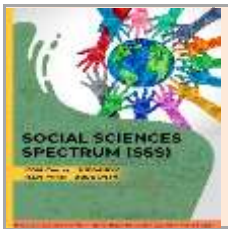

Social Sciences Spectrum

A Double-Blind, Peer-Reviewed, HEC recognized Y-category Research Journal

E-ISSN: 3006-0427 **P-ISSN:** 3006-0419
Volume 04, **Issue** 01, 2025
Web link:https://sss.org.pk/index.php/sss

Check for updates

Qualitative Exploration of Early Manifestation of Bipolar Disorder

Nadia Naeem
Ph.D Scholar, University of Central Punjab, Lahore, Punjab, Pakistan

Dr. Rabia Farooqi
Associate Professor, University of Central Punjab, Lahore, Punjab, Pakistan
NUR International University, Pakistan
Correspondence: dr.rabia.farooqi01@gmail.com

Article Information [YY-MM-DD]

Received 2024-12-20 **Accepted** 2025-02-21

Citation (APA):

Naeem, N & Farooqi, R. (2025). Qualitative Exploration of Early Manifestation of Bipolar Disorder. *Social Sciences Spectrum*, *4*(1), 376-384. https://doi.org/10.71085/sss.04.01.225

Abstract

The current study aimed to explore the early manifestation of bipolar disorder's symptoms spectrum to understand early developmental detriments, expression of bipolar in childhood, and its trajectory. This will help in early detection and better management of bipolar disorder. A qualitative study was carried out and in-depth interviews were conducted with participants. The targeted population included professional experts. Data was analysed through thematic analysis in NVIVO 14 which led towards the emergence of seven themes. After the careful analysis of themes extracted from retrospective data, it was concluded that the premorbid personality of bipolar patients had features of hyperactivity, difficulty in regulating emotions, high levels of anxiousness and energy levels, and being pampered by parents leading to complaining and demanding behavior. Moreover, it was found that they excelled in studies and some cases it was reported that they suffered from traumatic events in their childhood and most likely childhood abuse. Furthermore, the intensity and duration of these symptoms were found to be less severe but frequent. The findings imply that parents should keenly observe their child's behavior and seek help timely when such behaviors are observed that are deviant from children of similar age groups.

Keywords: Early Manifestation, Bipolar Disorder, Premorbid Features, Thematic Analysis, Qualitative.

Introduction

Since the dawn of creation, the world has been challenged with many adversities and humans have been continuously involved in a struggle to counter these and evolve as healthier and functional beings. A major part was related to health, and with time many potent discoveries and inventions have led to the sustenance of well-being. In China, during 1100 B.C there is the earliest documentation of mental illness during ancient times (Liu, 1989); records of symptomologies, mechanism of action and therapeutic procedures were explained by the inner canon of the Yellow Emperor suggesting a link that co-exists between physiology and psychology specifically targeting emotions (NEI et al., 1975). With time, treatments progressed and mental health was given significant importance and it is now promoted to be as important as physical health. Medical practitioners were devoted to finding a way out and succeeded in managing the symptomologies with medication and other procedures. The general public is also developing insight regarding the importance of mental health and what challenges it poses otherwise. But the war against psychological morbidities doesn't end with the management of symptomologies and goes beyond that. At least we find the solution and at best we find the causal factors and only then we can work on prevention; as a Dutch philosopher, Erasmus said "*prevention is better than cure*". In the field of clinical psychology, one of the rising burden is caused by mood disorders having high suicidal rates. In earlier times, Bipolar disorder was considered to be the sixth main reason for disability among those suffering from physical and psychiatric disorders around the world (Murray & Lopez, 1996).

Bipolar disorder (BD) is a condition of fluctuating mood episodes, affecting one in one hundred and fifty adults i.e. forty million people worldwide (WHO, 2019). According to DSM-5/TR Bipolar disorder has been categorized under mood disorders. The diagnostic features include manic episode, hypomanic episode, and major depressive episode (APA, 2022).

Theoretical Background

According to behavioral approach system, bipolar disorder is comprised of high and contrasting low energy levels, cognitive functions, and activities. The psychological and biological aspects of bipolar disorder can be clearly understood through behavioral approach system dysregulation theory (BAS). It is emphasized in the hypothesis that sensitivity to incentives and objectives plays a significant role in bipolar disorder (Alloy & Abramson, 2010).

Ellicott et al. (1990) established that life stress, in the form of negative life experiences previously linked to the emergence of unipolar depression (Brown & Harris, 1979; Paykel & Tanner, 1976), was also important for the progression of bipolar disorder. It was seen that such situations were linked to relapse or return of the condition in the 1990s research. In the 1960s and 1970s, Brown and colleagues found that schizophrenia progressed more rapidly in patients with a hostile home environment (Brown et al., 1972).

According to the Social Zeitgeber Theory (Ehlers et al., 1988), life events disrupt social zeitgebers ("time givers"), which in turn disrupt biological rhythms, resulting in emotional symptomatology in vulnerable and sensitive individuals. As a zeitgeber, a specific connection, task, or demand can influence biological rhythms, resulting in a greater or lesser degree of instability.

Literature Review

In 2014, Sparks et al. analyzed the risk factors associated with bipolar disorder based on disruptive mood dysregulation disorder with a continuum of chronic irritability in youth. The existing review of literature supported the presumption that individuals with a history of bipolar disorder in the

family have a higher risk of potentially developing bipolar disorder and even non-bipolar psychopathology. No existing literature was found to be studying the rate of disruptive mood dysregulation disorder in children of parents with diagnosed bipolar disorder. Therefore, the purpose was to analyze the rate of disruptive mood dysregulation disorder among offspring of parents having bipolar disorder as compared to healthy controls. The analysis of the study showed that children with bipolar parents are at higher risk for developing disruptive mood dysregulation than those with healthy parents. These results were validated by controlling demographic variables using a matched group. Chronic irritability was the main attributed feature in children diagnosed with bipolar disorder along with depression and attention deficit hyperactivity disorder (ADHD). Furthermore, the results support the notion that having a familial history of bipolar disorder increases the risk for the development of disruptive mood dysregulation disorder where persistent irritability and temper tantrums are the main features. Wozniak et al (2005) conducted a study to gather an in-depth understanding of the role of fundamental symptoms in bipolar disorder among children through examination of clinical correlates. The results suggested that chronic irritability was the primary abnormal mood rather than euphoria. Furthermore, grandiosity was not uniquely overrepresented in youth diagnosed with mania, nor did the rate of grandiosity differ between those exhibiting irritability alone and those manifesting both irritability and euphoria. These findings support the clinical relevance of severe irritability as the most common presentation of mania in the youth.

Faedda, et al. (2014) researched prospective studies that focused on clinical risk factors for developing bipolar disorder using a systematic review. The study analyzed the rate of prevalence, duration, clinical presentation of symptomology, and prediction through non-affective psychopathology in all studies. The findings posit that the most prominent risk factors include panic attacks, panic attack disorder, separation anxiety disorder, generalized anxiety disorder, conduct disorder, attention deficit and hyperactivity disorder, and impulsive and antisocial behavior. The findings also highlighted that these risk factors may appear long before the onset of bipolar disorder with indistinguishable sensitivity and specificity. These findings were found to be consistent with retrospective studies as well as researches on families at risk. These precursors can help in early identification and timely treatment of bipolar disorder.

Methodology

A qualitative research study was designed and samples were taken from six psychologists and six psychiatrists who have a minimum of five years of experience in dealing with bipolar patients (Creswell, 2014). Purposive sampling was utilized for data collection.

The interview protocol was designed based on literature, DSM-5 TR diagnostic features, theoretical foundations, and the scope of the study. An in-depth interview was conducted from participants and analyzed using thematic analysis via NVIVO-14 software. Data was analyzed using six steps of thematic analysis given by Braun and Clark (2013).

Results and Discussion

After the careful analysis of interviews, the following themes emerged which are displayed in Figure 1 and discussed below:

Fig.1: *Mind Map of Thematic Analysis*

Theme 1: Early Symptoms

The early manifestation of bipolar disorder included hyperactivity and attention deficits; usually diagnosed as *ADHD (Attention Deficit Hyperactivity Disorder)* before a diagnosis of bipolar disorder. In childhood, patients may display *stubborn behavior* and *complaining attitudes* along with experiencing high energy levels. According to psychologists, the predisposing factors include aspects related to premorbid personality. Genetic factors increase the vulnerability towards the development of psychological illness. Experiencing a *traumatic event* also increases the susceptibility to the development of bipolar disorder. The hormonal changes in personality during

teenage lead to aggressive and argumentative behavior. An important factor highlighted by psychologists was that due to personality factors bipolar disorder can manifest differently. A person with a shy personality is more prone to depression while a person with an aggressive nature is more prone to a manic phase. Luby and Navasaria (2010) studied pediatric bipolar disorder, evidence of prodromal state and early markers using an analysis of literature review based on fifty-four researches. The results of the study concluded that prodromal stages of bipolar disorder during childhood are significant enough to be detected as episodic illness, expressed as a deficit in executive functioning, sustained attention, emotional lability, behavioral disinhibition and biological markers including functional, structural and biochemical alterations in brain structures. Duffy and colleagues (2007) conducted a longitudinal prospective study for examining early indicators of bipolar disorder in offspring of parents with bipolar disorder. They observed that precursor conditions associated with bipolar disorder in both high-risk groups included sleep and anxiety disorders. ADHD and pre-psychotic conditions served as antecedents in the offspring of individuals who do not respond to lithium treatment. Among the descendants who developed bipolar disorder, initial mood episodes were predominately characterized by depression.

> *The child may be obstinate, and stubborn, and might even harm other children. Some symptoms of ADHD and bipolar disorder overlap. (Psychiatrist)*

Theme 2: Premorbid Personality

The premorbid personality features included the representation of *shy behavior*, *poor social functioning,* and *attention-seeking behavior*. The patient exhibits attention-seeking behavior to gain sympathy and disturb people living around them in the neighborhood and family. They mostly show demanding behavior and quarrel with others. Natal'ya and colleagues (2019) conducted a study on premorbid personality traits as a risk factor for the development of the bipolar disorder. The study identified that hypo maniacal, hypochondria, and hysterical psychological profiles are common among girls and paranoia profiles were predominant in boys. Latalova (2013) studied comorbidity bipolar disorder and personality disorder using a literature review. The results suggested that the comorbidity of bipolar disorder with antisocial personality disorder shares a similar spectrum of difficulties mediated by increased impulsivity.

> *It can be considered a personality disorder. The patient's social personality may include traits of schizoid personality. Type A personality is often associated with bipolar disorder. There are three types of personalities involved: schizoid, schizotypal, and borderline personality. (Psychiatrist)*

Theme 3: Triggers

Most reported triggers to bipolar disorder included *childhood abuse, traumatic events, unrealistic and high expectations by parents, genetic factors, childhood experiences*, and *encountering stressful situations*.

Traumatic events include being unable to get admission to the army, family conflict, and the death of a family member. *High expectations* were imposed by the family including memorizing the Quran, doing exceptionally well in studies, and attaining good jobs. *Genetic factors* include a family history of illness, a cousin, uncle, and sister suffering from psychiatric illnesses. *Childhood experiences* comprise excessive studying, weeping on obtaining fewer marks, demanding behavior, repetitive complaining, stubborn, apathetic behavior, pampered child, misbehavior, complaints from school, hitting one's head on the wall, slapping oneself, brilliant student, sensitive nature and attachment with others. Another trigger identified in the data was e*ncountering stressful*

situations which comprised of scolding from teachers, excessive responsibilities, stress of business, job stress, job loss in Covid, and a breakup with a partner.

Rowland and Marwaha (2018) studied epidemiology and risk factors for bipolar disorder. The results of the study showed that several risk factors contribute to the development of bipolar disorder including genetics, and environmental factors. The severity of symptoms is linked with emotional abuse during childhood and cannabis misuse. Medical comorbidities like asthma and irritable bowel syndrome are common among bipolar disorder patients. The new research is also pointing towards gene-environment interactions to be a contributory factor towards bipolar disorder development. The same was observed in the findings of the current study.

> *A family history of other mood disorders indicates an inherited vulnerability; however, it is essential to consider environmental factors. The factors which we should consider include childhood adversity, childhood abuse, emotional abuse, and every kind of abuse particularly emotional abuse. (Psychiatrist)*

Theme 4: Parenting Styles

The analysis of data suggests that parenting style has a great impact on later manifestation of bipolar disorder. The important facets reported included *harsh parenting*, *childhood neglect*, and *over-pampering the child*.

When a child is pampered by parents it leads to unrealistic expectations and activation of behavioral approach system (BAS) where high sensitivity to rewards can lead to fluctuations in the BAS making it over reactive. This in turn can lead towards mood swings caused by manic state or depression (Alloy & Abramson, 2010).

> *Children have demanding behavior; such as I need a new phone, or a new car leading to reckless driving and drug-taking behavior (Psychologist)*

Harsh parenting and childhood neglect are equally pivotal to be monitored to prevent the development of bipolar or any related psychological disorder among children. These traumatic experiences can hinder a child's ability to process emotions and lead to maladaptive management of emotions. Harsh parenting is also directly linked to aggressive behaviors among children (Watson, et al., 2014).

> *Yes, every psychiatric illness, I would say can be related to parenting practices, early childhood experiences, adulthood life experiences and home atmosphere. (Psychiatrist)*

Neeren and Abramson (2008) observed that some aspects of parenting, such as low levels of mothers' warmth and/or acceptance, high levels of mothers' and fathers' negative control, physical maltreatment from female caretakers, and emotional maltreatment from female and male caretakers, are associated with bipolar spectrum disorders in offspring.

Parents need to improve the environment by watching out for adverse childhood events and supporting the children through that while taking care of their overall mental health. If they observe anything out of the ordinary, then consult a mental health practitioner. (Psychiatrist)

Theme 5: Emotional Regulation

The analysis of premorbid emotional regulation among bipolar patients included *Difficulty Navigating Emotions*, *Feeling Anxious all the time*, and *Hyperactivity*. The early manifested symptoms also included difficulty in navigating and regulating emotions such as emotional

lability, inappropriate emotional responses and high emotional energy states. İzci, and colleagues (2025) conducted a study on the relationship between prodromal symptom levels, affective temperament features and emotional dysregulation in bipolar patients and their first-degree relatives. They found that bipolar patients and their first-degree relatives exhibit greater severity and frequency of bipolar prodromal symptoms, mood changes, and emotional dysregulation compared to the healthy population.

> *The signs are that there is an abrupt type of emotional expression, and they lack emotional intelligence, unlike other children who understand emotions or can read body language and the emotions of other people. These individuals do not have a proper understanding in this regard. (Psychologist)*

Theme 6: Sadness

Exhibition of sadness-related symptoms among states of introversion include episodes of *Weeping*, *Self-Harm* and *Low Mood*. Prodromes of bipolar patients earlier to diagnoses included periods where patients would remain quiet for days, indulge in self-harm, and present a low mood with a lack of pleasure in any activity. They would lock themselves in rooms and don't agree to meet anyone. Takata and Takaoka (2000) reported that premorbid personality traits associated with bipolar II disorder are characterized by reward dependence, passive-avoidant and dependent personality features. Atypical symptoms of bipolar II disorder, such as the hypomanic state and mixed states, can arise when this condition is combined with the melancholic and cycloid personality type. These personality types are categorized by using an obsessional defense mechanism to help maintain stable social relationships.

> *An episode of depression is usually left undetected, and parents approach the doctor during the manic phase when it's not possible for them to manage the client's behavior at home. (Psychologist)*

Theme 7: Performance

It was also found that bipolar patients were very brainy students with sub-themes of *Good in Exams* and *Brilliant Student*. MacCabe and colleagues (2010) concluded from the findings of their study that individuals with excellent school performance had a nearly fourfold increased risk of later bipolar disorder compared with those with average grades. This association appeared to be confined to males.

> *They are more intelligent than the average person, certain elements or characteristics of personality should not be disturbed, interfered with, or taken lightly. (Psychiatrist)*

Conclusion and Implications

A qualitative research study was carried out to understand pre-morbid manifestations of bipolar-related symptoms for early detection, management, and better adaptation. The results of the study suggest that there are some indications that are visible enough to be detected by parents and guardians such as low mood states or periods of high energy. ADHD was found to be the most common presentation along with comorbid conditions. Personality features include antisocial personality traits and poor social functioning. Furthermore, it was found that bipolar disorder has a strong relationship with high academic achievement in childhood. The results of the study aim to mark as precursors that must be educated to parents who have first-degree bipolar relatives and to the general public in taking a step towards early detection, management and foremost prevention of bipolar disorder.

References

Alloy, L. B., & Abramson, L. Y. (2010). The Role of the Behavioral Approach System (BAS) in Bipolar Spectrum Disorders. *Current directions in psychological science*, *19*(3), 189–194. https://doi.org/10.1177/0963721410370292.

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787.

Creswell, J. W. (2014). Research Design: Qualitative, Quantitative and Mixed Methods Approaches (4th ed.). Thousand Oaks, CA: Sage.

Clarke, V., & Braun, V. (2013). Successful qualitative research. SAGE Publications.

Duffy, A., Alda, M., Crawford, L., Milin, R., & Grof, P. (2007). The early manifestations of bipolar disorder: a longitudinal prospective study of the offspring of bipolar parents. *Bipolar Disorders*, *9*(8), 828-838.

Ehlers, C. L., Frank, E., & Kupfer, D. J. (1988). Social zeitgebers and biological rhythms. A unified approach to understanding the etiology of depression. Arch Gen Psychiatry. 1988 Oct;45(10):948-52. doi: 10.1001/archpsyc.1988.01800340076012. PMID: 3048226.

Ellicott, A., Hammen, C., Gitlin, M., Brown, G., & Jamison, K. (2019). Life events and the course of bipolar disorder. *In Bipolar Disorder*, 78-82. Routledge.

Faedda, G. L., Serra, G., Marangoni, C., Salvatore, P., Sani, G., Vázquez, G. H., ... &

Koukopoulos, A. (2014). Clinical risk factors for bipolar disorders: a systematic review of prospective studies. *Journal of affective disorders*, *168*, 314-321.

İzci, F., Fidan, Y., Kızılsert, A., Aslan, M., & Çallı, S. (2025). The relationship between prodromal symptom levels and affective temperament features and emotional dysregulation in patients diagnosed with bipolar disorder and their first-degree relatives: A controlled study. *Journal of Affective Disorders*, *369*, 373-380.

Latalova, K., Prasko, J., Kamaradova, D., Sedlackova, Z., & Ociskova, M. (2013). Comorbidity bipolar disorder and personality disorders. Neuroendocrinology letters, 34(1), 1-8.

Liu, W. (1989). Chinese Culture and Mental Health. *The China Quarterly*, *117*, 156-158.

doi:10.1017/S0305741000023766

Luby, J. L., & Navsaria, N. (2010). Pediatric bipolar disorder: evidence for prodromal states and early markers. *Journal of Child Psychology and Psychiatry*, *51*(4), 459-471.

MacCabe, J. H., Lambe, M. P., Cnattingius, S., Sham, P. C., David, A. S., Reichenberg, A., ... & Hultman, C. M. (2010). Excellent school performance at age 16 and risk of adult bipolar disorder: national cohort study. *The British Journal of Psychiatry*, *196*(2), 109-115.

Murray, C. J. L., & Lopez, A. D. (1996). *The global burden of disease: A comprehensive*

assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge, MA: Harvard University Press.

NEI, H. T., WÊN, C. S., & VEITH, I. (1975). The Yellow Emperor's Classic of Internal Medicine (1st ed.). University of California Press. Retrieved from http://www.jstor.org/stable/10.1525/j.ctv1wxs1d

Neeren, A. M., Alloy, L. B., & Abramson, L. Y. (2008). History of parenting and bipolar spectrum disorders. *Journal of Social and Clinical Psychology*, *27*(9), 1021-1044.

Natal'ya, N. O., Dmitrieva, E. V., Turanskij, M. M., & Bardenshtejn, L. M. (2019). Premorbid personal features as a risk factor of bipolar disorder development. *Neurology Bulletin*, *51*(4), 39-41.

Sparks, G. M., Axelson, D. A., Yu, H., Ha, W., Ballester, J., Diler, R. S., & Birmaher, B.

(2014). Disruptive mood dysregulation disorder and chronic irritability in youth at familial risk for bipolar disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(*4*), 408-416.

Takata, T., & Takaoka, K. (2000). Bipolar II disorder and its premorbid personality. Psychopathology, *33*(2), 86-93.

Watson, S., Gallagher, P., Dougall, D., Porter, R., Moncrieff, J., Ferrier, I. N., & Young, A. H. (2014). Childhood trauma in bipolar disorder. *The Australian and New Zealand journal of psychiatry*, *48(*6), 564–570. https://doi.org/10.1177/0004867413516681

WHO (2019). Retrieved from https://www.who.int/news-room/fact-sheets/detail/bipolar-disorder

Wozniak, J., Biederman, J., Kwon, A., Mick, E., Faraone, S., Orlovsky, K., ... & van Grondelle, A. (2005). How cardinal are cardinal symptoms in pediatric bipolar disorder? An examination of clinical correlates. *Biological Psychiatry*, *58*(7), 583-588.