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.
- ¼ 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...

- Anecdotally, 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?

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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

Time 1 To what extent do you Feel being high is a natural part of your personality?

ManiaAltmanTotal2
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.