

## Assessment of implicit self-esteem in bipolar manic and euthymic patients using the implicit association test

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### Abstract

**Objective:** Although self-esteem is thought to be an important psychological factor in bipolar disorder, little is known about implicit and explicit self-esteem in manic patients. In this study, we investigated differences in implicit and explicit self-esteem among bipolar manic patients, bipolar euthymic patients, and healthy controls using the Implicit Association Test (IAT).

**Methods:** Participants included 19 manic patients, 27 euthymic patients, and 27 healthy controls. Participants completed a self-esteem scale to evaluate explicit self-esteem and performed the self-esteem IAT to evaluate implicit self-esteem.

**Results:** There were no differences among groups in explicit self-esteem. However, there were significant differences among groups in implicit self-esteem. Manic patients had higher IAT scores than euthymic patients and a trend toward higher IAT scores than healthy controls.

**Conclusions:** Our findings suggest that, on the latent level, a manic state is not simply the opposite of a depressed state. Furthermore, there may be a discontinuity of implicit self-esteem between manic and euthymic states. These unexpected results may be due to characteristics of the study participants or the methods used to assess implicit self-esteem. Nevertheless, they provide greater insights on the psychological status of manic patients.

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### 1. Introduction

In psychoanalysis, mania is regarded as an unconscious defensive reaction to depression [1]. According to Neale's cognitive explanation, grandiose ideas, which arise from the avoidance of low self-esteem, result in mood elation and excited behaviors [2]. For bipolar patients, a state of low self-esteem may be a predisposing factor, and a precipitating event can threaten the vulnerable sense of self-esteem. Then bipolar patients who experience underlying negative cognition might activate positively-biased explicit cognition to avoid painful cognition for awareness and to keep out of

distressing depressed mood. These grandiose ideas might lead to mood elevation to mania although the implicit cognition is still related to depressive cognition [3]. The core of this cognitive reformulation of the psychoanalytic hypothesis lies in the 'implicit' psychological status of manic patients that manifests in 'explicit' elative mood, inflated self-esteem, and grandiose self-representation. Explicit (direct) and implicit (indirect) attitudes may not be the same, as patients may resist self-presentational forces that mask personally or socially undesirable evaluative associations or that prevent accurate reporting of attitudes [4]. Bipolar patients may express self-esteem indirectly [3], with a discrepancy between explicit and implicit self-esteem in both remitted [3] and manic states [5].

Several tools for assessing implicit emotional processing have been used for manic patients. In empirical studies using the emotional Stroop test, manic or hypomanic patients

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exhibit negative information processing biases that are implicated in depressed states [5,6]. Lyon and his colleagues, however, found that manic patients possess both implicit negative views and explicit positive views of themselves [5]. In recent studies using implicit tasks, including an emotional auditory verbal learning test, bipolar hypomania was found to be associated with both depression-related and mania-related cognitive processing [7], with no differences observed between hypomanic and euthymic states [7,8]. Likewise, some researchers propose that hypomania is associated with both negative and positive cognitive biases [9]. Thus, attempts to understand the psychology of manic patients using implicit approaches are still limited and produce inconsistent results.

Explicit self-esteem can be assessed by deliberate, conscious self-reports, whereas implicit self-esteem can be assessed by automatic, non-conscious responses [10]. Recent studies suggest that explicit self-esteem is revealed through controlled, reflective responses, whereas implicit self-esteem is revealed through spontaneous, affective responses [11,12]. The Implicit Association Test (IAT) is a useful tool for measuring implicit self-esteem [4,13] in healthy subjects and patients with psychiatric illnesses including paranoia [14], social anxiety disorder [15], body dysmorphic disorder [16], borderline personality disorder [17], and narcissistic personality disorder [18]. Recent studies using the self-esteem IAT equivocally report either lower implicit self-esteem in current depressive patients compared with healthy controls [19] or no differences in implicit self-esteem between subjectively high depressive volunteer students whose BDI score was over 21 and low depressive ones [20]. Unipolar depressive patients in remission, however, show either higher implicit self-esteem or no differences compared with healthy controls [19,21,22]. Furthermore, a greater number of previous depressive episodes are associated with lower implicit self-esteem [19], emphasizing the necessity of evaluating self-esteem for relapse prevention treatment.

These inconsistent findings of implicit self-esteem among manic patients might partly result from differences among assessment tools or heterogeneity among samples [7]. To our knowledge, the IAT has not previously been used to evaluate implicit self-esteem among patients with bipolar I mania or euthymia. We expect that this approach will not only increase our understanding of the cognitive patterns of mania but also suggest cognitive strategies for preventing mania recurrence. Self-efficacy has been assessed (simultaneously) along with self-esteem in a large number of psychological studies on 'self'. The concept of self-efficacy and self-esteem seems to measure the same factors [23]. However, self-efficacy is defined as the perception of one's own ability to complete and reach goals and hence, by definition, differs subtly from self-esteem which is defined as a person's sense of own worth. Manic patients show behavioral abnormalities that are related to psychological state of inflated self-esteem — they exhibit increased goal-directed activities and frequently

show behavioral problems such as getting excessively involved in pleasurable activities that have a high potential for painful consequence. So self-efficacy, by its definition, possibly is psychological status that well represents such behavioral characteristics observed in manic episode.

The purpose of this study was to assess implicit and explicit self-esteem in patients with bipolar disorder, particularly those in manic states. We hypothesized that manic patients would have higher explicit self-esteem and lower implicit self-esteem compared to euthymic patient or normal controls. Explicit self-esteem was measured using the Rosenberg self-esteem scale, and implicit self-esteem was measured using the self-esteem IAT. Remitted bipolar euthymic patients and healthy controls were included to address the specificity of self-esteem characteristics associated with manic states. Also, we analyzed relationships among explicit/implicit self-esteem, self-efficacy, and recent affective status.

## 2. Methods

### 2.1. Participants

Nineteen manic patients and 27 euthymic patients were recruited from the Severance Mental Health Hospital of Yonsei University Health System. All patients were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders-IV [24]. Diagnoses were briefly confirmed using the Mini-International Neuropsychiatric Interview (MINI) [25] which was performed by two experienced psychiatrists (J.Y.P. or H.S.C.). We excluded patients with mixed manic states due to possible confounding effects of depressed mood. Patients with recent substance abuse, severe personality disorder, neurological diseases, or any other current axis I disorders were also excluded. For healthy controls, we selected 27 individuals who responded to a recruitment notice. All the patients participated in this study were diagnosed with bipolar I disorder and there was no bipolar II disorder patient. 7 manic patients and 12 euthymic patients experienced manic episode only and did not experience depressive episode. These individuals had no history of psychiatric disorders and did not show any notable psychiatric symptoms during the MINI interview. Mood status and psychopathology were also assessed using the Young Mania Rating Scale (YMRS) [26] and the Montgomery and Åsberg Depression Rating Scale (MADRS) [27]. Montgomery–Åsberg Depression Rating Scale is a tool for evaluating depressive symptoms by raters, and it has total 10 items such as sadness, tension, reduced sleep, reduced appetite, concentration difficulty, and so on. Scores from each item are added up [28]. Young Mania Rating Scale is a clinical rating scale for evaluation of maniac symptoms and consists of 11 items such as mood, sexual interest, speech, disruptive–offensive behavior, and so on. 7 items are rated from 0 to 4 and 4 items are rated from 0 to 8. Higher score indicates severe maniac symptom [29]. Mini International

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