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The belief that being high is a natural part of your personality predicts greater manic symptoms four months later in Bipolar Disorder

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What is Bipolar Disorder?

Mental health problem, episodes of Depression and Mania or Hypomania

Depression symptoms:

- ▶ Feelings of sadness
- ▶ Lack of enjoyment
- ▶ Tiredness
- ▶ Thoughts of death or suicidal thoughts
- ▶ Disturbed sleep and appetite
- ▶ Lack of enjoyment/pleasure
- ▶ Poor self-confidence



What is Bipolar Disorder?

Hypomania/Mania symptoms:

- ▶ Elevated or irritable mood
 - ▶ Increased energy and activity
 - ▶ Feelings of wellbeing and great efficiency
 - ▶ Increased sociability, talkativeness, over-familiarity
 - ▶ Increased sexual energy
 - ▶ Decreased need for sleep
-
- ▶ Mania: More severe symptoms, can become delusional, lead to hospitalisation.

The Psychology of Bipolar Disorder: Life Events

- ▶ Life events have a big impact in Bipolar Disorder
- ▶ Negative life events (e.g. bereavements, divorces) can trigger depression.
- ▶ Positive life events (e.g. promotion) can trigger mania.



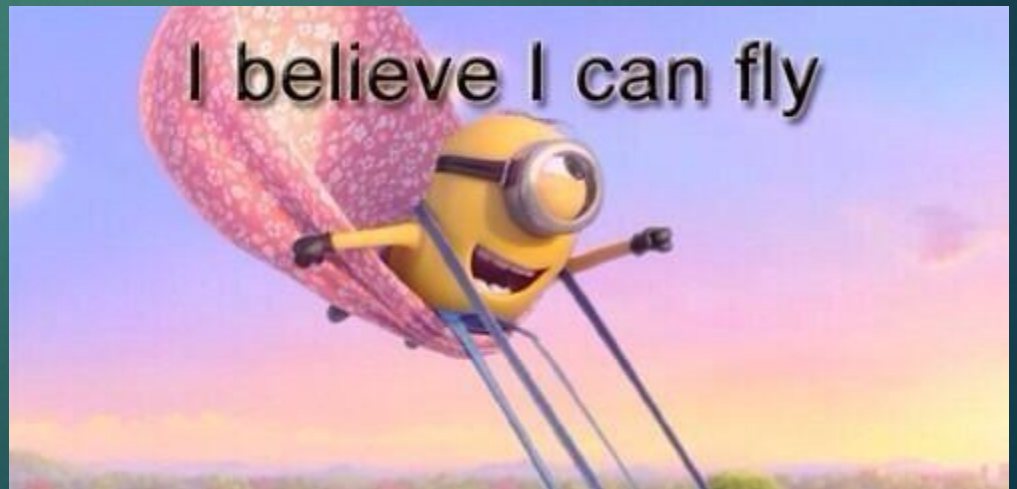
Drive & High Standards

- ▶ Strong beliefs about:
 - ▶ Goal attainment
 - ▶ Need to achieve
- ▶ Perfectionist and self-critical
- ▶ Catastrophise about failure



Big Dreams

- ▶ When manic: Overly optimistic about future, over-generalise from success.
- ▶ More ambitious goals.
- ▶ Greater ambition for fame and fortune (and this predicts greater manic symptoms a few months later).



It's not all bad?!

Folstad & Mansell (2019):

- ▶ Asked those with Bipolar if wanted to keep it.
- ▶ 1/4 didn't want to permanently remove.
- ▶ Under half wanted complete control over moods.
- ▶ More likely want to keep if see as part of identity.
- ▶ Enhanced abilities and fun of mania common reason for not wanting to permanently switch off.



Mansell Model

Mansell et al (2007):

- ▶ Proposes that what turns early warnings signs of a mood change into a full-on episode is **appraisals**: what you think about them.
- ▶ E.g you may think 'This is scary you don't need to stop this getting worse'.
- ▶ You may also think: 'This is fun, everyone will like me again'.
- ▶ These appraisals then effect how you cope with these mood changes e.g. staying in vs. going out, doing more vs. doing less

I am Bipolar vs. I have...

- ▶ Anecdotal, some people report they see Bipolar disorder as being part of them, part of their personality which cannot be changed (I am Bipolar)
- ▶ Others see it as an illness separate to them (I have Bipolar Disorder).
- ▶ **Our research question:**
- ▶ Does this impact changes in mood over time?

Methods

- ▶ Secondary analysis of existing data.
- ▶ 40 people with Bipolar disorder diagnosis under mental health services.
- ▶ Followed-up 4 months apart.
- ▶ Centre for Epidemiological Studies Depression Scale: (e.g. *I lost interest in my usual activities.*)
- ▶ Altman Mania Rating Scale (e.g. *I talk constantly and cannot be interrupted*).

Methods

- ▶ Hypomanic Attitudes and Positive Predictions Inventory: Measures positives appraisals e.g. *“When I feel more active I realise that I am a very important person”*
- ▶ **To what extent do you feel like being ‘high’ is a natural part of your personality?**

0	1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat					A lot		

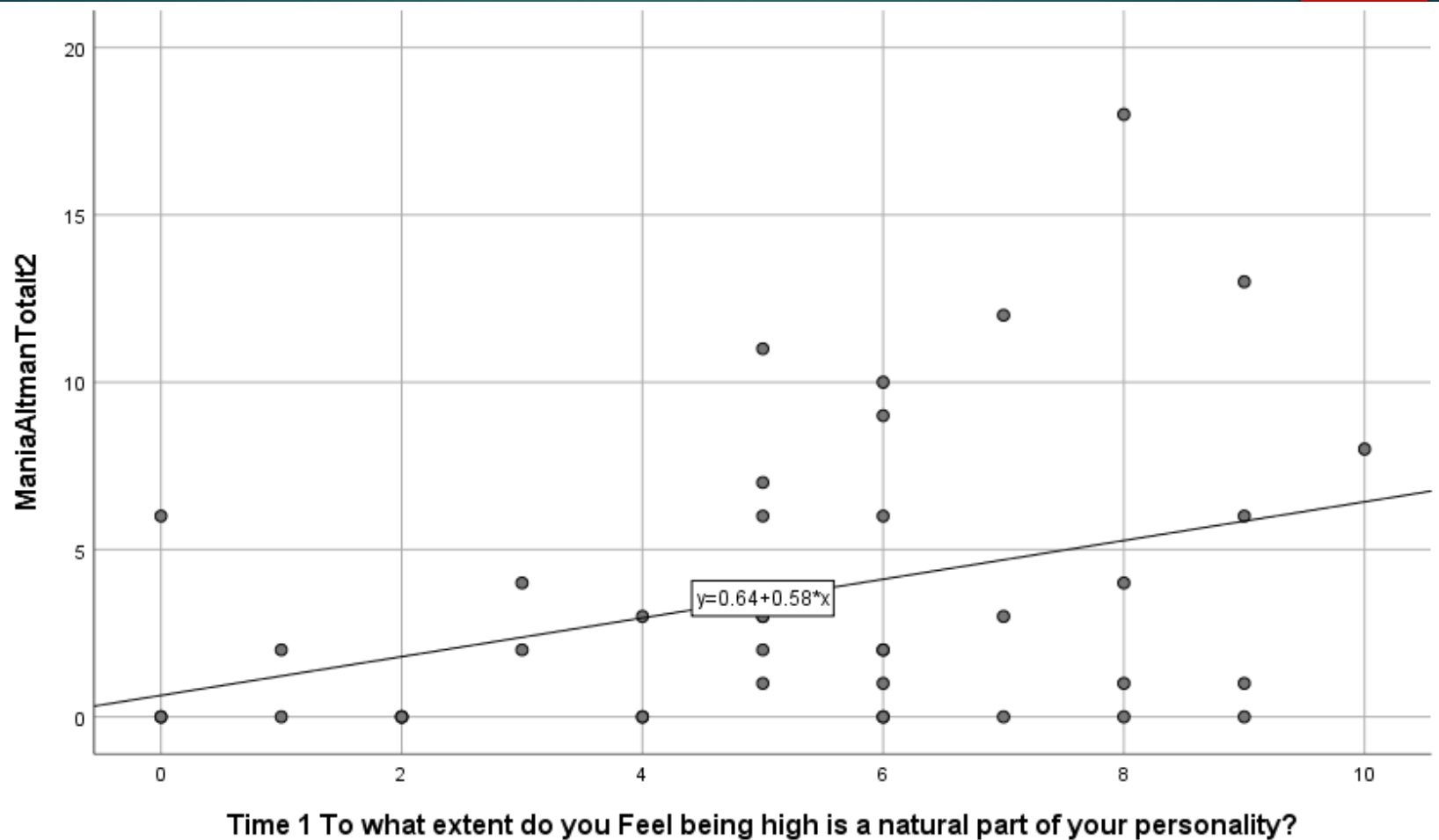
Results

- ▶ Question about natural part of personality significantly correlated with HAPPI items about mania: $r=.26$, $p<.05$.
- ▶ Correlation between this question at baseline and follow-up: $r=.42$, $p<.01$.
- ▶ No correlation with depression symptoms.
- ▶ No correlation with manic symptoms at baseline

BUT:

- ▶ Higher scores on this question correlated with more manic symptoms 4 months later (after taking into account initial manic symptoms): $r=.36$, $p<.05$.

Results



Conclusions

- ▶ Believing being high is a natural part of your personality is a fairly stable concept in service users which may be important to ask about.
- ▶ More likely in those with other strong positive appraisals about mania.
- ▶ Believing this appears to increase manic symptoms over time.
- ▶ Psychological therapy which tries to challenge this belief may be an important part of relapse prevention work in Bipolar Disorder.