



BIROn - Birkbeck Institutional Research Online

Farr, Joanna and Rhodes, John and Baruch, E. and Smith, Jonathan A. (2023) First episode psychotic mania and its aftermath: the experience of people diagnosed with bipolar disorder. *Psychosis: Psychological, Social and Integrative Approaches* , ISSN 1752-3429.

Downloaded from: <https://eprints.bbk.ac.uk/id/eprint/50639/>

Usage Guidelines:

Please refer to usage guidelines at <https://eprints.bbk.ac.uk/policies.html>
contact lib-eprints@bbk.ac.uk.

or alternatively

First episode psychotic mania and its aftermath: the experience of people diagnosed with bipolar disorder

Short running title: Experience of first episode psychotic mania

Joanna Farr¹, John E. Rhodes¹, Ella Baruch² and Jonathan A. Smith¹

¹ Birkbeck University of London, Malet Street, London, WC1E 7HX, United Kingdom

² Tower Hamlets Early Intervention Service, Three Colts Lane, London E2 6BF, United Kingdom

*Corresponding author information: Joanna Farr, Birkbeck University of London, Malet Street, London, WC1E 7HX, United Kingdom (e-mail: joanna.farr@bbk.ac.uk).

First episode psychotic mania and its aftermath: the experience of people diagnosed with bipolar disorder

Abstract

Background: Optimal intervention for bipolar disorder (BD) is seen as a priority within early intervention psychosis services. This is the first study to explore the experience of first episode psychotic mania and its aftermath for people diagnosed with BD, and the potential implications for treatment. **Method:** Semi-structured interviews were conducted with 11 young adults following first episode psychotic mania and analysed using Interpretative Phenomenological Analysis (IPA). **Results:** Two overarching themes were identified: (i) 'Changing states of self during first episode'; (ii) 'Struggling with loss of self during episode aftermath'. Participants experienced exceptional, persecutory and angry states during psychotic mania that led to identity disruption and low feelings or depression post-episode. Some mourned the loss of their exceptional manic self, and attempted to relapse into mania, while others struggled with the loss of who they had been prior to their episode. **Conclusion:** Results emphasise the importance of understanding identity change during first episode psychotic mania and how that might be used to address identity disruption and low feelings during recovery. This process is likely to be pertinent to early intervention and prevention of manic relapse following first episode BD.

Keywords: bipolar disorder; first episode; early intervention; qualitative; identity

Introduction

Bipolar Disorder (BD) is characterised by recurring episodes of mania or depression that create profound disruptions in mood, energy and behaviour (Vieta et al., 2018). It is one of the leading causes of disability in young people and is associated with functional impairment, decreased quality of life and increased mortality (Cotrena et al., 2016; Vigo et al., 2016). According to diagnostic criteria, BD Type I is characterised by manic symptoms for one week, and BD II by hypomania for four days and one major depressive episode (APA, 2013). Mania with psychotic symptoms is viewed as classic symptoms of mania (e.g., elevated mood, overconfidence) with the addition of psychotic symptoms, including delusions or hallucinations. An estimated 68% of people experience psychotic symptoms during their first episode mania (Yatham et al., 2009) with 48-93% reporting at least one type of delusional belief, the most common of which is grandiose ideation (Burton et al., 2018). In diagnostic models, grandiose delusions are seen as false beliefs about inflated worth, power, knowledge, identity and are held with great conviction (APA, 2013).

Alternatively, a continuum view of psychosis that cuts across diagnostic categories and into the healthy population is increasingly recognised (Linscott & van Os, 2013). Here, psychosis-like symptoms are viewed as unusual experiences that are distressing or problematic for people in services but are encountered by a proportion of healthy individuals without significant difficulty. Recent conceptualisations include a transdiagnostic psychosis spectrum where psychotic-like symptoms in the general population are continuous with psychotic disorders but can also manifest independently (van Os & Reininghaus, 2016). A wider view of psychosis has accompanied a shift towards symptom-focused approaches and an emphasis on individualised experiences.

Early intervention following first episode mania is important to reduce the risk of episode recurrence and improve longer-term outcomes (Gignac et al., 2015). In the UK,

people with first episode psychotic mania are likely to be managed within NHS early intervention psychosis services (EIS), but there is limited knowledge of how first episode psychosis (FEP) is experienced for this group (Jauhar et al., 2019). To date, no research has explored the experience of first episode psychotic mania or grandiose delusions during first episode for people diagnosed with BD, yet EIS staff have emphasised the need for a better understanding to optimise care (Marwaha et al., 2018).

In qualitative research on FEP, the predominant focus has been on the experiences of young people with a diagnosis of schizophrenia or schizoaffective disorder rather than BD (Boydell et al., 2010). These studies suggest FEP coincides with intense emotion that is interrelated with people's psychotic experiences, including feelings of being threatened or disconnected (Attard et al., 2017; Bögle & Boden, 2019). Loss of control, estrangement and depletion of trust are also core features and may be related to difficult life events and history of trauma (Connell et al., 2015; Dunkley et al., 2015). Studies suggest a connection between emotions, life events and psychotic experiences whereby feelings of paranoia and negative events intensify voice-hearing (Milligan et al., 2013). Overall, this work emphasises the impact of distressing psychotic experiences during FEP, but experiences of grandiose delusions are not explored.

The aftermath of FEP is described as a time of confusion, shame and identity disruption where participants experience a loss of the person they were prior to their episode (Ben-David & Kealy, 2020). What is not understood is how the struggle with identity following first episode may interrelate with the meaning of psychotic experiences, such as grandiose delusions. In the BD literature, qualitative accounts suggest that mania instils euphoric superiority, heightened creativity (Taylor et al., 2015) and spiritual connection (Ouwehand et al., 2018), and can be viewed as both gift and curse (Lobban et al., 2012). No work has focused on psychotic mania specifically and an in-depth qualitative approach is

well-positioned to capture this experience and the meaning it holds for people during recovery.

This study will explore the experience and aftermath of first episode psychotic mania for young people diagnosed with BD. A better understanding of first episode for this group has potentially important clinical implications for the development of optimal early intervention.

Method

Ethical considerations

Ethical approval was given by ANONYMISED ethics committee and an NHS research ethics committee.

Participants

The participants were selected purposively to form a relatively homogenous sample.

Inclusion criteria included: i) Current diagnosis of bipolar disorder; ii) Experience of first episode psychotic mania within previous 24 months; iii) Euthymic (stable) mood at time of interview; iv) Aged 18-35; v) Sufficient fluency in English to conduct an interview.

Exclusion criteria included i) Co-morbid psychiatric conditions.

Eleven participants (8 men, 3 women) aged 21-35, diagnosed with bipolar disorder, and who had a first episode of psychotic mania, were recruited (see Table 1). All had been hospitalised (10 involuntarily; 1 voluntarily) for 1-6 months during their episode. Ten of the participants described either a period of depression (Edward, Alex, Jane, Karen, Steve, Eric and Liam) or fluctuating 'low feelings' (Jenna, Joel, Craig) after their episode, while 1 participant (Dave) felt consistently stable. The ethnicities of participants varied, including British African Caribbean, Asian, White British and White Other.

[Insert Table 1 here]**Recruitment and setting**

Participants were recruited from two NHS early intervention services. EIS staff identified potential participants, who met the study criteria, from their clinical notes. If deemed well, they were notified by staff during appointments about the study. If interested, they were invited to contact the researcher. To reduce undue influence, the researcher conducted the information-giving and consent-taking process: information and consent forms were emailed to participants. It was highlighted that the therapeutic care of individuals would not be influenced by their decision to participate or not.

Data collection procedure

A semi-structured interview was developed using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) that aims for an in-depth exploration of participants' experiences. Interviews were arranged either before or after routine appointments and conducted in a private room at the service by the first author. On meeting, consent forms were given and participants reminded that they could withdraw at any point up to three months after the interview without it affecting their treatment. They were told they were free to end the interview at any time or decline to answer questions.

During interviews, participants were asked about their experiences during first episode, including unusual experiences, emotions, feelings around others and key experiences afterwards. Though the researcher was guided by the interview schedule, in line with IPA's inductive approach, participants were encouraged to talk freely about their own concerns. Participants were offered travel expenses afterwards. Interviews lasted between 52 and 88 minutes (mean: 74 minutes) and were audio-recorded. The clinical team were available should participants report difficulties during or after the interview; no ill effects from the interviews were reported. Interviews were transcribed, fully anonymised and pseudonyms replaced participants' names. **Analysis**

IPA's theoretical framework brings a focus on individual experience and interpretation and is therefore well-positioned to explore how people experience first episode and imbue it with meaning. IPA's idiographic and in-depth case-by-case analysis sets it apart from other methodologies, making it uniquely positioned to capture the meaning of psychosis experiences. The first author led the analysis and did not use analysis software. Following the procedure set out in Smith et al. (2009), themes were generated for each case, before proceeding to identification of patterns across cases. The first case was read line-by-line and analysed in depth, searching for points of descriptive, linguistic and conceptual note. These notes were translated into emergent themes. Connections between them were identified to formulate a structure of themes that captured the texture and significance of the participant's account. This produced a list of superordinate themes and sub-themes with reference pointers to supporting evidence in the interview transcript. The same process was completed for each case. Finally, the themes were reviewed, points of convergence and divergence identified, and the master table of themes agreed.

IPA's analysis is formed through a double hermeneutic where the researcher is making sense of the participant's sense-making of a particular experience (Smith et al., 2009). Reflexivity supported an awareness of the researcher's position, how this differed from that of participants and how this could influence formation of analytical interpretations. As a white, middle-aged, female with no lived experience of BD, it was important to reflect on these differences and how they might influence analytic interpretations, so notes were made in a research diary, supported by a systematic and iterative analytic process, during which possible analytic interpretations were repeatedly reflected on by considering the data, the participant's wider account and the researcher's position. This was further supported by a collaborative approach with a second member of the research team (the fourth author) cross-

checking the researcher's interpretations against the data and their focus during theme formation.

Results

Two superordinate themes were identified, each with associated subthemes, summarised in Table 2. The two themes express changes in participants' experiences during and after their episode.

[Insert Table 2]

Theme 1: Changing states of self during psychotic mania

Participants described experiential transformations during psychotic mania that dramatically altered their sense of control over others and the world. A key change, described by ten participants, was the experience of an exceptional self, possessing superior abilities. For some it was not stable, and they also entered periods of intense persecution and helplessness and states of angry retaliation. Mostly, their anger was vented at others and the world, but sometimes it was directed at themselves.

Exceptional states and control

Psychotic mania elicited a transformation into an exceptional self, emanating superior qualities and an ability to take control. For some, like Eric, the belief in their extraordinary abilities manifested as a supernatural change:

‘The sun was a recognition of this kind of divine ordainment [...] This supposed god that was being represented by the sun, for everything that I was being given cos, again it felt like a gift, felt amazing having all these thoughts [...] perceive myself not just an object of desire, but as someone who should be turning himself into an object of desire because that inherently would mean that you have control over other people.’

Eric sees his elevation to god-like status as an ‘ordination’ that sets him apart, triggered by the heat and light of a deity represented by the sun. He embraces the possibility for change through the influx of ‘amazing’ thoughts, which are a ‘gift’. What matters to Eric is that he becomes an ‘object of desire’ by ‘turning himself’ into the ‘object’ of other people’s. As such, we begin to appreciate the degree to which Eric’s experience of psychotic mania reflects his own transformation, driven by his need to control his world.

Exceptionalism was also a key feature of Craig’s experience:

‘It was an epitome... cos it was the highest point of being alive [...] in control felt really like, um, not nothing is real but seeing past the whole, the, like the police and all these sorts of things. I was thinking more like, from a soul perspective, that there's nothing that can harm you.’

Craig’s superior ‘soul perspective’ brings him closer to the essence of the world around him and makes him indestructible. While Eric felt intellectual potency, Craig realises a superior perspective where he can ‘see past’ the ‘real’ appearance of ‘things’. The shift in emphasis from feeling ‘in control’ to ‘there’s nothing can harm you’ suggests a fragility at the heart of Craig’s experience. By becoming an ‘epitome’, Craig crystallises a superior form of perception, but also finds protection from others and the world around him.

Persecutory states and loss of control

The sense of invincibility experienced by participants was not stable. Some underwent a sudden change in their experiential world to being persecuted, either by other people or metaphysical forces, and overwhelmed by fear. Liam described his sense of being hunted:

‘There was like this terrifying face painted on my TV, that was like watching me and I wasn't sleeping at all. I thought I was in a television show, I thought I was in like a video game. I thought the president of something like of America was trying to like kill me, kill my family [...] I

just couldn't escape. So, I don't know, um, a picture, I guess my own personal hell that I was just not in control of at all.'

Liam is in a high state of alert, living a relentless stream of scenarios where he feels that he is persistently under threat. Although the source of threat changes from 'terrifying faces' to presidents, his belief that things are 'out to get me' and the feeling of being 'terrified' remain constant. Within his 'own personal hell', he is trapped by hallucinations and paralysed by fear.

For some, persecution arose in familiar contexts. Dave described similar feelings of fear within his work environment:

'People were coughing at me at work and stuff like that. So, there were like, sorts of audio triggers, like I felt that people were talking [...] everybody's after you, don't know who you can trust. You think that almost everybody's in on it... just so intense, fearing they'll come down on you.'

Dave feels persecuted by people 'coughing at me' or 'talking', incidents that confirm that 'you don't know who you can trust'. Dave's perception of work colleagues represents an overwhelming threat that 'everybody's in on' and that he fears will 'come down on' him and perhaps even destroy him. Like Liam, Dave is trapped by a fear that is manifest in his delusions and yet remains a crippling part of his lived reality.

Angry states of self

Some participants found their exceptional states were interspersed by overwhelming periods of anger. Karen's, 'amazing' experiences of 'artistic creativity' contrasted with explosions of fury:

'My anger, it just felt like 'The Scream' [a painting], you know a furious scream at like everyone... it's like not being understood, it's like I was in a different world from the other people [...] started smashing up plates, like

throwing, throwing them out, out, of the window, err [...] I grabbed her hair and told my mum just to leave [...] It was a feeling of being betrayed, but not sure by whom? ‘

Karen’s words suggest a dramatic outpouring of inner fury that is not directed at one event or person, but at ‘everyone’ who makes her feel misunderstood. When she describes being ‘misunderstood’ and ‘in a different world from the other people’, she is not only referring to her episode, but the wider world where she has a ‘feeling of being betrayed’. However, Karen is at a loss to make sense of feelings that have no clear source: ‘not sure by whom?’.

In contrast, Joel’s anger was directed towards himself. To illustrate this, he drew an analogy:

‘My mind is a big house, very organised, beautiful garden, books on shelves, very organised, and there’s a host inside there that is very happy, very extroverted. But this house has a secret. It’s got a chamber, it’s got a basement, and inside this basement, there’s a very, very dark person - beast, it’s a beast, the beast comes out, and when the beast comes out, it’s unexpected [...]. It closes the windows, closes the doors. It rips all the books apart and it kills the host. [...] The beast is angry it’s sad, it’s depressed, it’s anxious. It doesn’t allow happiness to come out. It rips me apart completely.’

Joel describes the experience of an emotional and psychological world ravaged by a hidden part of himself, which he compares to an angry beast. As his words slip from ‘person’ to ‘beast’, we see the horror of this hidden being who manifests a violent power. He describes the violence and terror of being overwhelmed by his angry state: all ‘windows’ and ‘doors’ close and he is annihilated. Overtaken by fury, he suffers the loss of his former world. And

yet, somehow, he empathises with this violent part of himself which he recognises is angry and sad, but ‘rips’ him ‘apart completely’.

Theme 2: Struggling with loss of self during episode aftermath

After first episode, ten participants expressed a loss of self that left them feeling diminished, hindering their ability to move forward, accompanied by low feelings or depression. The person they felt they had lost varied: some mourned the loss of their exceptional manic self and attempted to reevoke it, others regretted the loss of who they had been prior to their episode.

Loss of exceptional manic self

Eric expressed sadness at being a shadow of his former manic self:

‘I just felt sapped (laughs). I felt like, I literally felt like someone had come in and just cut off a part of my body and taken it and said - 'No, this isn't you anymore!' [...] I was kind of grieving that version of myself that had just disappeared [after first episode] [...] I was angry at myself, you know, I tried bargaining with, or trying to trick my way through, hoping that it [mania] would come back by just drinking some alcohol, um, and I think I just went through those, but mostly it was just anger and a lot of sadness.’

Eric’s declaration that he felt ‘sapped’ suggests exhaustion after the high energy of mania. As he elaborates, we see this deterioration reflects an assault on his sense of self that is so intense it feels like a physical violation. He feels victimised by a vicious other who has severed part of himself and dictated who he cannot be. Eric grieves that exceptional version of himself which is made harder by it inexplicably disappearing. Lacking any identifiable cause, the only person he can blame is

himself. Nonetheless, Eric hopes mania can be re-activated and he tries ‘using alcohol’ in an attempt to resurrect it.

Like Eric, Karen felt that she was no longer the person she wanted to be:

‘I burnt everything I have, as a candle, like, that calm (laughs) and it's - whoof - and it's gone [...] It's like the pure self [...] Like you've suddenly figured out you've got an evil twin, my chaotic twin and highly functioning brain for not doing anything good [manic self], and this is the me, like the, the more calm, the boring other person, because that other one is amazing.’

Karen’s experience of mania brings into focus the ‘boring other person’ she now sees herself to be. Like Eric, she is spent and feels debilitated as she recalls her amazing other self.

Whereas Eric felt violated by the loss of his manic self, Karen’s experience is less clear cut. She admires her ‘amazing’ creative manic self, but also perceives her as an angry ‘evil twin’ that is ‘not doing anything good’. Although her episode has laid bare a ‘boring’ self that she now struggles to accept, she recognises that ‘this is the me’ she must live with.

Loss of former self, prior to first episode

While some mourned the loss of their exceptional self, others wanted to go back to who they were before. These participants were dissatisfied with their current self and felt unable to establish continuity with who they had been prior to their episode. Jenna was distressed by losing her normal self:

‘I couldn't understand what's real and what's not. Where is me? Am I the real me now? The one which is quiet, the one more calm? Or is it me the chatty, bubbly person that I was? [before episode]. [...] All the time saying - ‘I want my self back, I've lost myself and I'm not the same, no, no matter how much I try, it just doesn't come, it just doesn't feel the same’ [...] You

feel so awkwardly horrible about it cos you feel, 'No, no, that's not me. It's not me.' ‘

As Jenna reflects on the period following her episode, she cannot ‘understand what’s real and what’s not’. Her confused questioning, ‘Where is me?’ suggests that, although she knows who she should be, the problem is how to locate herself. Her sense of reality has been undermined, instilling uncertainty. Jenna is faced by two possible selves, the ‘quiet’, ‘calm’ one she is now and the ‘chatty, bubbly person’ prior to her episode. Like Eric and Karen, she has ‘lost’ herself and finds her current state of ‘quiet’ insufferable. However, it is not the exceptionality of mania that she craves, but the sense of continuity of having her ‘old self back’.

Steve’s episode also left him feeling compromised:

‘It was so important to me, like being a master of myself, being a master of the mind [before his episode]. All of a sudden, I've lost my mind [during mania]. To lose my consciousness, because I lost it. [...] I lost my complete self, so that’s what I said it was death, lost my past self completely from that [episode] [...] That's how it feels to be like knocked down, yeah, I was knocked down, yeah, yeah, I was knocked down I was brought back to earth, I was grounded’

Like Jenna, Steve’s mania has created a severe challenge to his self-concept. Whereas Jenna struggles to regain her old self, Steve’s loss of his ‘complete self’ is expressed in more permanent terms: he feels ‘grounded’, without the resource to regrow. At this point, Steve’s transformation from being ‘master of myself’ before his episode, to someone who ‘lost my mind’ creates an acute sense of loss. In losing his conscious self during mania, he feels acutely compromised.

Discussion

The purpose of this study was to examine people's experience of first episode psychotic mania and its aftermath with a view to providing insights into the experience, the meaning it holds and potential clinical implications for treatment. Participants described states that dramatically altered their sense of control over the world, in particular others, and precipitated intense feelings. Most experienced an exceptional state with superior powers, and some became victims of persecution or were overwhelmed by anger.

Although grandiose delusions are experienced by two-thirds of people with BD, they are the most neglected psychotic aspect in research (Knowles et al., 2011). In this study, participants described experiences of an exceptional self during psychotic mania that instilled a positive sense of identity and may have helped maintain grandiose delusions. The participants' conviction in their exceptional self was inseparable from the intensity of their feelings and sense of control over others during their episode. Other work suggests that grandiose beliefs may serve the function of defending against distressing thoughts (Neale, 1988), protecting social self-esteem or rank (Gilbert et al., 2007), or be fuelled by positive emotions (Smith et al., 2005) and a sense of positive identity (Isham et al., 2021). In this study, exceptionalism was seen by some as an escape from a weak sense of self prior to their episode, pointing to its role in protecting from an unwanted or distressing identity.

Some participants struggled with persecutory states that were characterised by experiences of victimisation, a dynamic illustrated in the wider qualitative literature on FEP (Boydell et al., 2010). Evidence indicates an interplay between negative beliefs about self, interpersonal sensitivity and emotions that contribute to the escalation of persecutory beliefs (Freeman & Garety, 2014). This study suggests participants were trapped by delusions, but also controlled by fearful feelings. The range of difficult feelings experienced during FEP encompasses anxiety, shame and confusion (Bögle & Boden, 2019; Hutchins et al., 2016),

but in this study states of anger were seen as particularly destructive and led to feelings of shame post-episode. The perceived contrast between themselves during angry and exceptional states instilled feelings of conflict and confusion that were difficult to manage.

Qualitative reviews of FEP highlight the destabilising impact of identity disruption post-episode with participants reporting a loss of the person they were prior to their episode (Boydell et al., 2010). This has been linked to vulnerability to depression and suicidality (Ben-David & Kealy, 2020). Some participants in this study expressed a similar loss of pre-episode self, but others highlighted a new dynamic, extending understanding of identity loss in FEP. For this group, identity loss was a result of no longer being the exceptional self they believed they had become during mania. The loss was particularly acute, intensifying depressive feelings and motivating risky attempts to relapse into mania. This fits with BD research that suggests that later episodes of mania can instil feelings of despair during episode aftermath (Ouweland et al., 2018). The positivity of mania creates feelings of ambivalence over letting go of the manic self, causing conflict between the need for stability and the desire to experience an extraordinary self.

This study focused on the period following first episode. Given that the meaning of episode experiences shaped participants' sense of loss, this study emphasises the need to focus on individual sense-making in addressing identity loss at this time and in supporting the development of a stronger and more integrated self in the longer term. Recent reviews highlight personal identity and strength during post-traumatic growth after psychosis, whereby positive changes develop from distressing or disruptive experiences (Jordan et al., 2017; Ng et al., 2021). Here, subjective explanatory frameworks support meaning-making, allowing for reconstruction of personal narratives and positive reintegration of psychotic experiences into the self. The meaning of psychotic experiences appears key to identity

reconstruction during recovery, whereby recovered aspects of self and the previous ‘normal’ self are integrated, resulting in a stronger identity (Harris et al., 2022).

Clinical implications

Findings highlight the need to make individualised meaning-making of psychotic experiences and identity change a focus of EI treatment. One aspect of identity disruption appears to be the loss of the ‘normal’ pre-episode self. Narrative interventions that situate meanings within a person’s biography and develop a sense of themselves over time, while also providing opportunity to reflect on negative meanings, re-engage with purpose and formulate future identity are likely to be of benefit (Rhodes & Jakes, 2009). The importance of individual meaning-making for clinical priorities such as relapse prevention is also indicated.

Exceptional states were seen to have self-defining meaning for identity and interpersonal control that motivated manic relapse; this may be pertinent to people diagnosed with BD, for whom grandiose delusions are common. Here, findings point to the potential benefit of interventions that develop self-compassion, acceptance and a stronger sense of self, along with the promotion of autonomy and self-determination (Hayes et al., 1999).

Limitations and future research

Study findings must be considered within the following limitations. The timing of interviews varied (3-24 months after first episode), and latency may have impacted participants’ interpretations. All participants were managed within an EIS which is likely to have influenced post-episode experience. The degree of transferability of findings to people outside services should be treated with caution. The exclusion of those with co-morbid psychiatric conditions may limit relevance of findings to this group. Although no gender differences were identified, further consideration of gender and how it might influence experiences would be valuable. Further studies are needed to examine the relationship between exceptional grandiosity and the likelihood of manic relapse. While this could be

assessed quantitatively, further qualitative work is required to identify the types of delusions and the meaning they hold. Given that identity integration following identity loss is an important part of recovery, longitudinal work is needed to clarify when and how this dynamic may occur.

Conclusions

This study highlights that changes in states during first episode psychotic mania carry significant meanings for a person's sense of self, leading to identity disruption during recovery. This can lead to low feelings, depression or a desire to relapse into mania. Varying forms of identity loss are emphasised by participants including the loss of their exceptional manic self or the person they had been prior to their episode. These accounts offer insight into the intensity of exceptional, persecutory and angry states of self during first episode and the difficulty of managing feelings of loss and depression, as well as the draw of psychotic mania. Findings emphasise the importance of understanding the meaning of states of self during first episode BD in addressing these challenges and rebuilding identity post-episode.

Disclosure of interest

The authors report no conflict of interest.

Acknowledgements

We would like to thank participants for sharing their experiences with the research team. No funding was received for this study.

Data availability statement

The full dataset is not available due to ethical and privacy restrictions.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders : DSM-5*.
- Attard, A., Larkin, M., Boden, Z., & Jackson, C. (2017). Understanding Adaptation to First Episode Psychosis Through the Creation of Images. *Journal of Psychosocial Rehabilitation and Mental Health*, 4(1), 73-88. <https://doi.org/10.1007/s40737-017-0079-8>
- Ben-David, S., & Kealy, D. (2020). Identity in the context of early psychosis: a review of recent research. *Psychosis*, 12(1), 68-78. <https://doi.org/10.1080/17522439.2019.1656283>
- Bögle, S., & Boden, Z. (2019). ‘It was like a lightning bolt hitting my world’: Feeling shattered in a first crisis in psychosis. *Qualitative Research in Psychology*, 1-28. <https://doi.org/10.1080/14780887.2019.1631418>
- Boydell, K. M., Stasiulis, E., Volpe, T., & Gladstone, B. (2010). A descriptive review of qualitative studies in first episode psychosis. *Early Intervention in Psychiatry*, 4(1), 7-24. <https://doi.org/https://doi.org/10.1111/j.1751-7893.2009.00154.x>
- Burton, C. Z., Ryan, K. A., Kamali, M., Marshall, D. F., Harrington, G., McInnis, M. G., & Tso, I. F. (2018). Psychosis in bipolar disorder: Does it represent a more “severe” illness? *Bipolar Disorders*, 20(1), 18-26. <https://doi.org/https://doi.org/10.1111/bdi.12527>
- Connell, M., Schweitzer, R., & King, R. (2015). Recovery from first-episode psychosis and recovering self: A qualitative study. *Psychiatric Rehabilitation Journal*, 38(4), 359-364. <https://doi.org/10.1037/prj0000077>
- Cotrena, C., Branco, L. D., Shansis, F. M., & Fonseca, R. P. (2016). Executive function impairments in depression and bipolar disorder: association with functional

impairment and quality of life. *Journal of Affective Disorders*, 190, 744-753.

<https://doi.org/10.1016/j.jad.2015.11.007>

Dunkley, J. E., Bates, G. W., & Findlay, B. M. (2015). Understanding the trauma of first-episode psychosis. *Early Interv Psychiatry*, 9(3), 211-220.

<https://doi.org/10.1111/eip.12103>

Freeman, D., & Garety, P. (2014). Advances in understanding and treating persecutory delusions: a review. *Social Psychiatry and Psychiatric Epidemiology*, 49(8), 1179-1189. <https://doi.org/10.1007/s00127-014-0928-7>

Gignac, A., McGirr, A., Lam, R. W., & Yatham, L. N. (2015). Course and outcome following a first episode of mania: Four-year prospective data from the Systematic Treatment Optimization Program (STOP-EM). *Journal of Affective Disorders*, 175, 411-417.

<https://doi.org/10.1016/j.jad.2015.01.032>

Gilbert, P., McEwan, K., Hay, J., Irons, C., & Cheung, M. (2007). Social rank and attachment in people with a bipolar disorder [<https://doi.org/10.1002/cpp.508>]. *Clinical Psychology & Psychotherapy*, 14(1), 48-53.

<https://doi.org/https://doi.org/10.1002/cpp.508>

Harris, O., Lawes, A., Andrews, C., & Jacobsen, P. (2022). Kintsugi—Identity change and reconstruction following an episode of psychosis: A systematic review and thematic synthesis [<https://doi.org/10.1111/eip.13216>]. *Early Intervention in Psychiatry*, 16(7), 689-714. <https://doi.org/https://doi.org/10.1111/eip.13216>

Hayes, C. S., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guildford Press.

Hutchins, J., Rhodes, J., & Keville, S. (2016). Emotional earthquakes in the landscape of psychosis: an interpretative phenomenology. *The Cognitive Behaviour Therapist*, 9.

<https://doi.org/10.1017/s1754470x16000167>

- Isham, L., Griffith, L., Boylan, A. M., Hicks, A., Wilson, N., Byrne, R., Sheaves, B., Bentall, R. P., & Freeman, D. (2021). Understanding, treating, and renaming grandiose delusions: A qualitative study. *Psychology and Psychotherapy-Theory Research and Practice*, 94(1), 119-140. <https://doi.org/10.1111/papt.12260>
- Jauhar, S., Ratheesh, A., Davey, C., Yatham, L. N., McGorry, P. D., McGuire, P., Berk, M., & Young, A. H. (2019). The case for improved care and provision of treatment for people with first-episode mania. *The Lancet Psychiatry*, 6(10), 869-876. [https://doi.org/10.1016/S2215-0366\(19\)30082-3](https://doi.org/10.1016/S2215-0366(19)30082-3)
- Jordan, G., Pope, M., Lambrou, A., Malla, A., & Iyer, S. (2017). Post-traumatic growth following a first episode of psychosis: a scoping review [<https://doi.org/10.1111/eip.12349>]. *Early Intervention in Psychiatry*, 11(3), 187-199. <https://doi.org/https://doi.org/10.1111/eip.12349>
- Knowles, R., McCarthy-Jones, S., & Rowse, G. (2011). Grandiose delusions: A review and theoretical integration of cognitive and affective perspectives. *Clinical Psychology Review*, 31(4), 684-696. <https://doi.org/10.1016/j.cpr.2011.02.009>
- Linscott, R. J., & van Os, J. (2013). An updated and conservative systematic review and meta-analysis of epidemiological evidence on psychotic experiences in children and adults: on the pathway from proneness to persistence to dimensional expression across mental disorders. *Psychological Medicine*, 43(6), 1133-1149. <https://doi.org/10.1017/S0033291712001626>
- Lobban, F., Taylor, K., Murray, C., & Jones, S. (2012). Bipolar Disorder is a two-edged sword: A qualitative study to understand the positive edge [Article]. *Journal of Affective Disorders*, 141(2-3), 204-212. <https://doi.org/10.1016/j.jad.2012.03.001>
- Marwaha, S., Beirne, T., Broome, M., Upthegrove, R., Rowland, T., & Thompson, A. (2018). The views of early intervention service staff on the treatment of first episode bipolar

disorder. *International Journal of Psychiatry in Clinical Practice*, 22(3), 225-231.

<https://doi.org/10.1080/13651501.2017.1401640>

Milligan, D., McCarthy-Jones, S., Winthrop, A., & Dudley, R. (2013). Time changes everything? A qualitative investigation of the experience of auditory verbal hallucinations over time. *Psychosis*, 5(2), 107-118.

<https://doi.org/10.1080/17522439.2012.667438>

Neale, J. M. (1988). Defensive functions to manic episodes. In B. M. T. Oltmanns (Ed.), *Delusional Beliefs*. John Wiley & Sons.

Ng, F., Ibrahim, N., Franklin, D., Jordan, G., Lewandowski, F., Fang, F., Roe, D., Rennick-Egglestone, S., Newby, C., Hare-Duke, L., Llewellyn-Beardsley, J., Yeo, C., & Slade, M. (2021). Post-traumatic growth in psychosis: a systematic review and narrative synthesis. *Bmc Psychiatry*, 21(1), 607-607. <https://doi.org/10.1186/s12888-021-03614-3>

Ouwehand, E., Muthert, H., Zock, H., Boeije, H., & Braam, A. (2018). Sweet delight and endless night: A qualitative exploration of ordinary and extraordinary religious and spiritual experiences in bipolar disorder. *International Journal for the Psychology of Religion*, 28(1), 31-54. <https://doi.org/10.1080/10508619.2018.1415085>

Rhodes, J., & Jakes, S. (2009). *Narrative CBT for psychosis*. Routledge.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis : theory, method and research*. SAGE.

Smith, N., Freeman, D., & Kuipers, E. (2005). Grandiose Delusions: An Experimental Investigation of the Delusion as Defense. *The Journal of Nervous and Mental Disease*, 193(7).

- Taylor, K., Fletcher, I., & Lobban, F. (2015). Exploring the links between the phenomenology of creativity and bipolar disorder. *J Affect Disord, 174*, 658-664. <https://doi.org/10.1016/j.jad.2014.10.040>
- van Os, J., & Reininghaus, U. (2016). Psychosis as a transdiagnostic and extended phenotype in the general population. *World Psychiatry, 15*(2), 118-124. <https://doi.org/10.1002/wps.20310>
- Vieta, E., Berk, M., Schulze, T. G., Carvalho, A. F., Suppes, T., Calabrese, J. R., Gao, K., Miskowiak, K. W., & Grande, I. (2018). Bipolar disorders. *Nature Reviews Disease Primers, 4*(1), 18008. <https://doi.org/10.1038/nrdp.2018.8>
- Vigo, D., Thornicroft, G., & Atun, R. (2016). Estimating the true global burden of mental illness. *The Lancet Psychiatry, 3*(2), 171-178. [https://doi.org/10.1016/s2215-0366\(15\)00505-2](https://doi.org/10.1016/s2215-0366(15)00505-2)
- Yatham, L. N., Kauer-Sant'Anna, M., Bond, D. J., Lam, R. W., & Torres, I. (2009). Course and Outcome after the First Manic Episode in Patients with Bipolar Disorder: Prospective 12-Month Data from the Systematic Treatment Optimization Program for Early Mania Project. *The Canadian Journal of Psychiatry, 54*(2), 105-112. <https://doi.org/10.1177/070674370905400208>

Tables

Table 1. Table of participants

No.	Name^a	Gender	Age	Diagnosis
1	Edward	Male	22	BAD F312 ^b
2	Alex	Male	27	BAD F312
3	Jane	Female	25	BAD F312
4	Dave	Male	26	BAD F312
5	Karen	Female	32	BAD F312
6	Steve	Male	30	BAD F312
7	Jenna	Female	24	BAD F312
8	Joel	Male	26	BAD F312
9	Craig	Male	35	BAD F312
10	Eric	Male	21	BAD F312
11	Liam	Male	24	BAD F312

a Pseudonym

b Bipolar Affective Disorder, current manic severe with psychotic features

Table 2. Superordinate Themes and Subthemes

<i>Superordinate themes</i>	<i>Subthemes</i>	<i>Participants Reporting theme</i>
Changing states of self		11/11

during first episode		
	i)	Exceptional states and control 10/11
	ii)	States of persecution and loss of control 5/10
	iii)	Angry states of self 5/10
<hr/>		
Struggling with loss of self during episode aftermath		10/11
	i)	Loss of exceptional manic self 4/11
	ii)	Loss of former self, prior to episode 6/11
<hr/>		