our Lord.

Paul in a letter to the Roman Christians penned the above words. Those believers may have doubts in their minds, but Paul reassures them by pointing out to them that absolutely no harm or danger can separate them from God's love. Another scripture of comfort is Psalm 23:4.

"Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff they comfort me."

During this distressing time in the lives of congregants who are experiencing decompensating symptoms in church, they can become aware of their mortality that often comes with sickness, trials, and hardship. It is good to remind them that our God is their Lord and Protector; He can lead us through the dark and difficult valleys to eternal life with Him. As the ancient shepherd protects his sheep with his rod and staff, so does our God stand over us to guide and protect us.

Manic people also suffer from delusion and at times, they forget and deny truth about God. During the flare up of manic symptoms people with Bipolar 1 Disorder at times become grandiose and think they are, for example, the President of the United State of America, or owners of banks, or even a god, and they feel like they are invincible and can do anything. It is during times like these that the mood disturbance can become so severe and cause marked impairment that could result in the person being hospitalized. It is as if the illness locks the persons in themselves, persuading them that they are on their own and are isolated in their distress. The sick people who do not realize that the delusions are lies cause the family anxiety and crisis. Most families adjust their lives to accommodate the mentally ill relatives. As a result, family members sometimes become ashamed and hide their true feelings from friends and neighbors.

Losing self-control is a terrible feeling. Often times we see congregants with Bipolar 1 Disorder lose control; requiring help from other believers to regain control. Even in times of distress, the Psalmist said, "I will trust." They are words of abiding confidence of hope and faith. Bipolar 1 Disorder believers in Jesus Christ are taught even before onset of manic

symptoms that one reason for reading the Scriptures is to read as though it speaks afresh to today as well as it spoke to yesterday; Scripture is relevant to our everyday situation.

Religious traditions, including Christianity, have been helpful in creating a compassionate disposition toward those with mental illness, as various sacred texts, such as the Bible, would bear evidence. Christians accept the presence of psychosis in a world they acknowledge is systemically and universally poisoned by sin and death. It is hard to understand why people who love and care for people with mental illness often feel a sense of shame they cannot justify and a weight to keep secret what they badly want to share with others. Several Scripture in the Bible point to Jesus having compassion on people who were mentally ill (Mark 5: 15; 9: 22).

God is love, so the most important lesson He wants us to learn is how to love and have compassion on our fellowman as the Scripture declares, "For God so loved the world that He gave His only son . . ." (John 3:16). Christians are to express themselves with unconditional love and compassion. To have compassion is to surrender one's life and passion to rise up and help those who are helpless and unfortunate, and be filled with peace and joy while doing it. To understand people with Bipolar 1 Disorder is to have compassion on individuals who have a medical disease that attacks the brain and mind; this disease is like squeezing the mind dry of Christ and attempting to push the soul into hell. Christians should have compassion on people who have to fight with all their strength to physically, and mentally live a peaceful life each day. Mental illness is not an indication of the weakness of faith; it is an illness of the brain and this should be the only motivation in caring for these patients.

These manic symptoms and behaviors are sometimes viewed as strange and threatening and cause people to abuse the mentally ill. There were people who thought that the cause of the

disease was demonic possession and this often led to all types of abuse against the mentally ill. Demonic possession basically means that there are outward malicious powers uncontrolled in the world that was antagonistic to the compassionate power of God. For example, in Matthew 4:24, the fate of those "possessed" had a long, brutal, and bloody history perpetrated by society and religion. The banishment of such people can be seen in the biblical narrative (Mark 5: 1-20). Here, a man suffered from a mental illness that demonstrated psychotic features, but Jesus dismissed the demon. There are mental illnesses that can be ascribed to demonic possession, but it will take spiritual discerners and medical experts to diagnose which one is present in the persons.

A theological prospective can have a positive religious impact on the mentally ill and can give meaning and purpose to the individual and the church. The role of the faith community in providing support to those with mental illness can be critical both to the individual, family and the community. The church can help to treat and stabilize believers with behavioral problems and mental illness. Many people, including the mentally ill come to church looking for God; they feel that if anyone can help them, it has to be God.

The mentally ill are also members of the body of Christ. The church is God's institution on earth, also called the "Body of Christ"; it is the physical manifestation of Jesus Christ's presence on earth. The Church embodies Jesus' teaching and philosophy of the Kingdom of God. His time on earth was spent healing the sick, including the mentally ill, raising the dead, casting out demons, and feeding the hungry. There were many social ills that the government of the day could not solve but He took care of them-an example for us to emulate. The Church is based on the teaching about the constant presence of God among men even though they have fallen into sin. Jesus Christ created the Church to bring humanity back to their first estate and

this includes the mentally ill.

By obeying the instruction of the Savior, the church benefits by caring for the mentally ill. The emphasis on practical charity and compassion for the mentally ill gives rise to empathy and kindness and brings attention to virtues of Christianity. Compassion is usually associated with feelings of understanding and concern for pain and/or suffering in others. With this exposure of pain and grief comes the wish for it to end. The exercise of compassion carries with it a readiness to remain present and in contact with the painful situation, in the hope of bringing some measure of relief. The church first held to the view that the caring for the sick and the mentally ill is to be positioned before every other duty, as if it was Christ being directly served and cared for. The scripture said, "This High Priest of ours understands our weaknesses, for He faced all the same testings as we do, yet He did not sin," (Hebrews 4:15 NLT). The mentally ill are members of the body of Christ and therefore members of the church.

The church benefits by caring for the mentally ill, because even though all mankind is deeply injured and flawed, and we are imperfect as a body and as individual bodies, all of mankind suffers from one or another affliction. We are wrecked by sin and its consequences; no one is left untouched in our world. Yet, Christ choose the church to call His Body and to call on members to take care of the sick and mentally ill. He died for this body. Paul points out that if one part of the body is hurt then all the body feels it (1 Corinthians 12: 12 – 26). To care for the mentally ill is to care for members of the Body of Christ. The BPPG understands that members of our church who are diagnosed with Bipolar 1 Disorder must be cared for and require the church for even more because they represent the sick members of Christ's body.

Churches could benefit from caring for the mentally ill. With the church in front advocating for people with mental illness, the nation would be better off with policies and

funding arrangements that would encourage better public and private mental healthcare. The nation would depend on churches advocating for appropriate moral responses that would deliver the highest standard of care for everyone. The church will pull itself out of the shadow of the world around and treat people with empathy and kindness that Jesus showed the outcasts in His time on earth. The churches emphasizing loving and caring for the mentally ill, would redirect their resources, thereby improving their image. The church then would become truly the Lighthouse in the darkness of this world, shining with a purpose to point humanity to the Kingdom of God. The church would become indistinguishable with hope in the minds of people who can find hope and peace nowhere else.

CHAPTER 2

Literature Review and the Theological Review

The present literature review is organized according to the following categories: (1) Literature on Bipolar 1 Disorder Symptoms (2) Literature on the History of Bipolar Related Disorders (3) Literature on the Treatment of Bipolar Disorder (4) Literature on the Church' response to Christians with Bipolar Disorder (5) Literature on Faith-Based Approaches to helping Christians with Bipolar Disorder.

Literature on Bipolar 1 Disorder Symptoms

In the Diagnostic and Statistical Manual of the Mental Disorders (DSM-5)[11] (pgs. 123 – 135), Bipolar 1 Disorder is listed with its criteria for manic episodes and its various symptoms. In this study, each participant exhibited various abnormal symptoms during their manic episodes. The participants showed Manic Symptoms that are listed in the DSM-5, for example, flight of

[11] American Psychiatric Association. *Diagnostic And Statistical Manual of Mental Disorders Fifth Edition (DSM-5).* (Washington, DC: American Psychiatric Publishing, 2013), 123 – 135.

ideas, pressured speech, grandiosity, decreased need for sleep, and talking more than usual.

The Buddy Partner Prayer Group (BPPG) observed these clear Manic-like symptoms during the church service and when praying for participant (P4) at home. For example, (P1) was talkative and disruptive, she shouted loud 'amens' and made other noisy comments in response to the preacher's message. Participant (P2) complained of decreased need for sleep and reported to BPPG that she was not able to sleep for long periods of time, and that she drove from Florida to New York without sleeping. In addition, rapid and pressured speech was noted. Participant (P3) was accusing his father's wife of killing his father. His loud, rapid, and pressured speech was noted. (P4) accused the church of conspiring against him and he had increased goal-directed activity in fasting for three days, wanting to speak in unknown tongues, had decreased need for sleep and attempted self-harm at home. (P5) Participant exhibited grandiosity and excessive involvement in worship, dancing erratically and removing her clothes in church, wanting to "dance like David danced". (P6) Participant was talkative, displayed pressured speech, threatening church members with physical violence. (P7) Participant had rapid speech, stuttering, was easily distracted, had flights of ideas, quickly moved from one topic to another, and threatened the laity. (P8) Participant increased her goal-directed activities, demanded that specific people talk to her, flirted with male church members, was easily agitated, confrontational, loud, and boisterous, and threatened the pastor.

These symptoms are among others that are classified as manic symptoms in the DSM. According to the DSM, during the period of mood disturbance, three or more of these symptoms need to be present for participants to be considered to be having a Manic Episode. After the BPPG prayed for the participants, most of the symptoms subsided and 7 out of 8 participants were able to worship or leave as they had planned for the hospital. Four (4) of the eight (8)

Participants (P1), (P2), (P3), (P5) remained in church for the duration of the church service, and participants (P6), and (P7) went to the hospital as they had planned. These six participants were able to realize their goals. Participants (P4) and (P8) exhibited poor impulse control and were admitted to the hospital.

This literature chapter review will look at a variety of sources that address the issue of congregants who have Bipolar 1 Disorder showing manic symptoms. Although this problem is very real, there is limited documentation or research providing solutions in addressing this issue. However, the intention of the study is to highlight the solutions in the available resources that address how to handle this type of behavior appropriately. This literature review will list sources to describe Bipolar Related Disorders, Bipolar 1 Disorder and its treatment, the church of congregants who have this illness and the faith based approach to helping members with the illness.

Literature on the History of Bipolar Related Disorders

Bipolar Related Disorders have affected people in every race, nation, and language. This illness may be one of the oldest known, but the concept is surprisingly modern. Research reveals some mention of the symptoms in medical records as early as the 1st century in Greece. Porter Greece in *The Greatest Benefits of Mankind: A Medical History of Mankind*,[12] gives historical background and insight into the illness.

For further reading on the history of Bipolar Related Disorders, see Neel Burton, 2012 article in *Psychology Today,* "A Short History of Bipolar Related Disorders."[13] Burton argues that Bipolar Related Disorder is a modern psychiatric concept that found its origins in the

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[12] Porter, Greece. *The Greatest Benefits of Mankind: A medical History Of Mankind.* (New York: W. W Norton and Co. 1997), 493.

[13] Burton, Neel. *Psychology Today*. " A Short History of Bipolar Disorder.*"* (June 21, 2012).

nineteenth century. Harold G. Koenig, M.D., also in his book, *Faith &Mental Health: Religious Resources for Healing,*[14] gives a comprehensive and detailed interpretation of the historical association between religion and care of the mental illness, including Bipolar Related Disorders from both western and eastern viewpoints.

Literature on Bipolar 1 Disorder and its Standard Treatment

Most people with even the most severe symptoms of Bipolar 1 Disorder can attain mood stabilization. Psychiatrists, medical doctors, and experts in diagnosing mental disorders generally treat people with Bipolar 1 Disorder. Recognizing Bipolar 1 Disorder can help to understand people with the illness better and prevent damaged relationships, poor job performance and other problems. There are a number of sources that enable the reader to understand Bipolar 1 Disorder and other Bipolar Related Disorders.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the fifth and current version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM- 5). This is the 2013 update to the *American Psychiatric Association (APA)* classification and diagnostic tool. The Broset Violence Checklist (BVC) is also a useful six-item instrument for assessing agitation in individuals with Bipolar 1 Disorder. The BVC's assessment includes Confused, Irritable, and Boisterous, Physically Threatening, Verbally Threatening, and Attacking Objects. The six items in BVC correspond to the list of symptoms in DSM-5. The DSM-5 defines Bipolar 1 Disorder as displaying similar symptoms as the Broset Violence Checklist (BVC). Confused (BVC) correspond with Inflated self-Esteem (DSM-5), Irritable (BVC) corresponds with Decrease Need for Sleep (DSM-5), Physically and Verbally Threatening (DSM-5). Boisterous (BVC) corresponds with Talkative, Flight of ideas and

[14] Koenig, Harold. *Faith & Mental Health: Religious Resources For Healing.* Philadelphia: Templeton Foundation Press, 2005), 17-42.

Verbally Threatening, (DSM-5). Physically Threatening (BVC) corresponds with Distractibility (DSM-5). Verbally Threatening (BVC) corresponds with Increase in goal Directed Activity (DSM-5). Attacking Objects (BVC) corresponds with Excessive Involvement in Activities and Mood Disturbance (DSM-5, p. 124).

Treatment recommendations are often decided by DSM classification. [15]For further reading on Bipolar Related Disorders, one should consult DSM-5, pages 123- 154. The 2005 NIMH booklet, Bipolar Disorder Among Adults", [16] gives a full description of Bipolar Related Disorder symptoms and treatment. The booklet discusses shifts in mood and energy levels. Peter Breggin's 2008 book, Medication Madness,[17] based on the latest scientific research and dozens of case studies where people's lives were destroyed, argues that many categories of drugs have caused damaging reaction in countless patients.

Robert H. Albers and others in their book, *Ministry with Persons with Mental Illness and their Families,* [18] has a section describing the symptoms of Bipolar 1 Disorder. The authors emphasized the fact that early treatment is advantageous, producing a good outcome for the sick person. The book also suggests family genetic factors play a strong role in the life of the Bipolar 1 Disorder person.

Kathryn Greene-McCreight describes Bipolar 1 Disorder as involving cycling back and forth between painful lows and exhilarating highs with a bungee-like bouncing, rather like a

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[15] American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5).* (Arlington, VA: American Psychiatric Association, 2013), 123-154.

[16] Mental Health NIMH. *"Bipolar Disorder in Adult."* (NIMH Information Resource Center: Bethesda, MD, 2014).

[17] Breggin, Peter, M.D. *Medication Madness: The Role of Psychiatric Drugs in cases of Violence, Suicide and Crime.* (New York: Saint Martin Press, 2008), 1,2

[18] Albers, Robert H., William H. Meller, and Steven D. Thurber, ed. *Ministry with Persons with Mental Illness and Their Families.* (Minneapolis: Fortress Press, 2012), 15.

tennis ball bouncing from ceiling to floor and back again." Even though McCreight was mostly depressed, when she did have manic symptoms, she felt that she could do whatever she thought about. One can read her story in her book, "*Darkness is My Only Companion: A Christian Response to Mental Illness"*[19] (p. 38).

There are a number of works that describe medications for Bipolar Related Disorders. Maryann Hogan's book, *Pharmacology Review & Rationales*,[20] describes the commonly used Mood-Stabilizing Drugs, some of which are used by Bipolar Related Disorders patients. For further reading on the Mood-Stabilizing Drugs, one can consult the category "Psychiatric Medications" on pages 364 - 368. The Physicians' Desk Reference (PDR)[21] book is a reference book containing drug listings. For more understanding on Bipolar Related Disorders drugs, readers should consult the *PDR Concise Drug Guide for Advance Practice Clinicians,* with subheading, "Bipolar Pharmacotherapy," pages A 219 – A 220.

A risk assessment to evaluate violence potential is a crucial step in predicting and preventing aggressive and assaultive behavior in patients. A study on structured risk assessment and violence in acute psychiatric wards[22] done by Abderhalen, et al (2008) indicated that predicting violence is critical for establishing a management plan for patients in ensuring the safety of staff and other patients.

A three months study conducted on an 11-bed secure psychiatric intensive care unit in

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19. McCreight-Greene, Kathryn. *Darkness is my only Companion: A Christian Response to Mental Illness.* (Grand Rapid, Michigan: Brazos Press, 2006), 38.

20 Hogan, Maryann. Pearson *Review & Rationales*: *Pharmacology* 3 Edition. (New York: Pearson Education Press, 2013), 364-368.

21 PDR Concise Drug Guide for Advance Practice Clinicians, 2 Editions. (New Jersey: Thomson Reuters Press, 2013), A 219-A 220

22 Abderhalen, C., et. al. (2008). Structured risk assessment and violence in acute psychiatric wards: randomized controlled trial. *The British Journal of Psychiatry.* 193, 44-50. doi:10.1192/bjp.bp.107.045534

Winnipeg Canada using the BVC [23]showed that the use of seclusion decreased. The tool has since been implemented as a routine part of patient care on two units in a 92-bed psychiatric center (Clarke, Brown, & Griffith, 2010).

Behavioral data collected using the BVC from 109 admissions to four psychiatric in-patient units in central and southern Norway during a two-month period concluded that BVC is a useful instrument in predicting violence within the next 24-hour period and that the psychometric properties of the instrument are satisfactory (Almvik, Woods, & Rasmussen, 2000).[24]

A prospective intervention study using the BVC was conducted on a rural and urban 12 bed-acute mental health inpatient settings in Switzerland showed that the incidence rate of coercive measures (R/S) dropped considerably compared to that of the baseline period (Duxbury, J. Hanhs, et. al., 2004).[25]

This study has no intention of claiming that BPPG prayer reduces violence. Even though the study utilized the Broset Violence Checklist (BVC), which is well known among mental health workers as a standard for adequately identifying the presence or absence of manic symptoms and conveys the change in the condition of the participants, the intent of this study is to use the BVC as a checklist.

Literature on the Church's Response to Believers with Bipolar 1 Disorder

In the U.S.A, the prevalence rate for Bipolar 1 Disorder is 0.6%, which means that for

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[23] Clarke, D., Brown, A., and Griffith, P. (2010). *The Broset Violence Checklist: clinical utility in a secure psychiatric intensive care setting. Journal of Psychiatric and mental Health Nursing.* 17, 614-620. doi: 10.1111/j.1365-2850.2010.01558.x. Retrieved from http://search.ebscohost.com

[24] Almvik, R., Woods, P., and Rasmussen, K. (2000). *The Broset Violence Checklist sensitivity, specificity, and interrater reliability. Journal of Interpersonal Violence.* 15(12), 1284-1296. Retrieved fromhttp://search.ebscohost.com

[25] Duxbury, J., Hanhs, S., Needham, I., and Pulsford, D. (2008). *The management of aggression and violence attitude scale (MVAS)): a cross-national comparative study. Journal of Advanced Nursing.* 62(5), 596-606. doi: 10.1111/j.1365-2648.04629.x

every 167 people, 1 will be diagnosed with Bipolar 1 Disorder this year. Correspondingly, this year, 1.5% of individuals will experience Bipolar Related Disorders. This means 1 in every 67 people is going to be diagnosed with some Bipolar Related Disorder this year. Yet, churches have not always responded well to believers who come to church services and become mentally ill or get sick at home. There are those who think that some churches that are doing their best to accommodate the mentally ill believers, while others rarely address mental illnesses in their services. There are a number of journals and books that describe the treatment some churches give believers who have mental illness. The following sources are an example:

Jennifer Farrell, M.D. and other writers in an article written in the *Journal Psychiatric Services,*[26] in April 2008, state that a high number of Americans with mental illness first seek the advice of the clergy before going to the hospital. A number of sources are helpful for understanding the Christian Church's response to congregants with Bipolar Related Disorders. The picture of the general church preparedness is not always a positive one.

Amy Simpson, a senior editor of the Leadership Journal, wrote an article entitled, *"MENTAL ILLNESS STATISTICS AND THE CHURCH.*[27] This article showed how some church leaders and laity view people with mental illness in the church (p. 33). The statistics show that the church has not honestly addressed the matter of mental illness. Read the author's article for further information. Again, Amy Simpson and Linda Lake's 2013 book "*Troubled Mind*,"[28] present a persuasive argument that the church in America is unwilling and ill equipped to address mental

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[26] Farrell, Jennifer, M.D.; Deborah A. Doebert, Dr. P.H. *Collaboration Between Psychiatrists and Clergy in Recognizing and Treating of Serious Mental Illness.* (Arlington, VA: Psychiatric Services: http//ps.psychiatriconline.org-20088;59:437-440. Doi: 10. 1176/appi. Ps.59.4.4.437

[27] Simpson, Amy. *Leadership Journal: Summer 2014. "MENTAL ILLNESS STATISTICS AND THE CHURCH. (*leadershipjournal.net), 33

[28] Simpson, Amy. Linda Lake. *Troubled Mind*: Mental Illness and the Church Mission. (Grover, IL: Inter Varsity Press, 2013), 1

illness among its congregants. She argues that there are so many leaders and laity in church who are confused about mental illness and are uncomfortable with people who suffer from this disease. She suggested that the discomfort might be caused by ignorance or wrong theology. See her book, *Troubled Minds* for further reading.

Other works describe how high profile Christians or churches were caught off guard in addressing mental illness. Frank Page, a former president of the Southern Baptist Church Convention released a book on his daughter who took her life in 2009. The book *Melissa,* [29] spoke about his loss of his daughter by suicide and how as a devoted Christian, he could not understand why. Jaweed Kaleem in the Huffington Post on 3/28/14[30] wrote about a series of disastrous events, namely several suicides, in the year 2013 that have brought noticeable attention to mental illness problems in the church community.

Again, Amy Simpson in her article in the *Leadership Journal* entitled *Growing Grace For Mental Illness: One Pastor Namely Several Suicides* [31], told a story about Pastor Brad Hoefs family history of Bipolar Related Disorders. When the church discovered that he had a Bipolar Related Disorder, he was fired. The reader is directed to read more on how poorly the church handled this situation.

Michael McKinney, in his article, *"Michael McKinney, Hiding Behind the Pulpit with Bipolar 1 Disorder,*[32] reasons that there are many mentally ill Christians who are in various

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[29] Page, Frank. *Melissa: A Father's Lessons from a Daughter's Suicide.* (New York: B& H Books, Press, 2012),1

[30] Kaleem, Jaweed. *Huffington Post Senior Religious Reporter. (3/28/14) Jaweed Kaleed @HuffPostRelig@jaweedkaleed*

[31] Simpson, Amy. "*Growing Grace For Mental Illness," Leadership Journal.* (Leadershipjournal: summer: 2014, 31-34.

[32] McKinney, Michael. *"Hiding Behind the Pulpit With Bipolar Disorder."* PsychCentral Magazine. (Article August 11, 2009)

positions in the church, some of them have already testified that the worst mistake they had made in the past was to admit to the church that they had a mental illness. They contended that since coming to disclose their mental illnesses, some church members have treated them analytically, questioning and second-guessing their every decision in the church.

Faith Based Approaches to Helping Believers with Bipolar 1 Disorder

In contrast to literature documenting the church's willingness or inability to help their members with Bipolar 1 Disorder, there are works that give a more positive picture. H. Weening (2002) describes how George Fox (1624-1690), the founder of the Quakers or the Society of Friends, wrestled with inner conflict and depression, during which time he got healing and an individual persuasion that "there is one, even Christ Jesus who speak to thy condition."[33] What came out of his experience was that God was bringing health and wholeness to believers through Jesus Christ. He started a movement that other believers would following in bringing hope and understanding to those who were suffering mental illness including Bipolar 1 Disorder.

Zoe White who offers in her book, *Meeting the Spirit,* [34] an outline for how the pastoral counselor might help someone with Bipolar Related Disorders. She asserted that the process of healing takes place in the therapist-client relationship in the existence of the light of Christ and the participant entering into experiences of silence in which they can recognize the direction of Christ. She further contends that for healing to be effective inside the room, it must take place in the community.

Dr. David Welton's book, *The Treatment of Bipolar Disorder in Pastoral Counseling:*

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[33] Weening, H. *Meeting the Spirit.* (London: Quaker Home Service, 2002), 1

[34] White, Z. *A Quaker Theology of Pastoral Care: The Art of the Everyday. (*Wallingford, PA: Pendle Hill, 1998), 9

Community and Silence[35] is an important work to note. Bipolar 1 Disorder is an abrasive mental illness that establishes wide chasms between a person and his true self, and a person and the community. Welton therefore argues that the principles of Quakerism in discussion of care for the Bipolar 1 Disorder patients were fundamental. The exercises of silence and community propose to the individual with Bipolar 1 Disorder the best opportunity to find peace. He contends that the pastoral counselor offers Bipolar 1 Disorder clients' new forms of relationship with God, self and others. Transformation and healing will occur under such circumstances.

Kathleen McManus' (1999) *Suffering in the Theology of Edward Schillebeeckx. Theological Studies, 60: 3, 476,*[36] contends that if the congregants with Bipolar 1 Disorder feel God's companionship, then the sense of separation they experience will diminish. The present researcher agrees that people who suffer from Bipolar 1 Disorder can do well if they can sense God's companionship, which the prayer ministry under evaluation attempts to offer to its participants.

Summary

While there are many controversial and ongoing dialogues about the church and members of the church with mental disorders including Bipolar Related Disorders, we cannot deny that the debate on this topic should be a part of every church's agenda. At its best, the church offers meaning for living beyond the daily drudgery of life.

There is good evidence that those who believe in a loving God have happier lives and

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[35] Welton, David, D.Min. *The Treatment of Bipolar Disorder in the Pastoral Counseling*. (New York: The Haworth Press, 2006), 58

[36] McManus, Kathleen. *Suffering in the theology of Edward Schillebeeckx*. Theological Studies, 60:3, 476 – 491. She give full bibliographic info on her Edward Schillebeexx dissertation, pp 476-491 and pp. 100-103

those who go to church live longer and are in greater health. [37]Many studies have shown that religious activities such as prayer, worshipping and being in the faith community positively impact mental health. Harold Koenig in his book, *Handbook and Religious Mental Health,* examined nearly five hundred studies during the twentieth century that described substantial statistical links between religion and better mental health. [38]Many studies since 2000 have further confirmed these findings. However, in spite of these facts, the impression of some people is that congregants with Bipolar 1 Disorders seem to be still stigmatized and ostracized in church community.

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[37] Koenig, Harold G. *Integrating Religion into treatment, Faith & Mental Health.* (Philadelphia: Templeton Foundation Press, 2005), 133.

[38] Koenig, Harold G. *Handbook of Religion and Mental Health. (San Diego: Academic Press, 1998), 133, 514-554.*

CHAPTER *3*

Methodology

Introduction

This study was done to observe the effectiveness of the Hope For Generation Church Buddy Partner Prayer Group prayers on the participants in church service and at home while they were in their manic symptoms. Before and after prayer the BPPG used the BVC to determine the presence or absence of the manic symptoms of each participant.

Faith and religious fervor are valuable coping strategies in Bipolar 1 Disorder, but hardly any studies have been done on individuals with Bipolar 1 Disorder and more studies need to be done on Christian believers with this particular diagnosis. This study assesses the association between Buddy Partner Prayers and the clinical status of individuals associated with Hope for Generations Church who have displayed the manic symptoms of Bipolar 1 Disorder. This observational study examines how the believers' manic behavior changes after they have been prayed for. All the participants lost control either at home or in church and became physically threatening to themselves and/or others, but most of their manic symptoms subsided after the Buddy Partner Prayer Group offered prayers on their behalf. The Case Study Method[39] was used during a six months period between October 2013, and March 2014, where all the participants were observed and their behavior documented.

This study includes the help and backing of interested participants in studying the needed evidence, verifying the prospects for a given role, and interpreting and adjusting to the

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[39] Roberts, Carol L. *The Dissertation Journey: A Practice and Comprehensive Guide to Planning, Writing, and Defending Your Dissertation.* (Thousand Oaks, CA: Corwin Press, 2004), P.133-137

functioning patterns of the illness.

The Participants (The Congregants with Bipolar 1 Disorder)

A total of four men and four women ranging in age between 28 to 50 years old participated in the Buddy Partner Prayer Group experiment. One participant had a flare up of manic symptoms at home and even though the symptoms subsided he was taken to the hospital by EMS. All eight of the Participants had been diagnosed with Bipolar 1 Disorder, had been treated at the hospital in the Bronx and had been hospitalized at regular intervals over five to fifteen years. Six participants (three females and three males) are members of the church; the other two (one male, P6 and a female, P1) are non-members but are regular visitors. Participants are people who have decompensating symptoms and became agitated at home or during church services. The typical episodes for the seven participants at church are of such severity that if they remained in the worship service without any intervention, the other congregants would not be able to hear or focus on the service and the participants would end up harming themselves or others. On these previous occasions, the participants were singled out from the congregation. Their motivation to participate was the chance to find out if prayer would work for them at home and the church during the flare up of their manic symptoms.

Rational for Selection of Criteria

The sample of this study consists of eight men and women, Christian believers and visitors whose ages vary from 28 years to 50 years old. These participants live in the Bronx and were selected due to a number of past de-compensating occurrences in previous church services. The number selected reflects the number of people who became ill in the church services and at home, from which they contacted the BPPG in the given six months study period between October 2013 and March 2014. All participants have been clinically diagnosed with Bipolar 1

Disorder and demonstrated the onset of manic symptoms in church and at home before the Buddy Partner Prayer Group prayed for them.

The Broset Violence Checklist was used to indicate the presence or absence of the manic symptoms in the participants before and after the BPPG prayed. The instrument is a six-item checklist that identified the presence or absence of the participants' symptoms before and after BPPG prayer. The chart will show the manic symptoms on each participant behavior before and after prayer.

This study has no intention of claiming that BPPG prayer reduces violence, even though the study makes use of Broset Violence Checklist (BVC). The intent in using the BVC was that the checklist is well known among mental health workers and that it serves adequately to describe the presence or absence of manic symptoms and conveys the change in the condition of the participants.

Recruitment and Briefing:

The members of the Buddy Partner Prayer Group met most of the participants of the study prior to requesting their participation in the study due to their history of incidences in the church. Participants (P2), (P3), (P4), (P5), (P7), (P8) already had an existing relationship with the BPPG. The group sought and obtained permission for prayers from the individuals during the incidents before prayers were offered. The Buddy Partner Prayer Group system allows members of the group to build a relationship with the participants in a short time so as to allow them to feel safe when they are agitated. Participants usually trust people they know during their time of crises. Each participant was invited to meet with the Buddy Partners Prayer Group and was told how they would be prayed for. The participants were briefed about the procedure. The interaction with each person lasted an average of 15 minutes. The participants who agreed to

partake in the study were told that they would be given a consent form to read and sign.

The entire consent form was read and participants were allowed to ask clarifying questions and to sign if they agreed to be a part of the study. The following information was discussed with potential participants:

The Informed Consent Procedure

Risks and benefit of being in the study:

The risks associated in the study will be minimal. The Buddy Partner will not touch the participant until he/she requests this action, or it is absolutely necessary. The benefits to participants are that they may remain in church and continue to worship in the community of the believers or if they choose to go to the hospital they may do so. They may also receive comfort from being prayed for by the team of believers.

Confidentiality of the Study: Participants were told that no information pertaining to the study would be given to anyone without their permission. The result will be kept confidential and in any written report or publication only group data would be submitted. Participants were told that if for any reason they wanted to release their information, they must give us the names of agencies to which the information would be furnished. The research results will be kept in a locked file cabinet in my office. After the study is completed and we are finished analyzing the data, we will destroy all original reports and any information that can be linked back to the participant.

Consent and Questions: Contact and questions for dissertation director and myself will be provided if participants have any further questions or want to talk to Dr. Frank Chan-Dissertation Coordinator.

Statement of Consent: Participants were informed that they had made a decision to participate

and their signatures indicated that they had read the information and had their questions answered. The participants were reminded that even after signing the form that they still could withdraw from the study if they change their minds.

The Intervention

The Buddy Partner Prayer Group

The Buddy Partner group of three men and two women came alongside and prayed for people who were experiencing flare up of manic symptoms at home and during church services when they became agitated and lost control in the service. The Buddy Partner Prayer Group checked and documented the participant's flare up of manic symptoms on the BVC before and after prayers.

Name	Sex	Age	Role (Church)	Occupation	Degree (Education)
BPPG #1	Male	57	Senior Pastor	Registered Nurse	MA Nursing (Psychiatry) M.Div.
BPPG #2	Female	50	Secretary	Registered Nurse	MA Nursing (Administration)
BPPG #3	Male	43	Teacher	Teaching	MA Education
BPPG #4	Female	44	Treasurer	Licensed Practical Nurse (LPN)	Associate Degree (Nursing)
BPPG #5	Male	39	Assistant	Licensed Practical Nurse (LPN)	Associate Degree (Nursing)

The Procedure for Intervention

The consent procedure outlined in the informed consent formatting (Appendix B) summarizes the basics of the intervention, is stated here:

- When participants enters a de-compensating phase, (i.e. lose control and feel like hurting himself or others, or feel like shouting or disrupting the service, etc.), members of the Buddy Partners Prayer Group will come alongside the participants to pray for them and to help them re-gain control. No more than five BPPG members will pray with the

participants during an incident. One member of the prayer group will talk to the participant and pray during his/her manic symptoms flare up.

- The Buddy Partners Prayer Group will observe and document the participant during his/her manic flare up of manic symptoms on the BVC before and after prayer.
- If the participants continue to exhibit manic symptoms after prayer, the Buddy Partner Partner Group will ask participants to move to a separate room to ensure their safety and the safety of others. During this time, two or three members of Buddy Partner Prayer Group will remain with the participants.
- No Buddy Partner Prayer Group member will touch participants without their permission.
- Lastly, in cases of clinical emergency, the Buddy Partner Prayer Group will call 911 and ask for an immediate dispatch. This is to ensure that participants and decompensating persons are safe.

Background Information: In addition to the consent form, prior to the Buddy Partner Prayer Group praying for decompensating believers at home or in the congregation, participants filled out a Baseline Data form (Appendix C) that asked for background information that included identifying their kind of transportation, how they got to church, whether or not they hurt anyone or themselves in the past during their period of agitation, what intervention was most effective when they were agitated, whether they were treated in the church with respect, and how did they feel about the treatment.

The Buddy's Instruction

Prayer Buddies were charged with the following duties:

- To pray for person who is out of control at home or in church so that they may become calm.

- To ensure that participants and decompensating persons are safe.
- To remove physical risks to all other persons by maintaining a safe environment.
- To provide immediate reduction in aggression, intimidation and acting out behavior.
- To provide clear guidelines and ensure that every Buddy member carries out the most appropriate action in praying for violent persons with Bipolar 1 Disorder at home or in church.

Other Standardized Procedures Regulating Communication Between Buddies and Division of Duties:

It was necessary to provide more detailed instruction regarding communication and the division of duties between members of the Buddy Prayer Group. The following instructions were passed on to the buddies: Upon becoming aware of a situation, which may become potentially violent or disruptive, a Buddy Partner will immediately inform the other Buddy Partner Prayer Group members who are in church service and together approach the agitated individual. The lead Buddy member on the scene will assume the leadership of the buddy team.

He or she will direct the Buddy response to the incident by:

- Assigning a Buddy Partner and ushers to remove people who are in the immediate area to a safer area at home or in the sanctuary. It is easier to move calm people than to move an agitated person
- Assigning a Buddy Partner to remove any objects that can be used as a weapon e.g. (chairs, mikes).
- Assigning one Buddy Partner at church to calmly reassure congregants that the Buddy Partners are doing everything to calm the situation.
- Engaging of the agitated person in verbal de-escalation by One Buddy Partner member.

No Buddy Partner member will touch the disturbed person unless given permission by the participant.

- Making sure disturbed person is safe.
- Offering and praying the standard prayer.
- Assisting in any other activities deemed necessary by the Buddy Partner Prayer Group to maintain the therapeutic milieu.
- Calling 911 if the situation begins to escalate out of control.
- The Buddy Partner Prayer Group members will talk about incident as a group in a meeting after the incident
- Documenting the incident by a designated Buddy Partner Prayer Group member will do soon after crisis is over.

The Standardized Prayer for the Buddy Prayer Group

The Buddy Partner Prayer group will pray a standardized scripted prayer, "*And Deliver Us From The Evil One*," a prayer from the book "*A Simple Way to Pray*"[40] by Martin Luther. The prayer group chooses to use the way of praying so as to keep the prayer uniform.

O dear Lord, God and Father, (p. 46)

O dear Lord, God and Father, this wretched life is so full of misery and calamity, of danger and uncertainty, so full of malice and faithlessness, as St. Paul says, "The days are evil" (Ephesians 5:16). We might rightfully grow very weary of life and long for death. But you, dear Father, know our frailty; therefore help us to pass in safety through so much wickedness and villainy; and, when our last hour comes, in your mercy grant us a blessed departure from this vale of sorrows so that in the face of death we do not become fearful or despondent but in firm faith

[40] Parrish, Archie. *A Simple Way TO PRAY: The Wisdom of Martin Luther on Prayer.* (Marietta, GA.: Serve International, 2009), 46

commit our souls into your hands. Amen.

Or

Psalm 46.

God is our refuge and strength,

A very present help in trouble.

Therefore we will not fear,

Even though the earth being removed,

And though the mountain be carried in the midst

of the sea;

though its waters roar and be troubled,

though the mountains shake with its swelling.

Selah.

The river whose streams shall make glad the

City of God,

The holy place of the tabernacle of the Most High.

God is in the midst of her; she shall not be moved;

God shall help her, just at the break of dawn.

The nations raged, the kingdoms were removed;

He uttered His voice, the earth melted.

The Lord of hosts is with us,

The God of Jacob is our refuge. Selah.

Come behold the works of the Lord,

What desolations He hath made in the earth.

He makes wars cease to the ends of the earth;

He breaks the bow and cuts the spear in two;

He burns the chariot in the fire.

Be still, and know that I am God;

I will be exalted among the nations,

I will be exalted in the earth!

The Lord of hosts is with us,

The God of Jacob is our refuge. Selah.

Instruments

The Participant's Questionnaire (Appendix C)

One member of the Buddy Partner Prayer Group filled out a Participant's questionnaire form consisting of 16 questions for each occurrence. Each participant was encouraged to answer each question to the best of their ability. This incident form was designed to capture as much information about what may have caused the incident, and how best to approach and treat a participant when they are in their manic phase.

The Baseline Data Section (Q1-14) was to establish previous experience as background information on the participant. This section [Q1- 14] was filled out during the recruitment briefing and informed consent. The questions determine how the participants normally get to church (Q1), the way they prefer to be approached (Q7) and their likes and dislikes, that is, what calms them down or makes them more agitated. Other questions concerned previous occasions when the Buddy Partner Prayer Group prayed for the participants (Q2-Q14), whether they can touch the participant (Q4), and during this phase what triggers a negative reaction. The Buddy Partner Group member in the group who wrote the information on the participants was able to

write on the form and was able to relate to the participants.

Occurrence Report (Appendix D)

This questionnaire was used to get answers from participants who experienced manic symptoms while at home or in church services. Section A asks the buddy to give insight into the participant's episodes during the time of the flare up of the manic symptoms. This questionnaire helped the participants to respond without interference to what happened to them before and during the episodes. The "lead Buddy" filled out the questionnaire of each participant. Each participant was given the same identical set of questions that assisted in interpreting the responses.

The Incident Report Form asked questions to obtain an overall measurement of attitude and opinion of the participants. They were permitted anonymity and were reassured that the responses would be kept in confidence. The desired result of the Incident Report Form was realized, as the questions were standardized, varied, and engaging.

Broset Violence Checklist:

The researcher adapted the concept of the Broset Violence Checklist (BVC)[41] by D. Clarke and others. (All incidents related to the BVC indicators were written between sections A to C on the Incident Report Form as the writer described the incident in detail. The Incident Report Form is a modified version from the hospital's State approved form that has been used to accommodate the BVC indicators).

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[41] . Clarke, D., Brown, A., and Griffith, P. (2010). *The Broset Violence Checklist: Clinical utility in a secure psychiatric intensive care setting.* Journal of Psychiatric and mental Health Nursing. 17, 614-620. doi: 10.1111/j.1365-2850.2010.01558.x. Retrieved from http://search.ebscohost.com

The BVC is a six-item checklist[42] that was used to determine whether the participants were still experiencing manic symptoms after being prayed for by BPPG. The BPPG were trained to look for the six BVC symptoms indicators (confusion, irritability, boisterousness, physical threats, verbal threats, attacks with objects) and list them in the occurrence report and write them on the incident report forms before and after BPPG prayers.

Data Collection for the Participant Questionnaire and Incident Report Forms

Data on case studies (P1), (P2), (P3), (P5), (P6), (P7), were collected during the incident, as one member of the Buddy Partner Prayer Group would be designated to write, whether in the church, in the prayer room or at home. Information on Participants (P4) and (P8) was collected during the debriefing sessions after the participants were taken to the hospital. There were times that it was not possible to write, for example, when the participants were violent and other people were in physical danger. At this time, writing was delayed and then completed during the post-incident meeting. The occurrence sheet was documented as the incidences occurred.

A total of eight people had occurrences in church and at home and the data were collected and documented. All data were collected at the time of the incidences or shortly after their occurrences (the researcher's summary of the eight incident reports appears in Appendix A). Information was validated with participants and Buddy Partner Prayer Group. Unlike most other methods, the Case Study Approach will enable a pastoral theological reflection that will help to get answers to questions "why" and "how."

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[42] The BVC is a six-item checklist from which health care professionals can determine the potential for violence for a particular client within 24 hours. The following six indicators monitor the BVC variables: "confusion, irritability, boisterous, physically threatening, verbally threatening, and attacking objects. This study will use the BVC to determine whether the BPPG prayers were effective.

This study has no intention of claiming that BPPG prayer reduces violence, even though the study makes use of Broset Violence Checklist (BVC), and that the intent in using the BVC was that the checklist is well-known among mental health workers and that it serves adequately to describe the presence or absence of manic symptoms and conveys the change in the condition of the participants.

Assumption:

The researcher used the BVC to determine whether BPPG prayer worked. This checklist indicates the presence or absence of the manic symptoms before and after prayer. The Broset Violence Checklist was designed to measure the presence or absence of violence. The checklist has been modified for this study to determine the presence or absence of any of the six manic symptoms that were present in the participants before and after prayer.

Summary

The present researcher created a research design that allowed him to study the effectiveness of the Hope For Generations Buddy Partner Prayer Group Ministry to Christians with Bipolar 1 Disorder who exhibit manic symptoms. The research design called for the creation of a standardized set of intervention procedures for the Buddy Partners Prayer Group and for the creation of forms and questionnaires to document the participants' improvement as a result of the Hope For Generations Buddy Partner Prayer Group Ministry to Christians with Bipolar 1 Disorder.

CHAPTER 4

Results of the Study

Chapter 1 outlined two research questions, which will structure the presentation of findings:

RQ1: Does the participants manic symptoms subside after Buddy Partner Prayer Group prayed for them?

RQ2: *Does Buddy Partner Prayer enable the participants to accomplish a self- appointed task that is whether to stay for the remainder of the service or go to the hospital?*

We now proceed to address each research question with the data collected across eight incidents from November 2013 to April 2014.

RQ1: Does the participants manic symptoms subside after the Buddy Partner Prayer Group prayed for them?

The collected data suggests that there are many manic symptoms that are identified with Bipolar 1 Disorder. Manic symptoms were confused, irritable, boisterous, physically threatening behavior, verbally threatening behavior, and attacking with objects. The chart below summarizes the findings for the eight case studies:

Case Study Results of Participants in Worship

Before BPPG Prayer	P1	P2	P3	P4	P5	P6	P7	P8
Gender	Female	Female	Male	Male	Female	Male	Male	Female
Age	35	32	48	45	50	30	26	38
Years in Church	4	17	40	20	15	10	8	30
During the Incident pre-BPPG prayer								
Using the Broset Violence Checklist (BVC)								
Confused	–	+	–	+	+	–	+	+
Irritable	+	+	+	+	+	+	+	+
Boisterous	+	+	+	+	+	+	+	+
Physically threatening	–	–	+	+	–	+	+	+
Verbally threatening	–	–	+	+	–	+	+	+
Attacking objects	–	–	–	+	–	–	–	–
Total BVC Score	2	3	4	6	3	4	5	5
Examples of behavioral observations	Pressured Speech, disruptive	Pressured Speech, disruptive	Pressured Speech, disruptive	Fasting to speak in tongues	Dancing, nudity	Pressured Speech, disruptive	Easily Distract-ed	Flirtation
After BPPG Prayer								
Using the Broset Violence Checklist (BVC)								
Confused	–	–	–	–	–	–	+	+
Irritable	–	–	–	–	–	–	–	+
Boisterous	–	–	–	–	–	–	–	+
Physically	–	–	–	–	–	–	–	+

threatening								
Verbally threatening	–	–	–	–	–	–	–	+
Attacking objects	–	–	–	–	–	–	–	+
Total BVC Score	0	0	0	0	0	0	1	6
Examples of behavioral observations	Sat quietly in church for duration of service	Sat quietly in church for duration of service	Sat quietly in church for duration of service	Had to be sent to the ER for further evaluation	Sat quietly in church for duration of service	On request of partici-pant, went to hospital for further evaluation	On request of partici-pant, went to hospital for further evaluation	Had to be trans-ferred to hospital

This study has demonstrated that through the Buddy Partner Prayer Group, which is a special prayer ministry developed at Hope For Generation Church, de-compensating symptoms of the Bipolar 1 Disorder believers did improve at home (P4) and others during the worship service (P1, P2, P3, P5, P6, P7). The dissertation study, therefore, has also demonstrated that by extension, that the Buddy Partner Prayers are valuable coping strategies at home and in the church for the Christians with Bipolar Related Disorders.

While decompensating in the manic phase, participants demonstrated behavior such as, talking to themselves low to moderately loudly, sitting still in church during service for no more than two to three minutes. Behaviors also include kicking and punching the wall in church, pacing back and forth in church, looking at worshippers in a menacing manner and verbally threatening some members as well as, attempting to remove clothing while dancing erratically in church, talking rapidly and loudly. There was one participant (P4) at home fasting to speak in tongues, ranting about the hypocrisy of church members, and punching glass. These behaviors all indicated the presence of confusion, irritability, boisterousness, physically threatening behavior, verbally threatening behavior, and attacking with objects prior to the Buddy Partner

prayer. The BVC was used to indicate the presence or absence of participants' manic symptoms after BPPG prayer.

RQ2: *Does Buddy Partner Prayer enable the participants to accomplish a self-appointed task that is whether to stay for the remainder of the service or go to the hospital?*

	Self-appointed tasks	Was self-appointed tasks completed
P(1)	To Sit quietly in church for duration of service	Yes
P(2)	To Sit quietly in church for duration of service	Yes
P(3)	To Sit quietly in church for duration of service	Yes
P(4)	To pray and fast quietly at home.	No
P(5)	To sit quietly in church for duration of service	Yes
P(6)	Participant voluntarily requests to go to hospital	Yes
P(7)	Participant voluntarily requests to go to hospital	Yes
P(8)	To sit quietly in church and worship.	No

The answer to this question is a qualified yes. The Buddy Partner Team approached and prayed for all eight participants. After prayer participant (P3) relinquished to God anger about "his father's killers," and was able to return to worship. In two cases, participants were physically removed from the sanctuary (Participant 5 and Participant 8). Participant (P5) attempted to remove her clothes while dancing "like David danced". She regained control after she was removed from the sanctuary and was able to return to the sanctuary after the prayer group prayed for her. She returned and remained calm in the sanctuary for the remainder of the service after the Praise and Worship session. Participant (P8) who attempted to physically attack the senior pastor was taken to the hospital and was admitted for a week. Participant (P4) was prayed for at home. Prior to prayer, he sustained multiple cuts on his right hand when he punched a glass during his period of agitation.

Participant (P4) focus improved and his violent checklist showed that the violent indicators went absent after he was prayed for by the BPPG, "I am feeling better, you can

remove the restraint (EMS restraint)," he said. He relinquished the notion that "church people are conspiring against him", and cooperated with EMS as he was taken to the hospital. He was admitted in the Psychiatric hospital for two weeks, (see detail of incident report). In two cases, participants (Participant 6 and Participant 7) expressed their intention to leave for the hospital immediately after prayer. Participants (P6) and (P7) were able to relinquish their anger and were able to face the psychiatric hospital with a better attitude. These two participants have a history of coming to church for prayer before going to the hospital. They felt that the prayer helped to reduce admission periods to no more than three days in the Emergency Room. The BPPG prayer helped them to achieved their self-appointed tasks that were to go to the hospital after prayer. They hate being admitted for any extended period beyond three days in the hospital units. Overall, four of the eight participants remained in service (P1, P2, P3, and P5) and the indicators on the BVC were absent after BPPG prayer.

The result of the survey is a success, as four (4) of the eight (8) participants remained in church service and two went to the hospital as they requested. In terms of the six indicators on the BVC, one (P8) did not gain control but agitation remained present; seven (7) of the eight (8) participants violent indicators were absent after BPPG prayer. For cases (4) and (8), the participants were taken to the hospital as one (P8) indicators remain present and (P4) needed medical attention and further psychiatric evaluation. In six (6) of eight (8) participants behavior on the violent checklist prior to prayer by the BPPG were absent after prayer. They were able to verbalize how they felt about the Buddy Partner Prayer Group praying for them and were able to remain in service and go to the hospital. Seven (7) of the eight (8) participants said that they felt better after BPPG prayed. The four participants (P1, P2, P3, and P5) who remained in service admitted that they did not feel the agitation after the prayers of the BPPG but said they felt tired

and sleepy after the prayers. It was not possible to eliminate participants' sleepiness from the study, as the physical exertion of the maniac flare up is a main contributory factor to tiredness. Two (2) of the eight (8) participants (P6) and (P7) voluntarily went to the hospital for further evaluation as they had planned to do before coming to church.

In the Baseline Section of the Participant's Questionnaire (question 2 and 7) all participants explained what they thought usually happened to them during their manic symptoms and how they wanted to be approached. This helped Buddy Partner Prayer Group members to communicate with confidence with participants during their manic symptoms and helped to create an atmosphere of understanding and trust. Most Bipolar 1 Disorder congregants will respond quicker to people with whom they have a relationship than people they do not know. Without a close relationship with participants, it is possible that this study would not have been as successful as it was. The association and connection between the Buddy Partner Prayer Group and the participants are based on long-standing social involvement between the groups that were built on the foundation of trust. Participants (P6) and (P7) have said many times that when they are feeling sick, the Buddy Partner Prayer Group only, and no other congregants, should pray for them. In a number of incidents in the past (before the formation of the Buddy Partner Prayer Group), there were threatening occurrences when the people who usually prayed for them were not at the service. If the participants of the study did not trust any member of the group, they would walk away from the whole group.

The BPPG members were able to communicate effectively with each participant based on the baseline data information. Each participant had his or her own preferences. For example, participants (P6) and (P7) did not like to be touched, and (P1) wanted to be spoken to quietly when they were experiencing manic symptoms. Due to the relationship and inside information

that the BPPG members had with the participants, they were able to assess and communicate with confidence. The result of the study showed that after most of the participants were prayed for, the BVC showed that the symptoms were absent after the prayer group prayed. For (RQ1) some of the participants remained in church for the duration of the service while others went to the hospital for further medical assistance as they had planned before coming to the church service. Unlike the reports from the church, more people seem to be dissatisfied with the psychiatric treatment in the mental institutions even though billions of dollars have been spent on their treatment.

The church's successful approach of counseling and praying for sick and mentally ill individuals helped to bring a stable environment to them, the family, the church and the community. The compassion and care for the participants with manic symptoms in Hope For Generation Church helped to stabilize the mood of the participants and reassured other congregants who were in the service.

Summary

One of the most significant results of the study was that even though almost all the participants except two were admitted to the hospital due to agitation, four participants were able to remain in service with the absence of the symptoms that were present before they were prayed for. Lead Buddy one spoke calmly to participant (P1) and after prayer by BPPG, she asked to be allowed to rejoin the church service. She said that she felt better after the prayer, she was quiet for the remainder of the service. Participant (P2) was confused, irritable, and boisterous. At first when BPPG asked to pray, she attempted to leave the building, but after being persuaded by the prayer group she remained for prayer. Participant (P2) told the BPPG that she felt safe in the church after prayer, "The church and my friends make me feel like I never left. The BVC

showed that (P2) confused, irritable and boisterous behavior was gone after BPPG prayer. (P3) who displayed confusion, irritability, boisterous behavior, physically threatening, and verbally threatening behavior was quiet after prayer.

The BVC showed that these manic symptoms were gone after the BPPG prayed for the participants. Participants (P3) said, "I will leave her to God" referring to his father's wife. He said he felt better after prayer and the symptoms were gone. Participant (P4) received multiple cuts on his right hand after he punched a glass in his house. After being prayed for, he became quiet and requested to be released from the EMS restraint. The BVC showed the manic symptoms were absent after prayer. EMS took him to the hospital for his abrasion on his hands and for psychiatric evaluation. Participant (P5) was confused, irritable, and boisterous during praise and worship session. Participants said she liked dancing when the music is playing, but after the praise and worship session she asked to return to the service. She said that the prayer allowed her to quiet down and she did not feel like dancing anymore. She did not attempt to dance for the remainder of the service. The BVC indicator showed that her manic symptoms were gone. Participants (P4) and (P8) were taken to the hospital by EMS and were admitted. Participants (P6) and (P7) went to the hospital voluntarily. It seem as if the participants used up so much energy bringing themselves under control and therefore sleeping was the only thing they could do as the manic symptoms subsided. Further study will be needed to understand why the church is reluctant to do more research on mentally ill believers who sometimes are disruptive in church services even though it is a well-known problem in church assemblies and at home.

CHAPTER 5

CONCLUSION

Significance of the Findings

The Dissertation is a study of the effectiveness of the Hope For Generations Buddy Partner Prayer Ministry on Christians with Bipolar 1 Disorder who exhibit manic symptoms in church and at home. The BPPG prayed for (8) participants, and their agitation was measured before and after prayer. The BVC showed the absence of manic symptoms for most of the participants after the BPPG prayer. The result of the study shows that the BPPG prayer ministry was effective. The BPPG knew how to assess participants after prayers by use of the BVC, which served as a reference for noting the presence or absence of symptoms. Fifty percent (50%) of the participants remained in church for the duration of the service after experiencing the flare up of their manic symptoms subsided. Two of the participants went to the hospital voluntarily and two of them were taken by EMS.

In this study, the investigation of the effectiveness of prayer and its powerful influence on congregants with Bipolar 1 Disorder exhibiting manic symptoms at home and in church is proven to be true. The study findings show that prayer for Bipolar 1 Disorder believers could help them in a number of ways. Prayer brings everyone closer to God; it gives individuals a one on one with the creator. Prayer helps to bring the mentally ill into the community of believers. It brings divine help when we need God most. Many stories have been told about congregants with Bipolar Related Disorders who have been ostracized in church, among family and in communities. Prayers help to keep our selfishness in check, especially when we remember to include others in our prayers. The mentally ill population of believers is a part of the kingdom of God, and should be allowed to worship in church without trepidation.

The prayer ministry was effective as we observed believers in the Body of Christ being relieved of their manic symptoms. They were able to calm down, manic flare-ups subsided, and some believers are able to remain in church for the duration of the service or go to the hospital,

as they had planned before coming to church. After prayers, some of the participants were able to walk out of the assembly without taking medication.

In spite of no medications being used in these episodes to calm participants down, medications are still important to maintaining a normal baseline. In conjunction with prayer, adhering to a prescribed medication regimen, maintaining follow-up appointments with doctors, and going to the hospital as needed are encouraged.

This study has demonstrated that through the Buddy Partner Prayer Group, which is a special prayer group for the Bipolar 1 Disorder, the de-compensating symptoms of the participants did improve during the church services. The BVC was a checklist used to determine the presence or absence of the manic symptoms in the participants. This dissertation study has also demonstrated that prayers and the Buddy Partner Prayer Group are valuable coping strategies in church services for the Bipolar 1 Disorder congregants. The study shows that participants' symptoms subsided (in seven of eight cases). The study has also shown that prayer, good knowledge of signs and symptoms of the illness, and good relationships with participants all help the Bipolar 1 Disorder participants to remain stable in their church and at home.

Reflecting on Findings:

The result of the study suggests a level of success. Almost all of the participants responded well to the prayers of the Buddy Partners Prayer Group. The success of the prayers could be a result of a number of factors such as, the characteristics of the prayer group, the effectiveness of the prayer, and the relationship between the participants and the Buddy Partner Prayer Group. The knowledge base of the Buddy Partners, that is, the fact that two of the five members were mental health practitioners and four of the five were nurses is perhaps also a factor. The five members were acquainted with most of the participants, thus when it was time

to talk and pray for them, they already knew who BPPG were.

The participants were acquainted with the Buddy Partner Prayer Group, both individually and collectively. Most of the participants were well accustomed to working on several projects in the church with the Buddy Partner Prayer Group, both individually and collectively, and have had fellowship with them on a continuing basis. There is a high level of comfort and trust between the participants and the Buddy Partner Prayer Group before times of crisis so the participants see familiar faces during the difficult periods. Each time participants were being prayed for in the study, their symptoms subsided (RQ1), except one person (P8) who, though she knew the group, escalated during the absence of the group. By the time the group arrived on the scene, the participant was out of control and the decision was already in progress to transfer her to a Hospital Emergency Unit.

RECOMMENDATIONS FOR FUTURE RESEARCH

More studies need to be done with a larger group of participants to explore a number of implications from the study. Some examples of further research questions are: (1) do prayer ministries have greater effectiveness on Bipolar 1 Disorder than medication? (2) To what degree does mental health experience play a role in the success of a Buddy Prayer System? (3) Would another Buddy Group without the mental health experience have achieved the same result? (4) Could another prayer group get the same result without having a relationship with the participants they would pray for? (5) How could the family, community, the church and the psychiatric hospital combine as one treatment group for the Bipolar 1 Disorder Christians?

Reflections on the Local Church's Partnership With Mental Health Services:

The church alone cannot address the problems of the manic persons who come to church. I believe that it will take a combination of the church, the family, the community, and the

psychiatric institutions to treat the mentally ill effectively. *Way Life Research* in the journal *Christianity Today* posted a question on September 13, 2013: With Bible Study and prayer alone, can people with serious mental illness like depression, Bipolar Related Disorders and Schizophrenia overcome mental illness?

One thousand one (1001) Americans were asked the question. Thirty-five percent (35%) agreed with the statement that, "just Bible Study and Prayer alone" and forty-five percent (45%) disagreed. There is strong evidence in studies that show that hospital care is very important, especially when people are out of control and need structure, for example, when severely ill or suicidal. People who are actively de-compensating need constant attention around the clock until the suicidal or psychiatric impulses decrease. The church is not equipped and cannot provide the resources to keep these people safe twenty-four hours per day, but the psychiatric institutions do have the resources to meet these people's needs.

Seeing that the study is about helping people with Bipolar 1 Disorder with decompensating symptoms in church services and at home, and also given the problematic nature of the Psychiatric Hospitals, this paper argues for something more integrated. It argues that if we merge aspects of care offered in the church and the mental health institutions, the condition of the congregants manifesting onset of manic symptoms can greatly improve.

Reflections on the Worth and Dignity of Bipolar 1 Disorder Congregants

Despite the heavy burden congregants with Bipolar 1 Disorder bear on the church, home and community, they are an important group in the kingdom of God. Therefore, churches that ignore believers with mental illness are not only denying a human story, but also denying members of God's kingdom their rights given to them by the Creator. They too deserve the same

treatment and attention given to everyone.[43]

Recommendations to Others Seeking to Start a Buddy Partner Prayer System in Their Churches

Here are some recommendations to churches that are looking to start a Buddy Partner Prayer Group:

- Learn about Bipolar 1 Disorder. Learn everything about the symptoms and treatment options.
- Study to understand the various symptoms and the dysfunctions of the mental disorders. Some members should have extensive knowledge of the disorders. Members of the group should know that the DSM is an accessible and clinically useful book that Psychiatrists and other mental health professionals use to explain how the mentally ill people fit the diagnostic criteria of their illness.
- The prayer group should have members who have experience, preferably in mental health. One of the biggest problems in the church is that most leaders and laity are not educated on the fundamentals of mental illnesses.
- Using a simple tool to assess congregants who are experiencing flare up of manic symptoms level is important. *The Broset Violence Checklist is a simple* searchable inventory instrument that will be used to assess participants for manic symptoms.
- The Broset Violence Checklist (BVC) is a useful psychiatric tool that can help to identify the presence or absence of manic behavior. It assesses confusion, irritability, boisterous

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In an article from Dr. Larry Dossey at the July 17, 1996 worship "Spirituality, Healing, and the Soul," part of the Center's series "The Healing Force of Nature," a study done by Randolph Boyd-Cardiologist at the university of California at San Francisco Medical Center was described. [43]"He took 393 people who had been admitted to the hospital with a heart attack. All the subjects received the same high tech, state-of the-art coronary care, but half were prayed for by name and by prayer groups around the country. No one knew who was being prayed for- - the patients, the nurses, and the doctors. The prayed for group had fewer deaths, faster recovery, less intubation and used fewer potent medications.

behavior, physically threatening behavior, verbally threatening behavior, and attacking with objects as either presence or absence in participants exhibiting flare up of manic symptoms.

- It is also important to know the participants in the study, for example, know how they want to be approached how close should people be when they are experiencing flare up of their manic symptoms.
- The BPPG should build a good relationship with members of the church who have mental illnesses and pray regularly for mentally ill members individually, collectively, and congregationally. Get to know the families and the hospital team, build a relationship with these laity before emergency situations. Make some aspect of mental illness a regular topic in church.
- Nurture friendship with mentally ill people in your church. People who are stricken by mental illness need friends who will not desert them when they are sick. Walk with believers through their treatment. Visit them in the hospital when they are admitted.
- Minister to people with mental illness in the same ways you attend to people who are being treated medically. Encourage and allow members who suffer from mental illness to participate in church services when they are stable. This could help to faster a feeling of belonging and community.
- People with Bipolar Related Disorders are often reluctant to seek help, so remind them of the importance of health care and let them know that others want to help. Be patient with the case of recovery and prepare for challenges. Managing Bipolar 1 Disorder is a life long process.
- The church should learn what to do in crisis, it is important to plan ahead for time of crisis

so you can act quickly and effectively to keep both congregant and laity safe. Keep a list of emergency contact information for doctors, therapists, and loved ones. Include their phone numbers.

- Call 911 in an emergency, if the person with Bipolar 1 Disorder does not calm down after prayer, or if the person has suicidal or homicidal ideation. Seek support dealing with believers. Talk to professionals on how to deal with difficult cases. Set boundaries and limits on what the church is willing and able to do.
- Open honest communication in church about Bipolar 1 Disorder is essential for laity and their families coping with the disease. The church and its leaders sharing their concern in a loving way can learn a lot from the mentally ill and build a relationship that will help in time of crisis.
- If the mentally ill believer needs more help than the church can give, turn to other organizations for assistance. The psychiatric hospital is one good resource. There are also resources in the community that are willing to assist both church and families.

Appendix A: Researcher Summary of the Eight Occurrences Reports

These incidences were documented after each occurrence. The Buddy Partner Prayer Group debriefed each Believer after they became calm to assist with the comprehensive and efficient process of the data collection. The believers were each observed and interviewed before and after each occurrences.

Based on Occurrence Reports Filled Out By Buddy Prayer Partners

Case study # 1
Date: 10/13/2013
Time: 11: am.

Pre-Incident Information. The following report outlines an occurrence at an established

Charismatic church, Bronx, New York. The Buddy Partners were in attendance at the time of the occurrence. A 35-year-old female member of the church entered the sanctuary and began yelling and screaming while church was in session. The pastor was preaching the Word. The church is pastored by a father and son team of Caucasians with a healthy mix of members of different ethnicities including Caucasians, African Americans, Indians, Asians, and Latinos.

This Sunday service began at 10 am with a meet and greets session lasting for thirty minutes. Praise and worship lasted for thirty minutes. On this particular Sunday morning, the praise and worship session had been completed, the regular tithes and offering were collected and the senior pastor had just begun his message. I do not remember the Scripture from which the sermon was taken but the senior pastor had already read the Scripture and given an overview of his message and was well into presenting the Word of God to the congregation. From where I was sitting (the third row from the back of the sanctuary) close to the aisle, I noticed a woman of African American descent enter and sit down two rows in front of me.

The Incident: She was dressed in a cardigan and trousers and appearing to be just another latecomer to the service as she sat quietly for approximately 5 minutes and appeared to be casual as and enthusiastic supporter for what the preacher was saying. Soon, she began to speak out in agreement to what the preacher was presenting, with words like, 'Amen,' 'that right.' Dressed in a cardigan and trousers and appeared to be just another latecomer to the service as she sat quietly and appeared to the casual as enthusiastic support of what the preacher was saying. In addition, as she became more vocal, she became more agitated in her seat and it soon became more obvious that even when the preacher was referring to a Scripture to support his message, she was shouting and gesturing her support. At one point, a senior usher went to her and whispered in her ears to be bit quieter so others could hear the preacher, and for about a minute she complied,

but soon went back to her loud rhetoric and gesturing.

The prayer group who offered to pray for her approached her, but she refused. "There is nothing wrong with me," she shouted. Within a short time of her becoming disruptive, two senior ushers approached her and one reached out and took her hand to escort her from the sanctuary. Upon realizing that she was about to be evicted from the church, she attempted to struggle free, but both ushers firmly escorted her outside and a female in our Buddy group tried to calm her down. As soon as she was escorted out, the pastor paused his message and explained to the congregation that she was known for such disruptive behaviors as a result of some form of mental illness, but God is still in control and could make all wrongs right.

The Buddy Partner Prayer Group made arrangement and prayed with this congregant. After the prayer, the congregant said, "I am feeling better and want to go back into the service." She was allowed to return to the sanctuary and was quiet. Referring to the preacher, she said, "He is a fine preacher, even though I do not remember what he said. Feel a little tired but I will be fine." She is a member of one of the churches and according to the senior pastor, she has been visiting the church on and off for the past four years.

Case Study #2
Hope For Generation Church
10/26/13

Pre-Incident Information. Participant (2) a 32-year-old African American female and member of the church for 17 years said she drove nonstop from Miami, Florida where she was studying to the Bronx, New York without sleeping for over twenty-four hours. On seeing her, those of us who knew her, knew that something was wrong. She had been a member of the church from the age of fifteen years old and had worked in several youth ministries in the church. That afternoon, her clothing and hair were unkempt. She was always well attired and

her hair was well done. She began to talk rapidly and her speech was pressured, and at times she would start laughing as if enjoying a private joke. She spoke about her roommate putting things in her food and that she had not slept for over twenty-four hours. The Buddy Partner asked (P2) to pray with her and then took her to a room to do so.

At the beginning of the prayer, (P2) asked to leave the room but settled down after the Buddy Partners persuaded her that prayer was necessary. She eventually calmed down for the duration of the prayer. She stayed in the room for the remainder of the church service. Participant (P2) was advised to go to the Emergency Room after prayer, but insisted that she was feeling better and would see a psychiatrist the next day. "I am feeling much better after the prayer, I have not slept for days, so I will go home and get some sleep, and I will see my doctor tomorrow. The church and my friends let me feel like I never left". She said that she did not have the desire to leave the sanctuary, which was different from when she first came. She left for her home after church service with a friend and agreed that her friend would accompany her to see the psychiatrist. The next day when the friend went to the house of (P2), she was told that (P2) left the house after she, the friend had left, saying she was going to see a another friend and had not been seen since. Family, church family and friends looked for her without success. A week later, (P2) called home to say that she was at a friend's house and was well. She refused to say where she was. The New York Police Department was contacted, but her family was advised by an officer that she was an adult-twenty-eight years old-and could not be declared missing or forced to disclose where she was, as she had not broken any law. Up to present time, (P2) has not returned to visit her church. Her stepmother said at sixteen years old, (P2) was admitted to the hospital for suspicious behavior and was diagnosed with Bipolar 1 Disorder.

Name: Case Study #3:
11/16/13

Participant (P3) is a 48 year old African American male whom I have known since he was nine years old and has been a member of the church for over 40 years. His father, one of my close friends in the church died in 2013, and (P3) who now lives in New Jersey makes many phone calls to members of Hope for Generation church and others, sometimes for more than a hour talking about the people who were responsible for his father's death. He said his father would be avenged. He was particularly angry with his father's wife.

The Buddy Prayer Partners approached (P3) and requested to pray for him. He told the prayer group that he was then talking to his father who was lying in the casket, but he could stop the conversation long enough to let us pray. He stopped making threats after the prayer and said he would leave his stepmother to God. When the Buddy Partners suggested that he see a psychiatrist as soon as possible, he responded, "It is those who caused my father's demise that needed to see a psychiatrist." We later learned that (P3) was diagnosed with Bipolar 1 Disorder twenty years ago and is under doctor's care in New Jersey. After the Buddy Partner Prayer Group prayed the participant stated, "I am feeling better, before I was feeling murderous towards my father's wife, but I am feeling a bit tired but better now. I am leaving my father's wife to God."

Case #4
12/7/13

Participant (P4) is a 45-year-old African American male member of our one of our churches in the Bronx. He has been a Christian for more than 20 years, married and the father of three children. Three weeks before this incident a sermon was preached and the topic was, "Believers should speak in unknown language as evidence of being filled with the Holy Spirit." Participant (P4), a recognized good standing member of the church, was appointed to be

ordained as a deacon, but was told shortly after the sermon that his ordination was on hold until he was filled with the Holy Spirit. Before this incident, Participant (P4), a city bus driver, decided that he would call in sick from his job and go on a twenty-one days fast to be filled with the Spirit by evidence of speaking in tongues. By his third day of fasting, he began to hear voices telling him he was a sinner and would not receive the Holy Spirit. He prayed even harder, not sleeping for over forty-eight hours.

On the fifth day, his wife called the church complaining about (P4)'s strange behavior. He could be heard on the phone shouting. He accused the church of conspiring against him. He said leaders and many of the church members were sinners and he would take care of it in Jesus' name. One member of the Buddy Prayer Group got to the house before the other members and when he saw (P4)'s condition, he decided to call 911 immediately. He was unkempt, had not shower for several days, was incoherent, and his speech was loud and rapid. (P4) became increasingly agitated and began to pace as he became increasingly physically threatening. His wife was encouraged to send the two children to the neighbor next door who was happy to help. His wife returned and sat with (P4) along with the Buddy Partner member as they waited for the ambulance to respond and the other members of the BPPG. As the ambulance attendants entered the apartment, (P4) suddenly jumped to his feet and punched the window. The glass shattered and he sustained multiple cuts on his right hand, chest and face. His wife and the writer along with the assistance of BPPG 5 (BPPG arrived during the incident) and the two EMS attendants physically restrained (P4) on the stretcher to prevent him from further injuring himself. While on the Stretcher, the Buddy Partner Prayer Group prayed for the participant and he became quiet after prayer. The participant said, "you can untie me, I am feeling better." EMS attendants said it was their policy to keep the restraint on until they got to the hospital. We were on the

eighteenth floor and were concerned that he would move toward the balcony.

Participant (P4) was taken to a Medical Emergency hospital and the next day to the Psychiatric Emergency Unit. He spent two weeks on the psychiatric unit. According to the psychiatrist, the pressure of the church's theology triggered the flare up of his manic symptoms. After a meeting of the leaders at the church, they decided that (P4) should not seek to be filled by speaking in tongues, but that he should wait patiently on the Holy Spirit. They explained to him that some people's case was different and God in His wisdom would fill him without him having to put his effort into trying.

Case #5
12/7/13

Participant (P5) who visited our church periodically, returned for a visit to our church today. She is a 50-year-old black female who is always well dressed and sits quietly in church for the service. She has been a member of one our churches in Brooklyn for over 15 years. However, this day as the music began to play, (P5) began to dance erratically. She danced into the aisle, and began taking off her clothes. She quickly took her skirt off, and began to remove her blouse, when two ushers grabbed and physically removed her from the sanctuary. As she was being removed from the sanctuary she shouted, "I am dancing like David danced; let me go, I want to dance like David danced. What's wrong with you people, don't you believe the Bible?"

Our church knows (P5), she visits us infrequently, and when she shows symptoms of decompensating, she would dance and shout until the ushers calmed her down. She was not aggressive or violent. Participant (P 5) would be quiet right after the music stopped, but would start dancing again as soon as the music restarted. On the day of this incident, (P5) had not taken her medication for two days; she usually travelled with her medication, so we asked her to take them. The Buddy Prayer Partners met and prayed for her in the prayer room. After prayer

participant said, "I want to go back into the sanctuary, I cannot dance anymore today I am exhausted, but I am feeling better." Most times when (P5) visited the church, she is supervised closely during the Praise and Worship sessions, and is sometimes removed from the sanctuary during this time to reduce her stimulation, thus preventing her symptoms from being triggered. She remained quiet for the rest of the service after she was prayed for.

Case # 6
12/28/13

Participant (P6) is a thirty-year-old black male and visitor of the church for more than 10 years who is diagnosed with Bipolar 1 Disorder. He is also a second degree Black Belt Karate instructor who teaches at a popular karate school in the Bronx. He comes to the church to be prayed for whenever he is experiencing manic symptoms and plans to go to the hospital. He is a member of the church, (P6) and is very helpful, cleaning the church, helping to share lunch and do multiple chores when the church has special functions. However, when he is experiencing manic symptoms, he exhibited pressured speech, agitation, and physically and verbally threatening behavior. Regular members of the church also recognize when he is getting sick. He smiles, laughs and socializes with people he knows when he is well.

On 12/28/13, he came to the church, after not having come in the previous two weeks. He was angry, and his mood irritable. He announced that he was going to the hospital and wanted to see, "my prayer people before I go." Some of the laity that did not know him looked concerned, but when the Buddy Partner Prayer Group approached, he calmed down and went to the prayer room with them. "I am feeling better already, but I will go to the hospital so that they can give me some medication, I haven't taken any meds in a couple of days," he said after the prayer. Even though (P6) is a karate expert, he is seldom violent, unless he is approached in a physically threatening manner. Even when he is sick, he usually recognizes the people with

whom he has a good relationship and would ask them to step aside because he did not want to hurt them. There is no record of (P6) hurting anyone in church, but there is history of him hurting others when he is admitted to the hospital. He believes in coming to church for prayer especially when he is feeling sick. He believes that the prayer helps him to get a short stay in the Emergency Room.

Participant (P6) is usually admitted to the Emergency Room for three days and then discharged. His psychiatrist said he does well if he is treated in the Emergency Room and then sent home; he tends to get worse if he is admitted to the psychiatric unit. Participant (P6) believes that he got to leave after three days because he is being prayed for.

Case # 7
1/18/14

Participant (P7) is a twenty-eight year old African American who has been in and out of the hospital since he was ten years old. He has been a member of the church for 15 years. He was diagnosed with Bipolar 1 Disorder at the age of nineteen years old. He attends church sometimes, usually the weekend after he is discharged from the hospital and sometimes a few days before entering the Psychiatric Emergency Room. Most of the time, he is noncompliant with his medication and becomes manic. Participant (P7) seems to enjoy church when he is well; he is a handsome young man and seems to enjoy the young ladies in church when they make much of him.

The members of the church who knew (P7) usually recognize when he is becoming ill. His speech gets rapid and he stutters a lot and has flights of ideas in which he jumps from one thought to another. He easily becomes agitated and physically threatening to the congregation at times. Participant (P7) is aware when he is becoming manic and would come for approximately an hour of church and prayer before going off to the hospital. After he was prayed for, he said he

felt silly becoming agitated and physically threatening to the congregation, and was tired of medication. "I will go to the hospital because they will come for me and then lock me up on one of their units, but I am feeling better after the prayer." Participant (P7) has a history of physically fighting with hospital staff when he is admitted, but has never fought with church members.

At church, the Buddy Partner Prayer Group talked to him and prayed with him. The group would allow him to express himself when he wanted to talk. We inquire about his compliance with his treatment and find out his plans when he leaves church. Mostly, he would tell us that he is going to the hospital and a member of the Buddy Partner Prayer Group would call the Emergency Room to find out if he got there. He never accepts the offer of anyone who wants to accompany him to the hospital, but he goes to the psychiatric emergency room as he promised the BPPG.

Case 8
2/15/14

Participant (P8) is a thirty-eight year old woman who is married with a six-year-old child. She was baptized at the age of 12 and has been a committed member of the church. She was diagnosed with Bipolar 1 Disorder at twenty-one years old. Participant (P8) talks a lot during her manic symptoms, especially on the phone. She is also flirtatious during this time, often targeting a male congregant in her church and demanding that he spoke to her. Sometimes this includes family members such as cousins. Sometimes she would dance seductively in the pew as the music played and at other times stand at the bathroom door for hours talking to herself.

Participant (P8) is a third generation Christian in her family, her grandparents and parents are officers of the church, and she is a baptized member. Many of her family members are Christians and attend her church including siblings, aunts, and cousins. Participant (P8) usually

keeps to herself and has no friends, even though she was born in the church. She remains aloof with both family and members of the church.

At the age of sixteen, (P8) was admitted to a Psychiatric Unit for three months in the Bronx after several suicidal attempts of drinking bleach and alcohol, saying she wanted to die. She would sometimes complain of feeling depressed, hearing voices and wanting to hurt herself, but refused to go to the hospital. She was admitted once on 2/15/14. On this day, she insisted on confronting the senior pastor (a cousin) for something she thought he did and became loud when she was prevented from talking to him in church. She was physically removed from the sanctuary by security and was taken the Psychiatric Emergency Room. Her husband said she had not slept for three days and had not taken her meds.

Before the occurrence on this date of this incident, she had refused to see a psychiatrist because of the fear of being admitted to the Psychiatric hospital. Usually when the Buddy Partner Prayer Group is praying for her, the manic symptoms would subside and she would become calmer and stay home for a number of weeks before returning to church. On this day of this incident the Buddy Partner Group arrived on the scene after the incident had escalated and the decision to take her to the hospital was already in progress, the prayer group could only make a short prayer as she was on her way to the hospital. As she was being escorted out of the building she yelled, “these people are lying to me, who do they think they are ignoring me.” On 2/15/14, she was admitted in the hospital for a week, the first time since she was sixteen years old.

Appendix B: Informed Consent Form

This consent form invited Bipolar 1 Disorder participants to participate in a church study. The form explained that a prayer group (Buddy Partner Prayer Group) would come alongside

them and pray if they were experiencing manic symptoms. This form also explained to them in detail people who were involved in the study and what they could do if they decided not to continue the study. Participants who consented signed the study thus, giving their consent to participate.

INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study investigating – A STUDY ON THE EFFECTIVENESS OF THE HOPE FOR GENERATION BUDDY PARTNER PRAYER MINISTRY TO CHRISTIANS WITH BIPOLAR 1 DISORDER WHO EXHIBIT MANIC SYMPTOMS

This study is being conducted by Cosley Buckley, a Doctor of Ministry student at Alliance Theological Seminary under the supervision of Dr. Frank Chan, Dissertation Coordinator, and a faculty member in the Department of Doctor of Ministry Program. You were selected as a possible participant in this research because we are conducting a study of the effectiveness of Hope For Generations Buddy Partner Prayer Ministry of Christians with Bipolar 1 Disorder whom exhibit manic symptoms. We are trying to investigate whether an intervention we designed will help believers with mental illness calm down after prayer and focus on their goals or self-appointed tasks, whether it be to remain in the church assembly or go to the hospital as planned. Please read this form in its entirety, and ask any clarifying questions before you agree to be a part of this study.

Background Information:
The purpose of this study is to examine the effects of prayer on you in church or at home if you become agitated. For example, we will record whether or not prayer calmed you down; determine whether or not you were motivated or anxious; if you alerted a "worship buddy" to keep an eye out for you. Approximately five people are expected to participate in this research.

Procedures:
If you agree to participate in the study, you will be asked to:

1. Allow prayer to be offered on your behalf during any decompensating episode by "Buddy Partners Prayer Group".

2. If you enter a decompensating time, (i.e. lose control and feel confused, irritable, boisterous, physically threatening, verbally threatening or attacking objects) The Buddy Partners Prayer Group will come alongside you to pray and help you re-gain control. If you exhibit manic symptoms at home the BPPG will come to your house and pray alongside you like in church and help you to re-gain control. No more than five people will pray with you during an incident.

3. Allow the Buddy Partners Prayer Group to observe and document your behavior, (such as participant (P1) showed no confusion, irritability or boisterousness after prayer; "Buddy Partners" prayed for you, and you were able to sit quietly and participate for the remainder of the service or sit quietly at home; or participant (P1) - continued to show confusion, irritability and boisterous behavior after Buddy Partner prayed for you.

4. If you are not able to be quiet after prayer from your Buddy Partners, you agree to move out of the sanctuary or a safe place in your house to a separate room to ensure your safety and the safety of other congregants or family or friends. During this period, your Buddy Partners will remain with you.

5. Lastly, in cases of clinical emergency, you give consent for your Buddy Partners to call 911 and ask for an immediate dispatch.

Risks and Benefits of being in the study:
The study has minimal risks if Buddy Partners follow the guidelines for agitated worshipers. The benefits to participants are that they may be helped to remain in church and continue to worship God in the church or go to the hospital if they choose to do so. Another potential benefit is that they will receive comfort from being prayed for by others.

There is a potential chance for injury especially if you de-compensates (because violence can accompany outburst episodes). Safety measures and programs will be developed that will protect the mentally ill believers and laity and/or family members and friends. For violent or physical incidents, a member of the team will call 911.

General Release of Liability
The **Participants and Buddy Partners** set forth an agreement to permanently resolve all potential legal issues against **the Hope For Generation Church and Alliance Theological Seminary** and includes a provision whereby the aggrieved party release all claims, known and unknown against the offending party. The aggrieved parties (**Participants)** and (**Buddy Partner Prayer Group**) agree not to file or pursue any claims and use its best efforts to dismiss, withdraw, or otherwise terminate any claims relating to the events described

Compensation:
In the event that this research activity results in an injury, we/I will assist you in every way possible including calling 911 dispatches. You or your insurance company should pay any medical care for research-related injuries. If you think you have suffered a research-related injury, please let me/us know right away.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; but your results will be kept confidential. No participant will be identified in any written reports or publications, as only group data will be presented.

We/I will keep the research results in a locked file cabinet in the pastor's office and only I or Sean Baker-Doran, Arlene Baker-Doran, Heather Smith, and Andrew Mathison will have access to the records while we/I work on this project. We/I will finish analyzing the data by ***6/30/2014***. We/I will then destroy all original reports and identifying information that can be linked back to you.

Voluntary nature of the study:
Participation in this research study is voluntary. Your decision whether or not to participate will not affect future relations with ***Hope For Generation Church or Alliance Theological Seminary*** in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:
If you have any questions, please feel free to contact me, Cosley Buckley at 4057 Baychester Avenue, Bronx, NY 10466, phone number (917) 753-4669. You may ask questions now, or at any time during the study. In addition, if you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. Frank Chan, D. Min. Dissertation Coordinator at (845) 770-5700.

You may keep a copy of this consent form for your records.

Statement of Consent:
You are making a decision whether or not to participate. Your signature indicates that you have read this information, and your questions have been answered. Please be informed that even after signing this form, you still have the option to withdraw from the study at any time.

I consent to participate in the study.

_____ _____
Signature of Participant Date

_____ _____
Signature of Parent, Legal Guardian, or Witness Date
(If applicable, otherwise delete this line)

_____ _____
Signature of Researcher Date

Appendix C: Participant Questionnaire

This Questionnaire was designed and answered questions were scored and obtained an overall measured attitude and opinion of the participants. They were permitted anonymity and

were reassured that that the responses would be kept in confidence. The goals of the questionnaire were obtained as data was collected and the questions were standardized, varied and engaging.

Data Analysis
Baseline Data Section for Bipolar 1 Disorder participants in Church survey (Q1-Q6)
ID #

Date and Time of incident

1. What modes of transportations do you use to come to Church?
   a. [ ] Car
   b. [ ] Taxi
   c. [ ] Public transportation
   d. [ ] Walk
   e. [ ] Other

2. What usually happened when you became sick in Church or at home?
   a. [ ] I became violent and hurt myself.
   b. [ ] I became violent and hurt others.
   c. [ ] I tell somebody that I am becoming sick.
   d. [ ] I walk out of the church.
   e. [ ] Not applicable
   f. [ ] Talks a lot
   g. [ ] Other

3. Have you ever hurt anyone when you are in church or at home and become sick?
   a. [ ] Yes
   b. [ ] No

4. If yes, what happened?
   a. [ ] Hurt congregants if they touch me
   b. [ ] Hurt family
   c. [ ] Hurt self
   d. [ ] Went to the hospital
   e. [ ] Not applicable
   f. [ ] Other

5. Have you ever intentionally hurt yourself when you are at home or in church?
   a. [ ] Yes
   b. [ ] No

6. If yes, what did you do?
   a. [ ] Cut myself

b. [ ] Took overdose of medication
c. [ ] Drank harmful substance
d. [ ] Ran into the streets before vehicles
e. [ ] Not applicable
f. [ ] Other

7. What intervention was effective?
   a. [ ] Talking to me.
   b. [ ] Touching me as you talk
   c. [ ] Praying and talking to me
   d. [ ] Call 911
   e. [ ] Other

8. Was there intervention and plan with the team members before the incident?
   a. [ ] Yes
   b. [ ] No
   c. [ ] Other

9. Did you get dignity and respect from the Buddy Group?
   a. [ ] Yes
   b. [ ] No
   c. [ ] Sometimes
   d. [ ] Other

10. During or after the incident did you agree to:
    a. [ ] Go with the core to a quiet room in the church
    b. [ ] Call 911
    c. [ ] Take your own private transportation to the hospital
    d. [ ] Go home
    e. [ ] Go to the hospital
    f. [ ] Other

11. Did you agree to go to the hospital voluntarily?
    a. [ ] Yes
    b. [ ] No

12. If you refused to go, what happened?
    [ ] They called 911
    [ ] They throw me out of the church.
    [ ] They verbally persuaded me to go to the hospital.
    [ ] I walked away
    [ ] Other

13. If you did decide to go to the hospital, did church members or family members accompany you?
    [ ] Yes

[ ] No
[ ] They call the hospital to tell them I was coming
[ ] Not applicable
[ ] Other

13. Did anyone offered to pray with you?
[ ] Yes
[ ] No

14. Did you feel better after the prayer?
[ ] Yes
[ ] No
[ ] Sometimes
[ ] Other

Appendices D: Focus Group Questions

The two survey questions looked at how these Bipolar 1 Disorder congregants responded after prayers had been offered on their behalf. The third question also examined whether their pre-existing relationship had any bearing on the outcome of the results.

Research Questions

The questions researched for the study are:

1. *RQ1: Does the participants manic symptoms subside after Buddy Partner Prayer Group prayed for them?*

2. RQ2: *Does Buddy Partner Prayer enable the participants to accomplish a self-appointed task, that is whether to stay for the remainder of the service or go to the hospital?*

Appendix E: Incident Report Form

Hope for Generation Church

Incident Report Form

1. INSTRUCTIONS:
Complete applicable information for each individual involved in an incident.
Complete any section (s) applicable to an incident and leave non-applicable sections blank.

SECTION A

Name of study program:

Name of congregant(s): Reporter Name:

Signature:

:

Observations:

: : :

SECTION B Incident

Location of Incident:

Date and time of incident: Injury: [ ] Yes [ ] No

Resolution:

Serious Incidents:

Other Incidents:
[ ] Self-abuse with injury
[ ] Fall
[ ] Witnessed physical assault without injury
[ ] Alleged physical assault without injury

Explain:

SECTION C- Other Persons Involved

Number of Injured Persons: [ ]

: :

:

Narrative Summary (attach additional pages, if needed):

SECTION D - NOTIFICATIONS

Check all that is apply
Check all that apply

Check all that apply:
[ ] Pastor
[ ] Parent/Guardian
[ ] Security
[ ] Laity
[ ] NYPD

Date/time of notification

4.

Date: / / Time: 00: 00 [ ] pm [ ] am Date/time of notification
Date: / / Time: 00: 00 [ ] pm [ ] am

INVESTIGATION & FINAL REVIEW

Initial investigative Action:
Findings:

Investigator:
Date: Time:
Recommendations:

e.

Appendix F: Broset Violence Checklist

The Broset Violence Checklist (BVC) is an instrument use to identifying participants in this study showing manic symptoms in church or at home before and after BPPG prayer. It is a six-item checklist-identifying people exhibiting behaviors such as being confused, irritable, boisterous, physically threatening, verbally threatening, and attacking objects as either their presence or absence. The checklist was used just to identify the presence or absence of symptoms before and after prayer only (Almvik, 2000).

This study has no intention of claiming that BPPG prayer reduces violence, even though the study makes use of Broset Violence Checklist (BVC), and that the intent in using the BVC was that the checklist is well-known among mental health workers and that it serves adequately to describe the presence or absence of manic symptoms and conveys the change in the condition of the participants.

Appendix G: Recommendations based on Study

"An outline for a pastor's Seminar on Ministering to Bipolar 1 Disorder Congregants who Experience Manic Symptoms."

The study has shown that prayer, good knowledge of signs and symptoms of the illness, and an established relationships with participants all help Bipolar 1 Disorder participants to remain stable in their church and at home. Here are a number of steps pastors and their congregation can take to assist church members who are diagnosed with Bipolar 1 Disorder:

Prayer and the Buddy Partner Prayer Group (BPPG)

- Select and form a Buddy Partner Group. Pray about the formation and functionality of the group for some time. The prayer group should have members with experience preferable in mental health.

Good knowledge of the illness

- Learn about Bipolar 1 Disorder. Learn everything about the symptoms and treatment options.
- Study to understand the various symptoms, and the dysfunctions of the mental disorders. Some members should have extensive knowledge of the disorders. Members of the group should know the use of the DSM-5, that it is an accessible and clinically useful book that Psychiatrists and other mental health professionals use to explain how the mentally ill people fit the diagnostic criteria of their illness.
- Use a simple tool to assess congregants who are experiencing flare up of manic symptoms. The Broset Violence Checklist (BVC) a six-item violence checklist that can be used to test for the presence or absence of the manic symptoms after the Buddy Partner Group prayed.

Good relationship with believers with mental illness

- The leaders including the BPPG members should communicate effectively with each participant based on the baseline data information and develop a relationship with participants before they become ill in church. Each participant had his or her own preferences especially when they are becoming ill.
- Form a mental health group where people with mental illnesses, laity, family members and members of the community can participate.

Procedural protocol for training new BPPG members:

- Start mental health ministry and support group in your church. Promote mental health and wellness. Talk about mental health regularly in church.
- Start and joint a support Mental Health group in church. Reach and assist people who otherwise would not be reached. Offer education and resources.

- Encourage them to take their medication, not get off meds unless advised by their doctor. Promote simple health services.
- Start a Bible study group for the mentally ill members. Read Scriptures and encourage them to join you. Involve members in ministry.
- During flare ups of manic symptoms use Broset Violence Checklist (BVC) to check for presence or absence of patient's manic symptoms before and after prayer.
- BPPG should come alongside believers exhibiting manic symptoms and pray for them.
- Stay with sick believers until they are quiet and verbalized feeling better.
- Call 911 if mentally ill believers remain agitated.
- Two or more BPPG members must stay with mentally ill believers until EMS arrives; BPPG members should go to hospital with sick believers if no family members are in church.
- Follow up with the mentally ill believers and their families while they are in the hospital. Limit visit of sick person (10 – 15 minutes) at home or in the hospital at a time.
- Offer to drive their children to school.
- Pick up groceries or prepare a meal.
- Limit talking or asking too many questions when visiting sick believers at home or in the hospital. It is ok to sit in silence or let the sick person leads in the conversation.
- Encourage participants to get adequate sleep.

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