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# Bipolar Disorder: Theories And Impact

## Introduction to Topic

Another name for Bipolar Disorder is that it is a Manic-Depressive Illness. This illness is a type of brain disorder that influences many abnormal changes and or switches that affect moods, any sorts of activity levels, energy, and any power to do everyday tasks. Manic episodes are short or long periods of unrestricted euphoria, elevated self-esteem, high levels of lavish optimism, and being very skittish. There are many different stages to Bipolar Disorder that can cause for the amount that the disorder effects in a person. It can also be a leading cause to Depression. Bipolar Disorder affects roughly 2.6% (5.7 million) of the U.S population starting from the ages of 18 and going up (National Institute of Mental Health). Bipolar Disorder is life long, yet symptoms can be reduced to a minimum with medication and therapy.

## Introduction to Paper

In this paper, I will answer how positive and negative emotions as well as personality traits affect a bipolar person in their day to day life, as well as seeing how they interact with others around them. This paper will bring up how having social interactions with people are healthy, how the disorder itself can result in social dysfunction, and how it can influence a personality and the way their life is lived.

## Research of Bipolar Disorder

Owen, Gooding, Dempsey, & Jones (2016) had found evidence that led to the social aid that can help relapse rates, operation and other several clinical outcomes in many patrons that have the disorder. The way it was programmed, was that there were semi-constructed qualitative interviews that had included 20 different people that had the disorder (Owen, Gooding, Dempsey, & Jones, 2016). The questions on the survey had been designed in a certain way to evoke all the effects of any social interactions, the path of the disorder, as well as the impact that the disorder itself had caused (Owen, Gooding, Dempsey, & Jones, 2016). The results were pretty promising it had captured that any empathy and or understanding from another person made it much easier with helping cope with having the disorder (Owen, Gooding, Dempsey, & Jones, 2016). Many things can cause a break, such as losing any social support, or losing anything that has greater importance can signify a downfall (Owen, Gooding, Dempsey, & Jones, 2016).

Castanho et al. (2008) revealed a showcased set of 25 patients with bipolar disorder types that had been evaluated compared to a set of 31 healthy patrons who had been coordinated in many categories. Patients that had bipolar disorder had much lower IHS scores in all areas that reside in conversational skills such as having self-confidence and opening up to any new people and social situations (Castanho et al., (2008). The end conclusion was that this behavior was more than likely to have a obstructive impact on the amount of social functioning and on the overall quality of life (Castanho et al., (2008).

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Sparding, Pålsson, Joas, Hansen, & Landén (2017) did a study on 110 patients that had bipolar disorder 1 had been interviewed, 85 with bipolar 2, and 86 regular people all had their personality assessed, by using the Swedish Universities Scales of Personality (SSP), to see what made them all different (Sparding, Pålsson, Joas, Hansen, & Landén (2017). These patients were followed for two years to see the changes that their brain went through as they got older (Sparding, Pålsson, Joas, Hansen, & Landén (2017). They assessed all the impacts of Neuroticism, Aggressiveness, and Disinhibition on the illness (Sparding, Pålsson, Joas, Hansen, & Landén (2017). These results showed how each type of disorder had impacted each person differently (Sparding, Pålsson, Joas, Hansen, & Landén (2017).

Alloy, Bender, Wagner, Whitehouse, Abramson, Hogan, Michael, Louisa, & Harmon-Jones (2009) found that Bipolar Disorder and Substance Use Disorder happen to show very big similarity and co-occurrence (Alloy et al., 2009). The reason for this is because there are very great personality vulnerabilities in both disorders (Alloy et al., 2009). They had tested whether the High Behavioral Approach System (BAS) sensitivity or impulsiveness were linked to having shared personality passiveness in bipolar disorder in addition to any substance use problems and their coinciding in a study of 132 patrons on the bipolar scale and 153 controlled people (Alloy et al., 2009). The patrons with bipolar disorder had much higher and similar rates of a lifetime Substance Use Disorder problems during the follow-up visit (Alloy et al., 2009).

Johnson, Carver, & Tharp (2017) found that people who have Bipolar Disorder are more likely to commit suicide than someone who doesn't have the disorder. One hundred and thirty-three patrons diagnosed with Bipolar I Disorder and one hundred and ten control with absolutely no mood disorder or psychotic disorder had completed a self-report on the measures of emotion negative and positive scales as well as multiple interviews concerning things such as lifetime suicidality (Johnson, Carver, & Tharp 2017). A history of suicide ideas and attempts, also including self-harm were more commonly known and seen in the bipolar disorder group as that compared to with the control group (Johnson, Carver, & Tharp 2017). These findings also extensive research on the importance of all emotion-triggered impulsivity to a bigger broad range of key outcomes within bipolar disorder itself (Johnson, Carver, & Tharp 2017).

## **Two Theories on Bipolar Disorder**

There are two theories that match the topic of the paper are two articles. "Psychological Behaviorism Theory of Bipolar Disorder" and "Living the Life You Want Following a Diagnosis of Bipolar Disorder: A Grounded Theory Approach" both showcase how having Bipolar Disorder can change your life. The "Psychological Behaviorism Theory of Bipolar Disorder" gives a theory on how Bipolar Disorder can provide a very big integrative developmental approach that is being established on behavioral principles (Riedel, Elaine, & Kopetskie (2001). It will take everything that you already know (the base principles) and it will add to it to make it a more complex thing, that will help people with Bipolar Disorder greatly (Riedel, Elaine, & Kopetskie (2001). The other theory that comes from the article, "Living the Life You Want Following a Diagnosis of Bipolar Disorder: A Grounded Theory Approach" manifests how even though being diagnosed with being bipolar can be very severe and lifelong, there are many ways that a person can still live the life that they want without having to change anything due to the disorder (Warwick, Tai, & Mansell 2019). This study involved all the ways of recovery and stuck to them with the patients to see if constantly helping them would even help them at all (Warwick, Tai, & Mansell 2019). Many of the patients said that it did help and that they hadn't felt depressed, or

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anything else (Warwick, Tai, & Mansell 2019).

## **Conclusion on Bipolar Disorder and How It Affects People**

Overall, Bipolar Disorder can mess with many things. It affects the way that you live your life, the way that you interact with the people around you, and it affects your brain and mental health. Living with this disorder isn't meant to be taken lightly as it can be detrimental to the human body, and the brain. People that have bipolar disorder have to live with not being able to do everything that they want to do, and being able to communicate properly with others. They also need to deal with the monsters that live inside their head, as they can't fight the episodes of depression that they do receive.

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