

Coping with Bipolar Disorder: A guide to living with manic depression.

Steven Jones, Peter Hayward, & Dominic Lam. Oxford, UK: OneWorld Publications (www.oneworld-publications.com). 2002, pp156, \$16.95 (softcover).

The public and professional perception of bipolar disorder (manic depression) is gradually changing. It used to be a privately experienced, poorly understood and little treated illness. Nowadays, service users with the diagnosis are forming influential and empowering groups, research into the condition and its psychological factors is blooming, and treatment is broadening from medication alone to biopsychosocial interventions with an increasing role for cognitive behavioural therapy. *Coping with Bipolar Disorder* comes at a ripe time, providing an accessible introduction to this condition and bridging the gap between early conceptualisations of bipolar disorder and future approaches that hold increasing promise. It is suitable for individuals who have accepted the diagnosis of bipolar disorder and their families, as well as providing an excellent introduction to health professionals.

The book is presented in an accessible manner, both in its appearance and its writing style, and is easy for the reader to 'dip in' to read a section of current interest. The book is written in a personal manner (often in the first person), uses vignettes and dialogues liberally to illustrate key ideas, and includes summary points at the end of each chapter. It begins with an introductory chapter – What is Bipolar Disorder? – of course, professionals are still debating over this question (e.g. Swann, 2006). Jones et al. provide no illusions here of any clear-cut answers, yet they manage to introduce current ideas in a qualified, accessible and constructive manner. For example, they make it clear that the outcome for people is variable; although some people have multiple episodes over their lifetime, others may have an acute period of their lives and little impact subsequently. This chapter would however benefit from more on the continuum approach, highlighting the high prevalence of isolated hypomanic symptoms in the general population. Following on from this, a discussion about difficulties in accepting a diagnosis of bipolar disorder would also have been helpful.

The book allocates a chapter to medication, which is a very realistic reflection of the importance of this form of treatment for the vast majority of people with bipolar disorder. With so many drugs prescribed for this condition, the capacity for confusion is enormous. Yet, Jones et al. spell out the identities, functions and possible side effects of medications very clearly, and they show understanding towards people's reservations about being fully compliant with their medication regime. The following chapters move nicely from introducing the many health professionals that the reader is likely to encounter and their roles, through an introduction of a general psychological approach, moving to warning signs and routine management, and then converge on an introduction to cognitive behavioural principles. Throughout these chapters, the authors are engaging in their style, provide concrete examples, and describe certain coping strategies in sufficient detail to be helpful, for example 'safe thrills', relaxation and prioritising.

I think it is fair to say that this book is not designed as an intensive self-help manual in the same way that, for example, *Mind Over Mood* or *Feeling Good* provides for unipolar depression. The CBT techniques are presented as broad brushstrokes rather than focused models; certain elements that might be expected in other self-help books are missing here: e.g. diagrams to illustrate vicious cycles of mood, thinking and behaviour, scales for the reader to identify the cognitions that might contribute to their difficulties, and measures to plot change

over time. Nevertheless, this is probably appropriate in a book with such a wide remit and huge domain of issues to cover. In addition, the cognitive behavioural approaches that would have influenced the ideas within this book (e.g. Lam, Jones, Hayward, & Bright, 1999), are continually developing (see Jones, Sellwood, & McGovern, 2005) and few published works of CBT for bipolar disorder (e.g. Mansell & Lam, 2003) provide personalised formulations that might be expected within established CBT for many other disorders. Therefore, the CBT approach of this book is largely a reflection of the embryonic nature of research and clinical practice in this area. Nevertheless, for clinicians interested in recommending a book that provides more on CBT specifically, *Overcoming Mood Swings* (Scott, 2002) is a nice companion book to the current volume.

The subsequent chapters of *Coping with Bipolar Disorder* cover further critical issues for a person with a diagnosis of bipolar disorder. One chapter is devoted to the important issues of sleep management, although there should probably be more on normalising of occasional poor sleep too, to try to address the excessive worry about sleep that can have paradoxical effects (Harvey et al., 2005). The sections on family issues, stigma and shame, survival issues and 'your rights' are excellent. These factors cannot be underestimated, especially in people who have had a long-term condition. The authors do well to see both sides of the coin; for example, they illustrate both the potential helpfulness and support from family members but also their potential exacerbation of problems through oversensitivity and intrusion. The last two chapters on survival issues and rights provide clear practical information on areas such as financial issues, how to relate to professionals, discrimination and advocacy. The book rounds off with useful groups and further reading, which is strong on relevance to bipolar disorder, but unfortunately misses out the opportunity to provide some relevant references on cognitive behavioural therapy.

Coping with Bipolar Disorder is in my opinion the best self-help book available for individuals who have accepted their diagnosis, need more information, and are ready to sample a range of different ways to help them stay well and deal with a crisis. It is very accessible, of a manageable length, and written in a way that is both personal and professional, normalising and candid. It provides a good bridge to start to talk about cognitive behavioural approaches with a client and to flag up strategies that they might try out and evaluate during therapy. Maybe when a new edition of the book is available, more will be known about CBT for bipolar disorder that can be distilled in a self-help format and in a normalising framework. Until then, *Coping with Bipolar Disorder* is the best overview available for people living with symptoms of bipolar disorder, the diagnostic label, and the consequences of both.

References

- Harvey, A. G., Schmidt, D. A., Scarna, A., Semler, C. N., & Goodwin, G. M. (2005). Sleep-related functioning in euthymic patients with bipolar disorder, patients with insomnia, and subjects without sleep problems. *American Journal of Psychiatry*, *162*, 50-57.
- Jones, S., Sellwood, W., & McGovern, J. (2005). Psychological therapies for bipolar disorder: the role of model-driven approaches to therapy integration. *Bipolar Disorders*, *7*, 22-32.

- Lam, D.H., Jones, S., Hayward, P. & Bright, J. (1999). *Cognitive Therapy for Bipolar Disorder: A Therapist's Guide to the Concept, Methods and Practice*. Chichester, UK: Wiley and Son Ltd.
- Mansell, W., & Lam, D. (2003). Conceptualising a cycle of ascent into mania: A case report. *Behavioural and Cognitive Psychotherapy*, 31, 363-367. (Supplementary Materials: doi: 10.1017/S1352465803003102).
- Scott, J. (2001). *Overcoming mood swings: A self-help guide to using cognitive behavioural therapies*. Constable and Robinson.
- Swann, A. C. (2006). What is bipolar disorder? *American Journal of Psychiatry*, 163, 177-179.

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