

Textmania: Text Messaging During the Manic Phase of Bipolar I Disorder

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In 2008, 2.5 trillion text messages were sent worldwide.¹ The popularity of text messages has grown such that the term texting has entered the common lexicon. In some cases, text messaging is significantly cheaper than placing a phone call; in others, text messaging is popular despite the low cost of voice calls. Texting, most often used between mobile phone users as a substitute for voice calls, became popular in the late 1990s. Initially, teens and young adults were the predominant text messaging users, but subsequently other age groups have adopted this mode of communication.^{2,3}

Texting became a popular communication choice partly because the quasi-subversive nature of texting (in the sense that it is an activity in which one can often engage without being noticed by others, e.g., people in authority) which gave it credibility among young teens.³ In addition, it provided a medium for teens to experiment with nonverbal communication and to develop texting-specific slang. Consequently, text messaging allowed young people to define themselves apart from parents and other groups.^{4,5}

As Technology advances, the options for communication modalities are increasing. Therefore, in Bipolar I disorder where abnormalities in verbal communication exist, the presence of abnormalities in non-verbal communication modalities such as text messaging should be explored.

Bipolar I disorder is a brain disorder that has a prevalence of 1% and causes extreme and unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day activities.⁶ At least half of all cases of bipolar I disorder start before the age of 25.⁷ People with bipolar I disorder experience mood episodes or unusually intense emotional states that can occur in distinct periods. The manic episode is an overjoyed or elated state while the depressive episode is one of extreme sadness or hopelessness. When the mood episode includes symptoms of both mania and depression it is called a mixed state. Extreme changes in energy, activity, sleep, and behavior go along with these changes in mood. The behavioral changes observed bipolar I disorder during mania include talking very quickly, jumping from one idea to another, racing thoughts, easy distractibility, increased goal-directed activities, restlessness, little need for sleep, unrealistic belief in one's abilities, impulsivity, and taking part in a lot of pleasurable and high-risk behaviors.⁸ In addition, manic patients can exhibit hypergraphia.⁹ Hypergraphia, a condition where a person feels an overwhelming compulsion to write that can also be associated with temporal lobe epilepsy. Interestingly, Okuda et al. described a case of hypergraphia in a patient with temporal lobe epilepsy where handwritten text was augmented by the use of computers to

generate excessive and extraneous graphs, tables, and typewritten text along with a publication of a comprehensive website.¹⁰ Here, the authors describe a patient during the manic episode of bipolar I disorder that exhibited a dramatic increase in the frequency of text messaging along with a decrease in the quality of the content in text messages sent.

Case

A 23-year-old female with bipolar I disorder was hospitalized for exhibiting symptoms of mania. Her current manic phase had periods of continuous effusive and elated mood with excessive confidence, self-esteem, and a sense of entitlement. During the patient interview she exhibited loose associations, flight of ideas, and easy distractibility. She had a decreased need for sleep and felt rested despite sleeping only two hours at night for the past 4 nights. When asked about her speech pattern she reported that her preferred mode of communication while manic was text messaging. She denied excessive spending but admitting to going over her monthly-allotted text messages for her cell phone texting plan while in the manic phase, which lasted greater than 10 days.

The patient reported that her normal texting rate is 10–15 texts with 10–15 words each per day. The text messages were primarily meaningful messages or greetings to her boyfriend and 2 close friends. She admitted taking the time to carefully construct her text messages with the use correct texting grammar, punctuation, and spelling. However, during her manic phases her texting rate, quality, and pattern changed. When manic she became careless with her texting grammar, punctuation, and spelling. The patient stated that quickly her thoughts enter her mind quicker than she can type them leading to some of the errors in the messages. Consequently, most of the time the recipients of her text messages were unsure of what she was saying because of both gross grammatical errors and loose associations in the message content. Compared to her texting pattern in her normal or depressed state, the authors have denoted this type of texting as “pressured texting.” In addition, her messages were more dramatic with extravagant ideas and amusing sexual anecdotes known as sexting. The patient stated that she sends greater than 200 texts daily when manic, which is 1333.% more text messages than when she is in her normal state.

In addition, the patient also admitted to having an overwhelming desire to communicate with multiple people at once, and so she used her cell phone’s group texting feature. She preferred this feature because it allowed her to send the same message to multiple people at once and she enjoyed getting multiple responses back simultaneously from the members of the group text. While manic the patient regularly went over her monthly allotted text plan and had to pay extra fees for the extra text messages sent. Lastly, the patient also reported an inability to stop the excessive texting during mania. The patient denied abusing drugs and alcohol, manifestation of psychotic features, or any medical illness, and admitted that her manic phase had caused difficulties at work and home and often required hospitalization. The patient was admitted and received 300mg of Lithium t.i.d. and was discharged after her mania remitted. Incidentally, when the patient is in the depressed phase of bipolar I her desire to text is diminished.

Discussion

As technology continues to advance, the classical presentations of psychiatric diseases where communication is implicated will be directly influenced. One popular communication medium, cell phone texting, has become a major form of communication worldwide. Among young adults who represent the prototypical age group for the onset of bipolar I disorder assessing texting usage may play a pivotal role in qualifying a patient speech pattern.

In this manic patient, an increase in talkativeness and pressured speech was primarily manifested through texting and not verbal communication. The patient exhibited a differential rate and pattern of texting during her manic episode. During mania, the patient exhibited a lowered threshold for sending text messages, a 1333.% increase in the amount of text messaging, and a decrease in the coherence of ideas in the messages. She also noted an increase in grammatical, punctuation, and spelling errors, and that did not concern her as they would when she was in her normal state. In addition, she had an increased desire to communicate with multiple people simultaneously about trivial topics using group texting and sexting. The authors characterized the change in texting rate and pattern while manic *textmania*. This unique manic texting pattern was not reported during the interim time between manic episodes. Interestingly, the only time the patient reported not having access to their cell phone was during a hospital admission. In the hospital when the patient was without her cell phone, the authors observed that she exhibited classical manic symptoms. In particular, racing thoughts, easy distractibility, pressured speech (to the extent of being incomprehensible), loose associations, and a decreased need to sleep.

It is important to assess different forms of communication when evaluating psychiatric patients whose disease state causes changes in their communication. In this digital age, many people carry out entire conversations without the use of traditional speech mediums. This is reflected through the different communication modalities such as texting and online chatting. Changes in text messaging patterns may be used as a qualitative means of assessing speech, when examining speech in bipolar I disorder. The literature is very limited on this subject; therefore, this case suggests that future studies on the use of text messaging in a cohort of bipolar I patients are needed to investigate this finding further and to determine if this pattern of text messaging exists in other patients with bipolar I disorder. In particular, information on the patient's baseline amount of texting, sexting, typical message content, reason for text message, average number of people contacted per hour, frequency of auto-correct employment, rate of grammatical errors, desire to correct grammatical errors, frequency of group texting, and average number of responses from recipients indicating incomprehensibility of message when the patient is not in a manic state should be gathered. A distinct variation from a patient's baseline pattern will help researchers identify changes in communication in bipolar I disorder and determine if a patient's use of texting mimics the expected changes in verbal communication. In addition, it would be interesting to explore if there are changes that occur in the text messaging patterns in other psychiatric conditions where communication is affected.

Notes

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