

# Example of essay on elevated ambitions for fame in people diagnosed with bipolar ...

[Psychology](#), [Success](#)



## **ASummary**

People diagnosed with personality disorders—such as bipolar disorder—tend to maintain demeanors that deviate from what is commonly seen in people who do not suffer from the said condition. Among the many variations of symptoms seen in people who have bipolar disorder, it is said that unrealistically high life goals and high reward sensitivity are two of the most indicative symptoms that determine if a person is actually afflicted with bipolar disorder, also known as manic-depressive illness. In light of this finding, a trio of psychological researchers, Sheri L. Johnson, Charles S. Carver, and Ian H. Gotlib, conducted a research in 2011 titled “Elevated Ambitions of Fame in People Diagnosed with Bipolar I Disorder,” which primarily aimed at establishing real association between elevated ambitions of fame and bipolar disorder. Aside from this, Johnson and coworkers also aimed at establishing connection between highly unrealistic goal setting and occurrence of manic episodes and depression—which, I believe, is observed in reference to the characteristic of bipolar people to become both manic and depressed.

The main thesis of the study by Johnson et al. is that high goal settings, especially with regards to fame or recognition from other people, is indicative of bipolar I disorder. Also, the researchers tested if high goal standard would also indicate increased episodes of mania or depression. Therefore, they have formulated a hypothesis that people diagnosed with bipolar disorder would exhibit highly ambitious life goals related to extrinsic recognition compared to those with no mood or personality disorders (Johnson et al., 2011).

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The study by Johnson et al. was correlational and their hypothesis was tested by using (1) SCID, (2) Bech-Rafaelsen Mania Scale (MAS), (3) Modified Hamilton Rating Scale for Depression (MHRSD), and (4) Willing Approached Sets of Statically Unlikely Pursuits (WASSUP).

The SCID was used to assess lifetime and current DVM-IV diagnoses (Johnson et al., 2011). The Bech-Rafaelsen Mania Scale (BRMS) was used to determine severity of manic symptoms (Johnson et al., 2011). The MHRSD was used to assess severity of depressive symptoms (Johnson et al., 2011). The WASSUP scale was used to measure highly ambitious life goals (Johnson et al., 2011). Participants from the study were recruited from Miami and Palo Alto areas using advertisements through newspapers, flyers, and internet notifications (Johnson et al., 2011). 92 participants were diagnosed with bipolar I disorder while 81 were gathered to be the control of the study (Johnson et al., 2011). Participants were grouped and tested according to their sameness in variables such as sex, ethnicity, age, educational attainment, and employment status (Johnson et al., 2011). Participants were screened over the phone to confirm if they were eligible to participate in the study (Johnson et al., 2011). Participants who were experiencing symptoms of their manic-depressive disorders were followed on a 30-day clinical trial and the WASSUP scale was only completed until their symptoms' remission (Johnson et al., 2011).

People with same age, sex, ethnicity, and educational background are tested and according to the results, people with bipolar disorder are more likely to be unable to work compared to people with no known mood disorder (Johnson et al., 2011). With reference to the BRMS scale, people with bipolar

disorder, despite having periodic manic episodes and hospitalizations still showed extremely low manic and depressive symptoms (Johnson et al., 2011), similar to those with no diagnosed manic-depressive illness symptoms. However, compared to non-bipolar participants, bipolar participants still showed higher BRMS scores and are more likely to have manic episodes that are related to substance abuse or comorbid anxiety disorders (Johnson et al., 2011).

In reference to the WASSUP scale, participants' goal priority were measured and divided into subscales consisted with (1) Popular Fame, (2) Friends, (3) World Well-Being, (4) Political Influence, (5) Family, (6) Financial Success, and (7) Create. These seven subscales aimed at identifying which will be prioritized most and least by the participants. Results between non-bipolar participants and bipolar participants were tested against each other and showed that bipolar participants have higher scores on Popular Fame subscale and lower scores on Family and Friends subscale as compared to the participants from the control group (Johnson et al, 2011). However, despite the significant differences on three WASSUP subscales that determined the impact of extrinsic and intrinsic motivations to both bipolar and non-bipolar participants, the overall WASSUP scores between bipolar and non-bipolar participants did not differ significantly (Johnson et al., 2011). Furthermore, the WASSUP scale was also used to determine the probable effect of comorbidities—or other diagnoses—to the goal perception of bipolar participants. The comorbidities or other history that were tested using the WASSUP scale to determine or disprove association with bipolar perception of goal setting were the (1) number of depressed episodes, (2) number of

hospitalizations for depression, (3) number of manic episodes, (4) number of hospitalizations for mania, (5) history of alcohol or substance abuse/dependence, and (6) history of anxiety disorder. These six (6) parameters were tested with the subscales of WASSUP on goal setting and yielded no significant result (Johnson et al., 2011), meaning, none of the comorbidities or other medical histories considered can actually cause significant differences on goal setting of bipolar participants.

Lastly, researchers studied the results gathered from those that completed the 30-day clinical trial to see if elevated aspirations really contributed and predicted increases in manic and depressive episodes among patients who encounter active symptoms manifestation in relation to their bipolar disorder. Since mania and depression were the variables mainly tested, BRMS and MHRSD scales were primarily used. As was shown by the results, Popular Fame and Financial Success subscales in WASSUP scale yielded significant scores on BRMS scale, showing that they can predict increases in manic episodes due to elevated aspirations on fame and wealth (Johnson et al., 2011), whereas in MHRSD, there was no significant results yielded or elevated goals on wealth and fame did not predict increases in depressive episodes.

This study conducted by Johnson et al. is the first ever to actually trace hard evidences that will establish a direct association between manic-depressive disorder and elevated ambitions on fame. And as a result of the study, Johnson et al. (2011) found that people with bipolar I disorder, regardless of age, sex, ethnicity and educational background, are more likely to construct elevated or even unrealistic goals for themselves (Johnson et al., 2011).

Furthermore, Johnson et al. (2011) found no direct relationship between bipolar disorder and manic episodes, and instead supported the earlier studies they included in their paper that high goals are naturally displayed by people with bipolar disorder. However, bipolar patients with more extensive histories of episodes, psychiatric hospitalizations, substance abuse, and comorbid anxiety set much higher goals in life (Johnson et al., 2011). Also, parallel to the hypothesis of the study, high goals in fame can predict manic episodes over time (Johnson et al., 2011). Furthermore, the study proved that bipolar persons have lower goals for intrinsic aspect: Family and friends (Johnson et al., 2011). Almost all the prior reports on behavior and goal orientation by people with bipolar disorder fit with this study except for one: Bipolar samples in this study did not show elevated aspirations with regards to wealth (Johnson et al., 2011). The study then concludes that people with bipolar disorder tend to adapt better with extrinsic motivations rather than intrinsic, proving parallel that bipolar disorder is often associated with a desire for social dominance and power (Johnson et al., 2011).

I will consider the strengths of this study as the researchers' transparency with details and reference to previous studies in the same field. The diversity of subjects but the uniformity of samples is also one of the strengths of the study. The samples provided results that will show a general conclusion, especially since the study is a first of its kind. It is also helpful that the researchers used different materials and methods in determining not just one area of the research but also other details that are deemed helpful for the comprehension of results and arrival to conclusion. Some setbacks of the

research include, the probable negative implication it may bring on high goal setting which is not always indicative of bipolar disease. Also, the lack of variables that may explain the finding on goals set by bipolar patients on Financial Success WASSUP subscale is a critical missing piece. There were no other variables against which the samples studied can be compared and contrasted which might explain why, despite their specified adaptation on extrinsic motivations, bipolar people still did not show elevated aspirations on terms of wealth.

Furthermore, replicating the study to measure a greater and more diverse population would lead to a better understanding of goal setting and its mechanism on bipolar peop

## **References**

Johnson, S. L., Carver, C. S., & Gotlib, I. H. (2011). Elevated Ambitions for Fame Among Persons Diagnosed With Bipolar I Disorder. *Journal of Abnormal Psychology*, 121(3), 602-609. DOI: 10. 1037/a0026370

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