"Being bipolar": a qualitative analysis of the experience of bipolar disorder as described in internet blogs.

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Abstract

In the light of debates about the nature of bipolar disorder (BD), the current paper presents a thematic analysis of internet "blogs" by self-identified BD sufferers. Extreme and frequent fluctuation of mood was considered the principle feature of BD, along with a broad range of other problems. BD was often invoked as an explanation for life difficulties or lack of achievement, and mostly regarded as a brain disease. Most bloggers emphasized the importance of drug treatment, along with self-management techniques. The blogs present a "bipolar identity," which is much broader than traditional definitions, is based on a medicalized model of the disorder, and connected to the moral function of enabling people to externalize unwanted aspects of the self.

Keywords: bipolar disorder; public understanding of mental disorders; mood variation; internet research

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Introduction

Bipolar disorder (BD) is a mental disorder whose boundaries and characteristics have been contested within the professional literature. We know little about how it is perceived by the general public, however, including people who identify themselves as having the condition. The following study explores how bipolar disorder is presented on the internet through an analysis of internet blogs written by people who characterize themselves as 'bipolar'.

Originally, the term BD was proposed as a new name for the condition known as "manic depression." It distinguished people diagnosed with full-blown "manic" episodes from those who only suffered depressive episodes, referred to as "unipolar disorder" (Perris, 1966). The condition that was called "manic depression" is a rare disorder in which the sufferer experiences episodes of "mania," characterised by hyper-arousal and over-activity that occur over a sustained period lasting weeks at least, and frequently months. It is easily recognisable because the individual's behaviour is distinctly out of character, and it usually leads to admission to a psychiatric unit, often on a compulsory basis (Kendell & Zealey, 1988).

Over recent decades the concept of BD has become more fluid, however. Variations on the classical form of the disorder, which is sometimes referred to as Bipolar 1 (for example in the United States Diagnostic and Statistical Manual, DSM), have been proposed. These include bipolar II, suggested to consist of depression with mild episodes of mania, "bipolar spectrum disorder," defined as a lifelong tendency for changes in mood or "temperamental dysregulation" (Akiskal, 1996), and "subthreshold bipolar disorder," indicating symptoms

which do not meet official diagnostic criteria for bipolar 1 or 2 disorder (Judd & Akiskal, 2003). Much information does not distinguish between different types of BD, suggesting the condition per se consists of intense and rapidly varying mood states. Public service and pharmaceutical industry websites describe BD in general as consisting of "unusual shifts in mood, energy, activity levels and ability to carry out daily tasks," "unusually intense emotional states" (National Institute of Mental Health, 2013), or "extreme swings in mood" (AstraZeneca, 2017), for example. This coverage is often associated with the message that BD consists of a brain disorder or a chemical imbalance, suggesting the need for drug treatment (Astrazeneca, 2017; NHS Choices, 2013; National Institute of Mental Health, 2013).

Prevalence rates have increased with changing notions of the disorder (Healy, 2006; Stubbs et al, 2016). In the United Kingdom, fewer than one in a thousand people were hospitalized with a full-blown manic episode in the early 20th century (Healy, 2008), similar to modern-day China (Zhang et al, 2017). Recent estimates from the United States suggest that up to 6% of the population suffer from some form of BD, including 2.2% with bipolar 1 disorder (Hoertel et al., 2013). Leading bipolar researchers have suggested that BD of some variety might affect around a quarter of the population to some degree (Angst et al., 2003). While some welcome increasing diagnosis and believe it represents the revelation of previously unrecognized forms of the disorder (Smith et al., 2010), others have criticised new concepts of BD for no longer demarcating a situation that is distinct from "normal" experience or other conditions (Healy, 2006; Paris, 2009; Mitchell, 2012; Moncrieff, 2014). Evidence indicates that BD is increasingly replacing other diagnoses and sometimes applied to problems that would previously not have received any diagnosis (Healy, 2006; Hirschfeld et al., 2003; Zimmerman et al, 2008; Zimmerman et al, 2010).

How people and professionals understand BD is important because the diagnosis has significant implications. It is considered to be a serious and chronic mental illness, which may affect life opportunities and access to medical insurance. Moreover, treatment for BD consists of drugs that have substantial adverse health effects, including weight gain, diabetes and cognitive impairment. These drugs have been tested almost exclusively in people with the most severe or "classical" form of the disorder (bipolar 1), with little evidence that their benefits extend to people with other presentations (Moncrieff, 2008).

In recent times the Internet has become an important source of health information, enabling reports about illnesses and treatments to be spread quickly to the public (Fox, 2011; Fox & Rainie, 2002; Conrad & Potter, 2000). As well as disseminating information from professional and official organisations, it has become a key space wherein ordinary people share views and experiences of health conditions through chatrooms and "blogs" (Eysenbach & Kohler, 2003).

A "blog" is an internet-based personal journal or viewpoint presented for public consumption (Clarke & Van Amerom, 2008). Blogs provide a useful source of information about people's views and experiences of mental disorders and an opportunity to explore popular perceptions of mental health issues. They have been used to explore the experiences of young adults with mental health concerns (Marcus et al., 2012), and views about the nature of depression and its treatment (Clarke & Van Amerom, 2008; Kotliar, 2016). The fact that people are more likely to search for information about their problems on the Internet than going to a health professional (Fox & Rainie, 2002) suggests that blogs about health conditions may have an important influence on how these conditions are perceived more generally. The influence of the internet on understandings of BD may be reflected by evidence that people are

increasingly seeking to be diagnosed with BD (Chan & Sireling, 2010), sometimes citing the internet as an instigating factor (Strudwick, 2012).

The present study uses a qualitative analysis of readily accessible internet blogs to explore how bipolar disorder is presented on the internet by people who identify themselves as having the condition. The study provides an opportunity to assess some of the ideas that people associate with the concept of bipolar disorder in the context of professional disagreement about its meaning and appropriate application.

Method

Sample

We aimed to identify easily accessed blogs, which a lay person searching for personal accounts of the condition would be likely to encounter. We searched for blogs written by self-identified BD sufferers, which contained sufficient information to address the following questions, formulated in the light of current debates:

1. What problems (or symptoms) do people regard as being part of BD?

2. How do people view having or getting a diagnosis of BD?

3. What do people believe are the causes of BD?

4. What are people's experiences of, and views about the treatment of BD?

The search term "Bipolar disorder blog" yielded 5,670,000 results in Google when searched in the United Kingdom on March 2nd 2015. The first three results were reviewed in detail manually. One result linked to a general mental health website, which contained over 100 blogs on BD (http://www.time-to-change.org.uk/category/blog/bipolar). One linked to

a site (http://www.healthline.com/health-slideshow/best-bipolar-blogs) which in turn linked to 13 different BD blogging sites. The other result referred to the blogsite of a single individual, including 425 separate blogs or posts (http://natashatracy.com/topic/bipolar-blog). Initially the first ten pages of each of these 15 blogging sites were reviewed by reading blog titles and if necessary skimming blog content. Where few relevant blogs were identified further pages of blogs were reviewed. Approximately 80 blogs were inspected altogether. Blogs were excluded for the following reasons: they were written by experts or carers, not sufferers; they only reproduced official information or reported on news or research findings; they were mainly concerned with mental health problems as a whole rather than BD specifically; they predominantly covered subjects outside the scope of the research questions such as discrimination, media representations of BD and everyday life with BD.

Using this process, we aimed to sample the first blogs that contained information relevant to the research questions that were identified through the top three Google search results. Where blog sites contained multiple blogs or posts by the same blogger, all the individual blogger's relevant blogs were included. Therefore, individual authors of blogs, or bloggers, constituted our final sample. We included 22 bloggers in the final sample. We stopped sampling when data saturation was deemed to have been reached, when reviewing further blogs revealed no new relevant data or themes.

Ethical approval was considered to be unnecessary given the blogs are publicly available, but all quotations have been anonymized (Eastham, 2011).

Data Analysis

The blogs were analyzed using thematic analysis (Braun & Clarke, 2006). The analytic strategy combined an inductive and deductive approach throughout, allowing exploration of initial research questions (such as what are bloggers' perceptions about the causes of bipolar disorder), as well as issues arising from the content of the blogs themselves. The research questions were used to structure the analysis into broad domains, with emerging themes identified and explored in each area (Pope et al., 2000). A collaborative approach to analysis was adopted between the authors. Two authors read and coded all of the blogs, the third author then reviewed a sample of them. The authors discussed theme development and compared codings throughout the analytic process. Following the principles of thematic analysis as set out by Braun & Clarke (2006) initially, each individual blog transcript was reviewed and each section of text was examined for relevance to the research questions. Relevant sections were given a code to capture the ideas conveyed. The transcripts were then reviewed collectively and themes compared across them, to note similarities and exceptions. Codes were then grouped together into initial, tentative themes, with each theme representing an important pattern of ideas that was present across multiple blogs. A tree structure diagram was used to represent different themes and their inter-relations visually. In order to produce a set of themes that best captured the essence of the blogs, codes and themes were refined in an iterative process, consisting of multiple re-readings of the blog texts in the light of the development of themes. Through this process, codes were re-arranged and themes renamed, reconceptualised and reorganized according to ideas that emerged with repeated re-readings of the blogs in the light of the previous stage of theme development. Final themes were grouped into four broad domains corresponding to the research questions. Attention was paid to ensure that each theme was supported by quotations from the blogs that "densely" described the themes (Strauss & Corbin, 1998).

Results

We selected 45 blogs, written by 22 bloggers from 12 different blogging websites. Of the included bloggers, 15 specified they were female, 4 that they were male and the gender of three was unknown. Of those providing information about their age, 5 were between 35 and 50, and seven were over 50. Ten of the bloggers were resident in the United States, one in South Africa, and the country of origin of the remainder was unknown.

The analysis generated ten key themes, which were organized according to the domains identified by the research questions (Table 1). Selected bloggers were numbered using notation B1 to B22, and quotations are specified accordingly.

TABLE 1 HERE

Domain 1: Nature of Bipolar Disorder

Theme 1.1: "From one extreme to another"

For most bloggers, the fundamental characteristic of their BD was a tendency to experience intense and fluctuating emotions. They emphasized that their emotional responses were more extreme than normal, illustrating a concern to distinguish their experiences from others', but also implicitly recognizing that they are interpretable as normal variation.

[I] "yo-yoed from one extreme to another…" [B1]

"Being bipolar isn't about having mood swings, it's having extreme and uncontrollable mood swings… there's no question that my 'highs' are more than just a good mood." [B20]

Alongside and often intermingled with descriptions of extreme emotions, the bloggers described a wide array of other problems or symptoms including anxiety, depression, anger, hallucinations, alcohol and drug problems, suicidal behavior, "erratic behavior," interpersonal problems, difficulties at work, and insomnia.

Some bloggers described their experience of "mania" as a state of heightened and welcome energy:

"They were days of extra energy, lots of extra energy, when I didn't need to sleep and could get lots done- all the stuff I didn't have the energy to do most days." [B11]

"I feel driven and with purpose. I feel like I'm in a positive vortex and I'm happy and productive for the first time in months" [B13]

Others referred to mania as consisting of behavior that caused interpersonal tension and other problems.

"I did all kinds of lying and manipulating, and just causing chaos in other people's lives" [B21]

Two bloggers described rapid speech and increased spending [B3, B13]. One blogger mentioned a sustained period of pressured speech, racing thoughts, "delusions of grandeur" and "expanded self esteem" [B13]. This is the only description that may correspond to a full-blown manic episode, but it did not lead to hospitalization. One blogger referred to having ongoing "hallucinations," but not in the context of a manic episode [B6].

Theme 1.2: "Monster versus me"

By virtue of being a bipolar blogger, all bloggers identified with the idea that they had BD, although one described difficulty fully accepting the idea [B 13]. However, a tension is apparent as to whether BD is an intrinsic aspect of the self or personality, or an autonomous process. Some bloggers, for example, described a constant "struggle" [B9, B20] against their BD, which they felt unable to control. This view was associated with the idea of bipolar disorder as an illness or disease. Thus one blogger explained how:

"Since I accepted my illness though, what was driving my personality

and behaviors became obvious. Now I knew. What controlled my life became front and center." [B20]

Two bloggers referred to their disorder as a "monster" [B 7] or "beast" [B 19] emphasizing how they experienced the condition as having a life of its own. However, despite the use of these metaphors, there is ambivalence about the separateness of the condition. Thus one blogger explains:

 "I had a monster within me that had taken up residence. At times the monster was quiet and I would actually forget that it was "there"… Managing the monster was exhausting… And my greatest fear was that I WAS the monster." [B7]

Another expressed the idea that "The bipolarity is me. The poles, the zero to the 100% on the scale are what I am, who I am, who I have always been." [B1].

What were perceived as desirable qualities of BD, such as intelligence, energy and intuition, were unamiguously embraced as part of the blogger's personality:

"I built my identity on being the super energetic, extremely empathic, driven, passionate person" [B13]

"We're able to grasp seemingly paradoxical ideas; think laterally; connect the dots between antithetical concepts… In my mildly hypo-manic phases, I'm more intuitive, I have the energy to do things and the focus to complete them." [B5]

These "bipolar" abilities were thought to provide "an edge over others in certain areas at certain times" [B5].

Theme 1.3: "You can say I have failed"

A striking feature of several blogs was the way that BD was invoked to explain moral issues or perceived failure. Difficulty managing work or school responsibilities was frequently referred to as a consequence of BD:

"I flunked out of school the year before (I now know it was because of bipolar disorder, but was truly confused at the time.)" [B6]

Inconsiderate behavior was attributed to being in a state of mania:

"I was in this manic state and I affected a lot of my closest loved ones in a

negative way by being irritable, loud, super confident, defensive and insensitive." [B13]

Some bloggers conveyed a pervasive sense of failure about their lives: "..for being 56, I am disappointed" [B 21]; "you can say I have failed" [B 17].

Some statements read as responses to real or perceived accusations about bad decisions or selfish behavior. Thus one blogger protests:

"I am done with hearing people judge me for what I have been through and how I 'behave' or have reacted" [B17]

Another states: "I wasn't bad, I was just unwell" [B1]

Domain 2: Diagnosis

Theme 2.1: "The Monster had a name"

Many bloggers exhibited a sense of desperation to be labeled with BD, and some reported that they had come to believe they had the disorder long before receiving the diagnosis from a professional: "I have known in my heart of hearts for months that I have bipolar disorder" [B1].

On obtaining an official diagnosis, bloggers shared their relief and a sense of achievement that they were: "Finally Diagnosed" [B1].

One blogger put it like this:

"Initially I was punching the air. For months I have fought to get the stamp: the confirmation that my behavior is more than just me being deliberately difficult, that it was more than just recurrent depressive disorder coupled with anxiety and mere bipolar tendencies…" [B1]

Several bloggers [e.g. B 1, B 17, B 20] present the events of their lives as a "story" leading up to diagnosis. They describe years of struggling with difficulties at school and work, relationship problems, substance misuse, self-harm, depression etc. Being officially diagnosed with BD is the final event of the 'story' that retrospectively transforms past events and provides a new outlook on current problems:

"It's been different since my diagnosis" [B20].

Theme 2.2: Self-monitoring

The majority of bloggers shared their belief in the need for constant monitoring; or keeping a "vigil" [B20] of their moods, emotions and behaviors: 'I'm constantly monitoring my moods and my reactions and interactions; looking for signs or warnings that I'm losing control' [B20]. A variety of devices were suggested to aid the monitoring process, including manual and Internet diaries, and mobile phone and computer applications.

"I'm aware of my moods, my thoughts, my medications and I track this everyday in my e-moods app I highly recommend tracking your mood and there are lots of great apps out there" [B13].

Domain 3: Causes

Theme 3.1: "Bipolar brain"

Bloggers commonly referred to bipolar disorder as being located in the brain. One blogger suggested that people with bipolar disorder have brains that are "wired differently" [B5], and some referred to the idea of a "bipolar brain" [B5, B20]. Several bloggers specified that they thought BD was the result of a chemical imbalance:

"The chemical imbalances and the way that the brain function works are definitely a root cause of this illness" [B20].

Reflecting promotional and informational messages, bloggers also explained how they thoughts that chemical imbalances could be rectified with medication:

"This is where medications can help. These chemical and neurological imbalances and activity can be influenced chemically, and reduce the severity of symptoms" [B20].

Theme 3.2: Life experiences

Several bloggers described how life events or "stress" could "trigger" [B4,B18, B20] episodes or exacerbations of BD. These views were not presented as a contrast to the brain disorder hypothesis, but as explanations for why episodes occurred when they did. Commonly cited stressors included family problems, work or academic pressures and physical pain.

"As the peak season approached, and stress increased, I started a 2-week hypomanic stretch… Each time, I learn more about what may have caused it (in these cases, stress, both mental and physical, is a major factor!)" [B4].

Domain 4: Treatment

Theme 4.1:"Medication was the key to normality"

Eighteen bloggers mentioned that they were taking drug treatment, and of these 11 had positive views about the role of medication, four had negative views, and four had mixed views. Those with positive views expressed the idea that BD is "an illness amendable to drug therapy and not something you could do yourself" [B2]. Some believed that medication had restored them to some pre-condition state: "back to how I used to be." [B2]. Most of the bloggers who discussed the benefits of medication for BD had been using it for a long time, and many accepted they would require the medication for the rest of their lives:

"It will shape the rest of my life as it has shaped my history " [B1].

Many bloggers appeared to be taking more than one drug and several were taking numerous drugs for their BD and other mental disorder diagnoses. For some, there appeared to be a belief that a large cocktail of medication was required to address the complex nature of the

underlying chemical disturbance. Getting the "right combination" could be a lengthy and difficult process, however, with many bloggers taking years to find it:

"it took me years, but it seems I have found the right combination" [B20].

Despite the implicit idea that the medication was being used to treat an underlying illness, at times bloggers referred to their doctors using names such as "Dr candyman" [B22] and "Dr Awsomesauce" [B19]. The names suggest that bloggers perceived doctors as being principally a source of medication, maybe implying an over-readiness to prescribe. They may also indicate that bloggers valued the direct, mind-altering effects of medication, in the same way that people seek out effects of drugs like Valium or amphetamines.

Theme 4.2: Negative effects of medication

In contrast, other bloggers reported finding the mind-altering effects of prescribed medication to be unpleasant and impairing, making them feel slow, and suppressing their personality and feelings:

"Here I am, stoned out of my mind, a constant general malaise, and barely

able to function." [B 22].

"Medicine that stole my personality and very being" [B17].

One blogger reported that she had discontinued psychiatric medication, with positive consequences. Coming off medication had confirmed her sense of agency, which medication had reduced:

"since discontinuing medication in 2013, my health and happiness are solely in my own

hands" [B 14].

Moreover, she described how medication had sustained her in an unfulfilling situation, which she only recognized and adjusted once she had managed to get off it:

"Once the fog of medication started to dissipate, I realized the people and activities I surrounded myself with were no longer enough to sustain my growth and new state of consciousness. So I made the decision to leave my marriage and separate myself from the vast majority of the people and activities I had once given all my time and energy to." [B14].

Other bloggers expressed their disappointment that the effects of medication did not live up to what they felt they had been promised. Hence one blogger compares her doctors to a "medical Cheshire cat promising the world and pointing me in completely the wrong direction" [B17].

Others complained that although drug treatment might not be useful, it was difficult to stop once started. People therefore ended up accumulating drugs at ever higher doses:

"I've had so many crises in which either new drugs or higher doses have been introduced, and I never seem to be able to get off them once my system gets used to them"[B19].

Theme 4.3: "Rebuild myself"

Many bloggers described how they developed their own techniques to manage their condition. In most cases this was presented as an accompaniment to medication, but one blogger [B 14] felt they offered an alternative. Specific techniques suggested included meditation, yoga, spending time in nature, taking baths, listening to music, engaging in spiritual activities, spending time with friends, aromatherapy, healthy sleeping habits, healthy eating, regular exercise, refraining from drugs and alcohol and "living with love and

compassion…with peace of mind and sanity" [B 14]. One blogger describes her regime as follows:

"I learned that I create my wellness…adhering to a sleep routine-getting up at the same time every day and going to bed at the same time every night, refraining from all drugs and alcohol, and ensuring I am doing my best to eat nutritiously and drink enough water. Exercising is also key" [B8].

Several bloggers referred to the importance of addressing sources of stress, including problems with jobs and relationships [B 14, B19].

Discussion

Findings

Our findings suggest that the concept of BD that is commonly presented to the public on the internet is a broad and inclusive one that has little in common with the original, narrower concept that was aligned with the diagnosis of "manic depression". Hence most bloggers regarded BD as consisting of extreme and frequent fluctuations of normal emotion, often in association with a variety of difficulties such as substance misuse, anxiety, suicide attempts and sleep difficulties. Although it was not possible to rule it out completely, none of the bloggers described the characteristics of an episode that would likely be diagnosed as full blown mania. The findings are consistent with literature suggesting that BD is now increasingly replacing a large number of other diagnoses including depression, anxiety, substance misuse and personality disorder (Chan & Sireling, 2010 ; Healy, 2006; Hirschfeld et al., 2003; Zimmerman et al, 2010), and that the constant monitoring of moods and

behaviors encouraged by many official BD sites (including those associated with the pharmaceutical industry) may encourage people to view ordinary mood variations as pathological (Healy & Le Noury, 2007).

Bloggers views were consistent with ideas presented on drug company websites, particularly bloggers' beliefs they had an illness, their acceptance of the chemical imbalance explanation, and the search for the right combination of medications (AstraZeneca, 2012; Pfizer, 2011). The accounts provide support for the notion that advertising can change the way that people think about the nature of human experience, modelling a view of selfhood as mediated by brain chemistry and exemplifying Rose's "neurochemical selves" (Rose, 2004).

The moral function of the diagnosis was a striking feature of many of the blogs. The disorder was frequently conceived as an autonomous entity, which acted as a repository for disliked or disapproved aspects of the self and provided an explanation for bad behavior or failure. The importance of this moral function is illustrated by the attachment many bloggers demonstrated to their diagnosis. There are parallels with research into the way that the diagnosis of adult attention deficit hyperactivity disorder (ADHD) may be employed to explain underperformance or unwanted conduct (Conrad & Potter, 2000; Winter et al, 2015). A qualitative study of antidepressant users also found that a medicalised view of depression, as symbolized by antidepressants, enabled people to extrude unwanted parts of their personality into their "illness" (Stepnisky, 2007).

 In contrast to the disavowel of negative behaviours and emotions, bloggers talked of the positive characteristics they associated with BD, such as intelligence and empathy, as an integral part of their personality. These characteristics reflect ideas about BD that are depicted in the media (Martin, 2009). Tension and ambivalence about the relation between

the disorder and the self was evident, and bloggers emphasized the importance of life-style changes and self-management techniques, as well as medication for managing their condition. The bipolar identity portrayed in these blogs therefore encompasses a complex and sometimes contradictory relation between the individual and their disorder.

Limitations

The internet is attracting increasing interest from social researchers due to the vast amount of easily accessible data contained therein. It is particularly valuable as a repository of first person accounts of the experience of health conditions, including mental disorders. Internet data is useful where there are conflicting views on the nature of a condition. In this situation, it is essential to know how the public understand the condition in question, and how this understanding may be shaping the problems that are presented to clinicians.

Internet data has the advantage that people are free to express their concerns in their own language, without the constraints of a formal research context. On the other hand, it is not possible to verify what people say about who they are and the experiences they have had. There is evidence that people sometimes masquerade as patients on the internet (Kleeman, 2011). Financial inducements may be implicated. We cannot confirm the veracity of the blogs in our sample, but most were derived from large blogging sites with an established reputation. We do not know whether any of the bloggers in the included sample received payment for their blogs, but some of the blogging sites on which the blogs were posted featured advertising, although none included advertisements for medicines. .

Our search results illustrate the vast amount of internet activity that relates to BD and it would be impossible to represent all the views being expressed in a single study. Since we selected the most accessible blogs, our sample is likely to over-represent sites associated with

large organizations, capable of ensuring high visibility. There are doubtless many other representations of bipolar disorder available on the internet in different locations. Nevertheless, since the included blogs were easily accessed, whether or not they were genuine or representative, their content is important because it is likely to exert a disproportional influence over public views.

ConclusionsThe research demonstrates the utility of analyzing internet blogs to clarify public understandings of mental disorders. It seems that whatever the status of BD within academic circles, there is a public view of BD as a broad concept that can encompass a wide variety of problems, has fluid boundaries with normality and fulfils a moral function. Clinicians need to be aware that what patients regard as BD may not correspond to the conditions for which drug treatment has been tested. The pros and cons of this wider idea of BD require further debate and research.

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Table 1. Summary of key domains and themes.

Domain	Themes
1.Nature of BD	1.1 "From one extreme to another" 1.2 "Monster Vs. me" 1.3 "You can say I have failed"
2.Diagnosis	2.1 "The monster had a name" 2.2 Self-monitoring
3. Causes	3.1 "Bipolar brain" 3.2 Life experiences
4.Treatment	4.1 "Medication was the key to normality" 4.2 Negative effects of medication 4.3 "Rebuild myself"