Bipolar Disorder: Understanding Motivation
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Abstract
The present study examines motivation from a qualitative, phenomenological perspective in an effort to understand the lived experience of motivation from the perspective of individuals diagnosed with Bipolar Disorder. Specific areas of interest include the impact of stigma and clinicians on motivation. Of participants expressing interest in the study, six participants (n=6) will be randomly selected and interviewed using a semi-structured format from Community Alliance Day Rehabilitation Program to meet scientific objectives. All participants will be between 25-45 years of age, diagnosed with Bipolar Disorder, and attending Community Alliance Day Rehabilitation Program. The interviews will be transcribed and will analyzed for themes. By understanding the experience of motivation for individuals diagnosed with Bipolar Disorder this will allow clinicians great understanding subsequently improving treatment outcomes. This will also improve quality of life for individuals diagnosed with Bipolar Disorder.

Introduction
Bipolar Disorder is characterized by significant fluctuations in mood, particularly episodes of mania to depression. Johnson et al. (2012) identifies Bipolar Disorder as being “one of the most severe of mental illnesses, with high rates of mortality, suicide, and hospitalization even with the best available treatments” (p. 353). While understanding Bipolar Disorder in relation to diagnosis and treatment is important in order to treat effectively, counselors also need to understand what drives a person towards treatment and the desire to improve. Motivation is the “central mechanism or constellation of mechanisms that lie at the heart of why and how people change behaviors” (Diclemente et al., 2008, 26). Since motivation drives behaviors and performance, counselors must understand what influences the motivation of people diagnosed with Bipolar Disorder before successful treatment can take place.

Methods

Phenomenology: This study begins with a search for knowledge regarding the meaning of client motivation in the given context, by gathering descriptions of the experienced phenomenon.

Participants: Participants must be between the ages of 25-45 years old, diagnosed with either Bipolar I or Bipolar II Disorder, currently attending Community Alliance Day Rehabilitation Program, and have stable housing.

Recruitment: Day Program staff will make general announcements about the study adhering to a provided script, and distribute study brochure. Program staff will ensure participants meet study criteria.

Projected Results

Therapeutic Alliance Factors- 1) Client and therapist agreement on the goals and tasks of therapy, 2) client's motivation and ability to accomplish work collaboratively with the therapist, 3) therapist's empathic responding to and involvement with the client, 4) positive affective bond between client and therapist, characterized, for example, by mutual trust, acceptance and confidence.

Self-Stigma- the internalized stigma that individuals may have toward themselves as a result of their minority status” (Mak & Cheung, 2010, 267).

Public Stigma
<table>
<thead>
<tr>
<th>Stereotype</th>
<th>Prejudice</th>
<th>Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative belief about a group such as: Incompetence Character weakness Dangerousness</td>
<td>Agreement with belief and/or Negative emotional reactions may include: Accept Fear</td>
<td>Behavior response to prejudice such as: Refuse work and housing opportunities Withhold help</td>
</tr>
</tbody>
</table>

Self-Stigma
<table>
<thead>
<tr>
<th>Stereotype</th>
<th>Prejudice</th>
<th>Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative belief about the self such as: Incompetence Character weakness Dangerousness</td>
<td>Agreement with belief and/or Negative emotional reactions may include: Low self-esteem or Low self-efficacy</td>
<td>Behavior response to prejudice such as: Failure to pursue work and housing opportunities Does not seek help</td>
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Conclusion/Future Plans
Bipolar Disorder is a complex disorder requiring psychotherapy and medication in order to manage symptoms. Many aspects of Bipolar Disorder are not understood including motivation. Motivation is what drives our behavior, thus for treatment to be successful individuals must be motivated. Understanding individual experience of motivation is key to improve quality of life for individuals diagnosed with Bipolar Disorder.

Future plans in my research include conducting the interviews, and analyzing the data for themes. Future research could specifically study racial minorities stigma in connection to motivation.

References

