

## What is this research about?

This research focuses on the experiences and understandings of stigma from the perspective of individuals who are functioning well with bipolar disorder. It also explores insights into how stigma is overcome. The research draws on evidence from a broader study that explored successful self-management strategies used by people who are living well with bipolar disorder. People managing well with the illness can provide valuable insights about successes in living with bipolar disorder that are often missed in traditional research. In this paper, the authors unearth and explore the unique experiences and views of these individuals regarding internalized stigma.

## What did the researchers do?

The researchers designed and carried out a study with thirty-two Canadians diagnosed with Bipolar type I or II. Participants completed scales to assess symptoms, functioning, and quality of life. They also participated in an individual interview or focus group to discuss self-management strategies used to maintain or regain wellness. Researchers grouped the information into four main themes for self-management: self-care, accepting bipolar without being defined by it, social support, and stigma. In this article, the researchers highlight the findings related to stigma.

## What did the researchers find?

Participants' discussions about stigma fell into four categories:

- ⇒ **Expectations** (anticipation of how they will be treated after diagnosis) and experiences of stigma;
- ⇒ **Sense of self/identity** (the effect that the diagnosis of bipolar disorder and stigma had on their views or understandings of who they were);
- ⇒ **Judicious disclosure** (making decisions about what to reveal); and,
- ⇒ **Moving beyond** internalized stigma.

## What do you need to know?

Mental illness stigma refers to a negative perception about mental illness, including the people who are labeled as living with a mental illness. Stigma that is turned inward – ‘internalized’ or self-stigma - is particularly harmful. Bipolar disorder is an illness where stigma can be profound and contributes to the distress, disability and poor quality of life brought on by the illness. Despite this, many people living with bipolar disorder are able to achieve good quality of life. However, research more often focuses on vulnerability and illness, limiting our understanding of strengths and success.



## What did the researchers find (continued)?

Participants described their expectations and experiences of stigma, and how it affected their identity and sense of self. For many, the painful process that followed their diagnosis led to negative feelings about bipolar disorder and about themselves – internalized stigma. Media and culture were seen to play a strong role in self-perceptions and expectations. Participants spoke of the uncertain results of disclosing and how they adopted strategies for disclosing their illness with others: using disclosure to one's advantage in receiving better services, choosing only a close circle to disclose to, or making disclosure an empowering experience. Ultimately, participants revealed how they overcame internalized stigma and how their perceptions evolved over time. One participant who had experienced internalized stigma reported no longer feeling any shame, and another no longer felt 'flawed'. Another participant no longer associated with the 'bipolar' label, as the term had helped them receive the right treatment. The study revealed that people do not simply accept stigma and its negative consequences. Rather, they can work through it in a way that supports their quality of life resulting in a positive view of living with bipolar

## How can this research be used?

This study found that people living with bipolar disorder experienced stigma, and commonly identified stigma as an obstacle to maintaining a good quality of life. The stories that research participants told about the stigma they experienced were similar to those of people who live with other kinds of mental illnesses, although future research on stigma and bipolar disorder may find differences. This study supports the belief that stigma occurs in three levels of structural, social, and self-stigma. The findings can inform healthcare professionals, family and friends about the challenges that people with bipolar disorder face so they may better support them in building healthy relationships and work opportunities. With greater awareness, health-care professionals and family members can also support the people who live with the condition to overcome the negative effects of self-stigma. The stories told by the participants can help those who live with bipolar disorder understand the ways that stigma may be present in their lives and offer lived-experience insights into how stigma could be addressed. This study is the basis for further research on how people with bipolar disorder experience and are affected by stigma. It is hoped that future studies will explore ways in which stigma can be reduced to improve quality of life for people with bipolar disorder.

**Key Words:** bipolar disorder, stigma, recovery

### Further Reading

\*Michalak EE, Livingston JD, Hole R, Suto M, Hale S, Haddock C (2011). 'It's some)thing that I manage but it is not who I am': reflections on internalized stigma in individuals with bipolar disorder. *Chronic Illness* 7(3):209-24.

Murray G, Suto M, Hole R, Hale S, Amari E, Michalak EE (2011). Self-management strategies used by 'high functioning' individuals with bipolar disorder: from research to clinical practice. *Clinical Psychology Review* 18(2): 95-105.

\*Bipolar Current based on this original scientific publication

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