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Recovering from first episode psychotic mania: The experience of people diagnosed with bipolar disorder

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Abstract

Aim: Early intervention for people diagnosed with bipolar disorder is a priority, but little is known about how recovery from first episode psychotic mania is experienced by this group. This study aimed to explore the experience of recovery from first episode psychotic mania for people diagnosed with bipolar disorder.

Methods: Semi-structured interviews were conducted with 11 young adults during recovery from first episode psychotic mania and were analysed using Interpretative Phenomenological Analysis.

Results: Three themes were identified: (i) 'Possession of purpose and staying well', (ii) 'Coping with compromise' and (iii) 'Manic relapse: pressure and proving self'. On becoming well, the participants experienced a sense of purpose through engaging with activities and goals that also drove their efforts to engage in strategies to stay well. However, these strategies created feelings of compromise that not all were prepared to accept. Though having purpose and goals created a positive sense of direction, for a minority of the participants they also created additional pressure, contributing to manic relapse.

Conclusions: The purpose created by engaging with aspirations and career-related activities during early intervention was found to be important for a meaningful recovery from first episode bipolar disorder. This instilled positivity and purpose, motivating efforts to maintain wellness. The feelings of compromise that some participants experienced point to the need for individually tailored interventions. Findings suggest a delicate relationship between the positivity of engaging in goals and the risk of manic relapse during recovery from first episode psychotic mania.

KEYWORDS
bipolar disorder, early intervention, first episode BD, qualitative, recovery

1 | INTRODUCTION

Bipolar disorder (BD) is a chronic affective disorder characterized by episodes of mania, hypomania or depression (Vieta et al., 2018). According to diagnostic criteria, first episode mania is a key determinant of BD, Type I (American Psychiatric Association, 2013; World Health Organization, 2019). The rationale for prioritizing early intervention for people with first episode BD is strong. Within the first year of first episode mania, there is a high risk of episode recurrence, which in turn is associated with a higher rate of episode recurrence in later years (Gignac et al., 2015a, 2015b). Increasing episodes is associated with a stepwise decline in

cognition, functioning and quality of life (IsHak et al., 2012; Vieta et al., 2013).

In the UK, recovery for people following first episode psychotic mania is likely to be managed within early intervention psychosis (EIP) services (Marwaha et al., 2016). Estimates suggest that people with first episode BD make up 5–20% of service caseloads (Henry et al., 2007; Macneil et al., 2011). EIP services aim to reduce the duration of untreated psychosis, prevent relapse and hospitalization (National Institute for Health and Clinical Excellence, 2014). However, EIP interventions, have largely been developed in line with evidence from studies focusing on first-episode schizophrenia and are not specifically tailored for BD (Jauhar et al., 2019). More recently, EIP staff have emphasized the need for better understanding of first episode BD to optimize care (Marwaha et al., 2018).

The predominant focus in the qualitative literature has been on recovery from first episode psychosis (FEP) for young people diagnosed with schizophrenia or schizoaffective disorder. While some studies have focused on service-related and relational factors that facilitate recovery, others have examined how recovery is perceived by young people following FEP. Recovery from FEP is multi-faceted, encompassing the alleviation of symptoms (Eisenstadt et al., 2012), the development of agency and control (Bjornestad et al., 2017; Connell et al., 2015; de Wet et al., 2015), promoting a sense of hope (Bonnett et al., 2018; Romano et al., 2010; Windell et al., 2012), along with establishing autonomy, a positive identity and social relationships (Eisenstadt et al., 2012).

Key meanings underpinning personal recovery from FEP, such as the development of agency, autonomy and a positive identity, partly rely on social integration and are realized through the rediscovery of abilities, work activities and hobbies (Connell et al., 2015; de Wet et al., 2015; Jordan et al., 2017). Re-engaging in previous aspirations and establishing new short-term goals also promotes hope and normalcy (Bonnett et al., 2018; Lam et al., 2010; Romano et al., 2010).

To date, no study has explored the experience of recovering from first episode psychotic mania for people diagnosed with BD. And yet a better understanding of this aspect for this group has important clinical implications for the development of optimal care within EIP services. This study will, therefore, explore how young people experience recovery following first episode psychotic mania.

2 | METHODS

2.1 | Recruitment and setting

Participants were sought from two NHS EIP services within East London Foundation Trust. EIP staff screened for study criteria and invited participants to contact the researcher.

2.2 | Participants

The sampling strategy aimed for a homogenous sample. Inclusion criteria included a current diagnosis of bipolar disorder, a recent first episode of psychotic mania, age-range of 18 to 35, and sufficient fluency in English to conduct an interview. Exclusion criteria included co-morbid psychiatric conditions. 11 participants (eight men, three women) aged between 21 and 35 (mean: 26 years), diagnosed with bipolar disorder, and who recently had a first episode of psychotic mania, were recruited (See Table 1, below).

2.3 | Ethical considerations

Ethical approval was given by NHS ethics and by the Psychology Department Research Ethics Committee.

2.4 | Data collection

Interpretative Phenomenological Analysis (IPA) semi-structured interviews were conducted by the first author within 24 months following first episode and in English. Participants were asked about their experience of recovery from first episode within the EIP service. The researcher was guided by the interview schedule (see Appendix A), but participants were encouraged to talk about their own concerns. Interviews were conducted in a private room at the EIP service, lasted between 52 and 88 min (mean: 74 min) and were audio-recorded. Interviews were then transcribed and anonymised.

2.5 | Analysis

The data was analysed using IPA following the procedure set out in Smith et al. (2009). The analysis is conducted on case-by-case basis, with themes generated for each individual case. The first case was analysed in depth searching for points of descriptive, linguistic and conceptual note. These notes were then translated into emergent

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 episode manic severe with psychotic features.

themes. This produced for the first case a list of superordinate themes with reference pointers to supporting evidence in the transcript. This was completed for each case. Finally, themes were reviewed, and points of convergence and divergence were identified, leading to a master table of themes. The first author conducted the analysis, supported by a senior member of the team who monitored each stage of the process, checking connections between analysis and the data.

3 | RESULTS

3.1 | Possession of purpose and staying well

Participants described their recovery as characterized by a new sense of purpose that provided direction. Possessing aspirations and engaging in related activities helped them to manage their moods and motivated them to prioritize their mental health.

For Steve, newfound purpose helped him combat depression:

> For the first time in my life I feel I have purpose. Before, I used to do things like, - 'I'm gonna be a drummer in a band, okay, I'll do that, check. Or, I'm gonna write songs […] I was just going through the waves. Now it's like, no, I'm gonna be a visual artist, this is my purpose. […] I feel it [depression] coming, like a sort of downness in my thoughts, I can feel it coming like a wave. Whenever I feel it. I know I have to go create […] and actually I feel better.

Steve has hit a point where, 'for the first time', he has purpose. Before his episode he felt rudderless, going through the 'the waves' of his moods, but now feels greater direction. While previously his goals would shift, he now possesses a single ambition to become 'a visual artist', which helps curtail depression. Rather than riding the wave of depression, Steve staves off low mood by engaging in creative activity and working towards wider aspirations that now seem indispensable for his wellbeing.

Liam describes his sense of purpose in more tentative terms:

> Mood's good, things are going pretty well, I'm doing peer mentor work, so I do, do, a little bit of work but I'm spending like an hour a week, so next year my goal is to get a full-time job. So, yeah, things are going pretty well, my mood's good, my anxiety's low, things just seem to be getting better as time goes on.

Like Steve, Liam's sense of direction is bound up with having a purpose. Liam is aware that the reality of his aspirations is contingent on effective management of his anxiety that seem ' to be getting better as time goes on'. In contrast to Steve, whose creative aspirations help him stabilize, Liam sees his progress as incremental and he tentatively recognizes a gradual improvement in both his mood and activities over time.

Edward also felt that realizing his aspirations relied on maintaining his mental health:

> I want to, you know, maintain my health, to, you know, see how far I can go and hopefully I capitalise on it to make the most of my, the time I have left in law school. […] There's like some light at the end of the tunnel […] As long as I take care of it, then I can, like, lead a normal life. A sense that because I stick to my medication and because I'm in contact with the services here I would not have to worry about my mental health.

Edward already has a clear goal, and his priority is to benefit from the time he has 'left in law school'. Unlike the others, Edward's goals remain the same, but his route towards them now looks different. To become a lawyer and to 'lead a normal life', he must maintain his mental health by sticking to 'medication' and staying 'in contact' with services. This realization provides him with 'light at the end of the tunnel'. Like Liam, he sees stable mood as giving life to who he wants to be.

3.2 | Coping with compromise

Although the desire to realize their aspirations motivated participants to maintain their mental health, the strategies they adopted to stay well could also instil feelings of compromise. While some persisted with these strategies, others felt they could not accept it and initiated risky periods of respite.

Take Karen, whose sense of loss arose from a need to monitor thoughts, which she no longer felt she could trust:

> Since it's [my mind] been broken before (laughs), who, who says it couldn't be broken again? […] It's still here with me, you know, it just, it's just gonna, like be like a ticking bomb thing, I've learned not to trust my brain one hundred percent and for me, this is very frightening because I have only one thinking tool and I don't know how else to process things. For me, that's a huge loss.

Having 'been broken before', there is no reason why Karen 'couldn't be broken again'. Although stable, she fears that at any moment her mental health could explode. She compares herself to a 'ticking bomb' counting down to psychotic mania, that she feels could destroy her. She has, therefore, learnt 'not to trust' her thoughts, but finds this 'very frightening' as she has no other way 'to process things'. While she has developed ways to monitor her stability, living in fear of her mind is 'a huge loss'.

Like Karen, Jenna's inability to trust herself instils dissatisfaction:

> You always have to question yourself, you can't just be generally happy because every single time that little

> happiness comes in you think – 'Okay, hold on. Is it happy, happy? Or is it now leading me back to psychosis?'

Although Jenna experiences moments of happiness, she has learnt to question the validity of those feelings. Like Karen, she has learnt strategies to monitor herself but feels that they have inhibited her emotional world. Whereas Karen struggled with her inability to trust her mind, Jenna feels her happiness has been curtailed. Instead of embracing the 'little happiness' that 'comes in', she feels obliged 'every single time' to scrutinize and reduce it. Her compromise is persistent and seemingly never-ending, 'every single time'.

Some participants, like Steve, were unable to accept constant compromise:

> Sometimes I will just stop taking the meds so that… and I'll be like - 'Oh my God. This is what I'm missing. I love thinking, I'm a thinker. […] What the hell? Like these drugs like, Oh my god, they suppress everything. I can't think'. […] Sometimes I'd go off of the meds just so that I could just like, be my old self.

Whereas Karen and Jenna felt diminished by being unable to trust their thoughts and feelings, Steve sees his medication as untenable because it means he 'can't think'. He is not prepared to reconcile himself to this compromise and sometimes will 'stop taking the meds' so he can relive his 'old self'. Once off medication, however, he is hit by the enormity of this depletion. As he exclaims, 'they suppress everything', we sense his shock at an unacceptable compromise, something that makes going 'off of the meds' a risk worth taking.

3.3 | Manic relapse: Pressure and proving self

Participants' goal-striving could also lead to an escalation of pressure driven by a need to prove themselves or manage new challenges. For three participants, this was seen to lead to manic relapse.

Eric, described being driven back into mania by an overwhelming urge to prove his superiority:

> I convinced myself, for some godforsaken reason, that I needed not just to write my exam […] but I needed to leave every single exam an hour earlier! […] The only way that I could ever get back to that old version of myself is by going in and proving to people that I'm the best thing that they have ever fucking seen.

Eric wants to be seen as exceptional by finishing his exams early. It is the only way to demonstrate his superiority, while also preventing humiliating failure. To do this, he needs to return to his former self, and yet the only way to evoke it is by 'proving' he is the best. Eric seems trapped between a rock and a hard place. While he fears failure, his only escape is to become the exceptional version of himself who appears during mania.

Like Eric, Dave felt he was faced by tasks that he could not achieve:

> This job now, I want to learn, but it's that there's so much technical stuff […] I can't compute it […] Having to juggle studying and learning and then trying to like, not have a social life, but try… at least, you wanna try to enjoy your week a little bit relax. So, it just felt too, too, intense […] It just all got on top of me then that's, that thing, that's what led to my second admission.

Dave is motivated to learn his job, but feels the task is beyond him. Notice his use of the words 'can't compute it', suggesting that, in his eyes, his brain is not working as it should. All the while, his stress and frustration begins to mount. He feels overwhelmed by having to balance 'studying', 'learning' and 'a social life' which he finds 'too, intense'. Although he wants the opportunity to 'relax' 'a little bit', the stress he feels in trying to fit it all in, 'just got on top of' him and leads to his 'second admission'.

4 | DISCUSSION

This study provides fresh insight into the way young people recovering from first episode psychotic mania balance goals, staying well, managing compromise and risk of manic relapse. This is shown to be a difficult balancing act. On becoming well, the participants expressed a sense of purpose through engaging with activities and goals that also motivated their efforts to stay well. The strategies they learnt to manage their moods could create feelings of compromise that not all were prepared to accept. Although realizing aspirations helped alleviate their sense of compromise, for some it created pressure that was seen to contribute to manic relapse.

The importance of establishing purpose as part of personal recovery from first episode is increasingly recognized in qualitative studies on FEP (Lam et al., 2010; Romano et al., 2010; Windell et al., 2012). Resuming work activities, hobbies and goals are key, promoting agency, positive identity, and social integration (Bjornestad et al., 2017; Connell et al., 2015; de Wet et al., 2015; Eisenstadt et al., 2012), and the formation of new priorities can be a facet of post-traumatic growth (Jordan et al., 2017). This study also emphasized the importance of career aspirations and goals for creating purpose in recovery, but also highlighted a further benefit. For these participants, it also motivated their efforts to stay well.

In the BD literature, the formation of a hopeful future is one of the four factors that promote BD mood balance and prevent mania (Michalak et al., 2016). Following BD diagnosis, meaningful activities, including remaining in the workforce, was found to be a primary factor that helped young people manage their moods (Nicholas et al., 2017). This study, similarly, emphasizes the significance of fulfilling social

roles and activities following first episode BD in promoting mood management.

Hope was particularly important given the sense of compromise that was also expressed by participants. Although, they felt motivated to use strategies to stay well, such as monitoring thoughts and taking medication, these could also instil feelings of loss due to anxiety over their thoughts and suppression of positive emotion. Although the value of mood monitoring in the wider BD literature is well endorsed, the problems of increased anxiety, dampening positive emotions and restrictive lifestyles have been related to lower quality of life or mood deterioration, pointing to the need for individually tailored interventions (Edge et al., 2012; Palmier-Claus et al., 2021). Consistent with this, the present study suggests that mood awareness, though seen as important for maintaining wellness, can lead to feelings of compromise.

For most participants, identifying goals and valued activities contributed to a meaningful recovery, but for a minority they created additional stress or goal-striving that may have fuelled manic relapse. BD is associated with a high frequency of stressful life events and goal-directed behaviour that have been found to predict episode recurrence (Alloy et al., 2012; Gilman et al., 2015; Lex et al., 2017). Qualitative accounts also suggest that work-related stressors can contribute to manic relapse (Borg et al., 2011). Current study findings, however, point to a tension between the need for purpose during recovery and the risk of manic relapse.

4.1 | Strengths and limitations

The primary strength is that this is the first study to examine the experience of recovery from first episode psychotic mania for people diagnosed with BD. Additionally, interviews were analysed case-by-case thereby capturing the idiographic meaning of recovery. Due to the use of an in-depth qualitative approach, findings are not generalizable. Yet insights provide implications for understanding FEP recovery for this group. Timing of the interviews ranged from 3–24 months following first episode, and interview latency may have influenced participants' interpretation of recovery experiences over different time scales.

4.2 | Clinical implications

The study offers novel findings that translate into pointers for clinical practice within EIP services including the importance of promoting goals and career-related opportunities to facilitate meaningful recovery and motivate prioritization of mood stability. Strategies for maintaining wellness, such as monitoring thoughts, feelings and taking medication, were seen to protect future aspirations, but also created feelings of compromise. Findings, therefore, point to the potential benefit of individually tailored or flexible interventions to help alleviate this aspect. Additionally, the need to consider the role of goal-related events and identity meanings in contributing to manic relapse is indicated. This may be particularly pertinent for young people with BD following first episode.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

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

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APPENDIX A: Interpretative phenomenological analysis (IPA) interview schedule

1. Can describe how you feel at the moment?
   Prompts: (a) How is your mood? (b) Has this changed at all? (c) What does being OK mean to you now?
2. Can you describe to me what being stable means to you now?
   Prompts: (a) How does that feel? (b) What word would you use to describe it?
3. How do you feel about yourself at the moment?
   Prompts: (a) How do you see yourself? (b) How do you feel? (c) What meaning does this have for you?
4. Can you tell me what has helped you manage since your first episode?
   Prompts: (a) From others? (b) Yourself (c) From early intervention services (d) What do you think would help you manage?
5. Can you tell me how you feel about being in an early intervention service?
   Prompts: (a) What is helpful? (b) What is challenging?
6. Can you describe any other aspects that has been helpful?
   Prompts: (a) What is helpful? (b) What is difficult or challenging? (c) How do you feel about that?
7. Can you describe how you are managing your moods at the moment?
   Prompts: (a) How has this changed?
8. Can you tell me what you do in your daily life at the moment?
   Prompts: (a) What do you do during the day? (b) How has this changed?
9. Can you describe how you see your future?
   Prompts: (a) How has this changed since your first episode? (b) What word would you use to describe it?