

## Bipolar Disorders: A Balanced Perspective

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Bipolar Disorders can have highly detrimental effects on the lives of people with the diagnosis and those who care about them [1]. However, growing evidence suggests that aspects of bipolar experiences are also greatly valued by some people [2-4].

Bipolar Disorder (BD) is diagnosed in around two in a hundred people, but is also a hidden disorder with an average of eight years passing between onset and diagnosis [5]. Furthermore, epidemiological research shows that up to half all individuals who meet diagnostic criteria never receive a diagnosis [6]. What can say about this undiagnosed but symptomatic population, We can say that we have little to no data, due to sampling biases where researchers recruit from clinical settings. Evidence is therefore biased toward only the half who are formally diagnosed.

The prevalent message about BD is that it is a DSM Axis 1 'severe and enduring' mental illness, characterised by periods of extreme high and low mood that are fairly unpredictable, requiring life-long medication (a first-line treatment in the UK's NICE Guidelines; NICE, 2006) and with the likelihood that disruptive mood episodes will repeat throughout the lifetime. Unfortunately the medication incurs significant negative side effects, and despite taking it, people are told, based on clinical research, that the frequency of episodes is likely to get worse over time rather than better. People learn that approximately only half of people with BD can work consistently, and that to manage the condition, stress, late nights, excitement, ambition, and drugs and alcohol are to be avoided. Finally BD is associated with the highest rates of divorce and suicide of all psychiatric diagnoses [7].

Yet, putting those undiagnosed aside for a moment, even among those who do receive a diagnosis around half achieve a positive outcome [8]. This points to a full three quarters of people living with diagnosable BD who are living without the intervention of mental health services. But the majority of articles about BD begin as this one did, with the highly negative message of a 'severe and enduring mental illness' with little hope of recovery. The prospect that the outcome might be a good one is rarely acknowledged and much less studied.

The characteristics and traits studied within a BD context are overwhelmingly framed on terms of symptoms, deficits and disability. Yet there exists a large grey literature and cultural artefacts which recognises and explores the positive traits associated with BD. Just three peer reviewed papers present this side of the double-edged sword that is BD [2-4]. People with BD commonly report meaningful and valuable aspects to their conditions, and report that this acknowledgement is discouraged by healthcare professionals.

While care must be taken not to minimise the negative side of BD, it is also true that overly focussing on the negatives has detrimental effects on well-being. Many people newly diagnosed feel frightened, hopeless and defeated. They make adjustments to their lives as advised. This is hugely problematic in terms of a person's well-being as this can also mean sacrificing their dreams and aspirations for life, and can result in feelings of failure and low mood. Not only is the current clinical picture misleading, it is unethical and harmful. The well-documented placebo effects works in reverse, the nocebo effect [9]. Advising a person that they will find a task difficult makes it more likely they will struggle.

It is not difficult to envisage how an overly negative and misrepresentative message of how BD defeats hope and aspiration, and becomes self-fulfilling. This is antithesis of the manner in which researchers and clinical services should be and need to be operating. A more balanced perspective, representing the true picture of BD, must be attended to in both research and practice. As the strongest predictor of suicide [10], hope is a key feature on clinical management of any individual seeking support, and more so in a population with high suicide rates.

Research indicates many positive aspects to BD which include greater empathy and intuition, resilience, increased spirituality and creativity [3]. In one study, people diagnosed with BD were invited to discuss the 'positive edge' of the double edged sword. The participants explained that all the conversations they had with professionals were framed in terms of problems and symptoms, and they felt actively discouraged from discussing the aspects they valued. They unanimously reported that once they were asked to think of positives they could see there were many. These included productivity, motivation and drive, creativity, increased interpersonal connectedness, and feeling blessed by their ability to access a large spectrum of human emotion and therefore empathise with others more easily.

Rates of non-adherence to medication are particularly high in BD [11]; it may well be that this is due to the reluctance of some people to lose or medicate some of the valuable aspects they experience. This reluctance can be engaged with rather than merely observed. Creativity and divergent thinking, drive and motivation, sociability and fluency of ideas; these are all among the reported benefits of BD. If the influence of such traits on people's help-seeking behaviours were better understood, such knowledge could be used to inform more effective treatments. It is time the positive elements of mood 'disorders' are studied and utilised so that we might learn to preserve and foster the beneficial aspects to BD and use them effectively as part of the management of mood with our clients.

While it is accurate to say that BD can have a devastating impact on the lives of people with this condition, it is also true that this is not representative of the range of bipolar experiences. Some people report positive aspects linked to their BD, which they highly value. Some people learn to manage their mood changes effectively, and many do not follow the prognosis of chronic illness. Indeed BD is linked to increased productivity, creativity and goal ambition [12]. There are as many people living successfully with mood symptoms as there are in mental health services. But this is not the message offered to the newly

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diagnosed and is rarely considered in research, either. We need to better attend to the success stories so that we may learn more about the valued and useful aspects of bipolar disorder and importantly, present a more balanced perspective to people at diagnosis. This change in message in itself could act as a very powerful intervention, offering hope and self-efficacy rather than defeat and hopelessness.

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