



Navigating The Peaks And Valleys: Understanding The Lived Experiences Of Individuals With Bipolar Disorder

Ms Ankur Ankur

Date of Submission: 18-04-2024

Date of Acceptance: 30-04-2024

ABSTRACT

This qualitative exploratory study delves into the intricate lived experiences of individuals diagnosed with bipolar disorder, focusing on the profound impacts of manic and depressive episodes within the realms of occupation, interpersonal relationships, and education. Through semi-structured interviews, conducted with a sample of 8 participants aged between 20 and 45, thematic analysis was employed to glean insights into the coping mechanisms and support networks utilized during manic and depressive episodes. The study revealed that bipolar disorder is characterized by volatile mood swings that profoundly affect mental well-being, disrupt daily functioning, and strain interpersonal relationships, highlighting the critical need for robust support systems. Social support and consistent treatment emerged as pivotal factors in effectively managing bipolar disorder, underscoring the importance of ongoing research in understanding the cognitive and affective burdens associated with this condition. The findings underscore the significance of fostering growth, acceptance, and resilience in the management of bipolar.

Keywords: Bipolar Disorder, Lived Experiences, Coping Mechanism, Cognitive burden

I. INTRODUCTION

Bipolar disorder (BD) is defined by recurrent mood fluctuations that alternate with periods of stability (Vieta et al., 2018). The identification of this condition does not have clear and specific biological indicators. Instead, it relies on clinical criteria outlined in diagnostic manuals such as DSM-5 and ICD-10 (APA, 2013; WHO, 1993). The DSM-5 categorizes bipolar disorder into different kinds, but the ICD-10 places emphasis on the history of mood episodes (Phillips & Kupfer, 2013). Mania and hypomania distinguish between distinct forms of bipolar disorder, with mania causing substantial impairment (Grande et al., 2016). Depressive episodes in bipolar disorder (BD) correspond to the criteria for major depression, as outlined by Vieta et al. (2018). This often results in

misdiagnosis and a delay in receiving appropriate treatment, as highlighted by Carvalho et al. (2020).

Bipolar disorder (BD) has a global prevalence of more than 1%, with rates varying among different groups (Alonso et al., 2011). The variation in prevalence rates between the UK and US can be attributed to the different diagnostic systems used (Smith et al., 2013; Merikangas et al., 2011). Gender plays a role in determining the prevalence of different types of bipolar disorder, with bipolar disorder type II being more frequently observed in females (Nivoli et al., 2011). Bipolar disorder (BD) exhibits elevated rates of disability and suicide compared to other mental disorders, as evidenced by studies conducted by Vigo et al. (2016) and Schaffer et al. (2015).

The DSM-IV-TR classifies bipolar disorder into three types: type I, type II, and cyclothymic disorder. Each type is characterized by unique patterns of mood. The lifetime prevalence of bipolar disorders in the US population is approximately 3.9%, according to various studies (Kessler & Wang, 2008; NIMH, 2008).

Ancient Indian scriptures make reference to psychiatric disorders, highlighting the importance of comprehensive well-being (APA, 2000). Traditional Indian medicine incorporated mental health principles (APA, 2000). Following India's independence, the country encountered difficulties in the field of mental healthcare as a result of poverty and the distribution of resources (Najabuddin, 1222 AD). Prevalence studies suggest that the prevalence of bipolar disorder in India is lower than that of major depression, as stated by the APA in 2000.

India has a scarcity of mental health resources, with a limited number of psychiatrists and challenges in accessing mental health services in rural areas (APA, 2000). The utilization of alternative medicine and the presence of stigma contribute to the postponement of obtaining appropriate psychiatric care (APA, 2000). The government is implementing steps to enhance



mental health care, although they encounter obstacles (APA, 2000).

Individuals with Bipolar Disorder (BD) experience fluctuating degrees of functional ability and psychological discomfort (Cole, 2004). Research investigates particular facets of the impact of BD, such as its effects on work and adherence to treatment (Laxman et al., 2008; Anderson-Darling et al., 2008). There is a lack of in-depth qualitative research that explores the complete personal experience of BD (Driscoll, 2004; Jamison, 1995; Burnard, 2007), suggesting the necessity for additional exploration.

II. REVIEW OF LITERATURE

Bipolar disorder (BD) is a persistent psychiatric condition marked by recurrent episodes of sadness and (hypo)mania. According to DSM-5, it classifies the condition into two types: type I, which is defined by manic episodes, and type II, which is characterized by hypomanic episodes (APA, 2013). Approximately 2-3% of the population in the United States has bipolar disorder (BD) each year, which has substantial social expenses and an increased risk of suicide (Kessler et al., 2005; Merikangas et al., 2007; Dilsaver, 2011; Cloutier et al., 2018). Bipolar disorder has a significant influence on an individual's functionality and quality of life, and the associated expenses are similar to those of life-threatening conditions (Leung et al., 2021).

The global lifetime prevalence rates for Bipolar Disorder Type I (BDI) are estimated to be 0.6%, while the rates for Bipolar Disorder Type II (BDII) are estimated to be 0.4%. These percentages are greater in women, as reported by Merikangas et al. (2011), de Graaf et al. (2010), and Ferrari et al. (2016). Bipolar disorder typically begins in early adulthood and is associated with substantial social and individual challenges, such as increased risk of suicide and cognitive decline (Gonda et al., 2012; Cotrena et al., 2016; IsHak et al., 2012; Fajutrao et al., 2009).

Qualitative research provide insight into the subjective experiences of individuals with bipolar disorder (BD), uncovering recurring themes of hardship, adaptation, and self-awareness (Driscoll, 2004; Jonsson et al., 2008). Autobiographical narratives provide individual perspectives on the difficulties and successes of coping with BD (Jamison, 1995; Lundin, 1998; Cole, 2004). The management guidelines prioritize acute and maintenance treatments, which include medication, psychoeducation, and psychological interventions (Goodwin et al., 2016; Kupka et al.,

2015). The importance of personal recovery, which emphasizes individual development and satisfaction, is becoming more widely acknowledged in the treatment of BD (Fava et al., 2007; Slade, 2009). Mental wellness refers to the whole state of an individual's emotional, social, and psychological well-being. It emphasizes the importance of both experiencing pleasure and having a sense of purpose for one's mental health (Huppert, 2009; Ryff, 2014). When treating bipolar disorder, it is crucial to take into account both the management of symptoms and the mental well-being of the patient (De Vos et al., 2018; Franken et al., 2018).

III. METHODOLOGY

Aim

This research aims to delve into the lived experiences of individuals with Bipolar Disorder, focusing on how manic and depressive episodes affect various domains of their lives. The insights gained will inform the development of targeted interventions and support mechanisms.

Research Questions

1. How do manic and depressive episodes impact the occupational, interpersonal, and educational aspects of individuals with Bipolar Disorder?
2. What coping mechanisms do individuals with Bipolar Disorder employ during manic and depressive episodes, and how can support systems enhance their effectiveness?

Sample

A purposive sampling method will be used to interview eight persons who have been diagnosed with Bipolar Disorder. This method will ensure that there is a diverse representation in terms of age, gender, socioeconomic situation, and cultural background. Individuals must be at least 18 years of age and have a verified diagnosis of Bipolar Disorder. Severe mental illness or cognitive impairments are considered as exclusion grounds.

Research Design

An approach of exploratory research will be used to study direct experiences. This methodology enables adaptability in the gathering and examination of data, permitting an unrestricted exploration of the viewpoints of participants. The study will employ qualitative methodologies, such as interviews and thematic analysis, to acquire a comprehensive understanding of the effects of Bipolar Disorder.

Criteria for Inclusion and Exclusion

Criteria for inclusion:

- Individuals who are 18 years of age or older and have received a verified diagnosis of Bipolar Disorder



- Voluntary participation
- Criteria for exclusion:
- Existence of profound psychiatric disorder
 - Profound cognitive deficits

Procedure

The recruitment process will entail reaching out to potential participants via mental health clinics, support groups, and online platforms. Prior to conducting interviews, participants will be provided with informed consent, which will ensure their comprehension of the study's objectives and procedures. The semi-structured interviews will be performed either in person or over video conference, providing participants with the opportunity to openly express their perspectives. The interviews will be recorded using audio equipment and then

transcribed word-for-word for the purpose of conducting thematic analysis.

Statistical Tools

The interview data will be analyzed using qualitative thematic analysis, with a specific focus on detecting recurring themes and patterns associated with Bipolar Disorder. This systematic methodology allows for a thorough investigation of participants' experiences, providing valuable insights for clinical practice and the creation of policies in the sector. Thematic analysis provides a systematic and rigorous approach to deriving significance from qualitative data, so helping to the progress in comprehending and assisting individuals with Bipolar Disorder.

IV. RESULT

Table 1:
Grouping initial Codes to form Themes

Theme	Codes
Symptom Experience	Confidence, Impulsivity, Happiness, Anxiety
Impact on Life	Bleakness, Self-harm, Immobility, Bitterness, Productivity, Concentration, Disruption, Standoffishness
Coping and Support	Strain, Support, Understanding, Conflict, Coping, Therapy, Medication, Compliance
Psychological and Emotional Impact	Anxiety, Tension, Boggled down, Overwhelmed, Hopelessness, Negativity, Distress
Reflection and Advice	Growth, Perception, Understanding, Acceptance, Communication, Perseverance, Adaptation, Compliance

The thematic analysis unveiled five important themes that encompass the lives of individuals with Bipolar Disorder:

- **Symptom Experience:** Participants reported experiencing emotions such as confidence, impulsiveness, and happiness during manic episodes. In contrast, they had sensations of discomfort and apprehension during episodes of depression.
- **Effect on Life:** Symptoms have a major impact on multiple areas of everyday functioning and interpersonal interactions. Participants experienced disturbances in their productivity, focus, and social interactions. In addition, they conveyed sentiments of seclusion and detachment.
- **Coping and Support:** The participants engaged in a discussion on various coping strategies, including therapy, adhering to medicine, and receiving support from their family. They highlighted the importance of obtaining both professional and social assistance.

- **Psychological and Emotional Impact:** Participants emphasized the psychological ramifications of Bipolar Disorder, such as anxiety, unease, and anguish.
- **Reflection and Advice:** Participants contemplated their personal development, embracing oneself, and the significance of proficient communication and resilience in coping with Bipolar Disorder. These themes provide significant perspectives on the complex difficulties experienced by individuals with Bipolar Disorder, emphasizing the significance of customized interventions and support networks.

V. DISCUSSION

The discussion underscores the long-lasting influence of bipolar disorder (BD) on individuals, caregivers, and society, emphasizing the importance of treatment approaches such as medications, psychiatric therapies, and personal recovery techniques in effectively managing symptoms and improving overall well-being. Optimal mental health is crucial in preventing recurrence and



enhancing the overall quality of life for those with BD. A qualitative research project aims to investigate the real-life experiences of individuals with BD using purposive sampling, semi-structured interviews, and thematic analysis. The extracted themes uncover a range of sensations, including heightened self-confidence and impulsiveness during manic episodes, as well as feelings of joy, fear, and despair during depressed episodes. Essential elements include coping skills, therapy, adherence to medicine, personal development, and acceptance. The intricacy of BD emphasizes the necessity for customized therapies, efficient communication, determination, and flexibility in controlling the illness and attaining a satisfying existence. Nevertheless, it is important to note the limitations of self-reported data and the necessity for additional study to improve support and treatment methods, while also recognizing the wide range of variations within the bipolar spectrum. An investigation into how persons with BD perceive the future reveals that they experience a changing feeling of pace and uncertainty, which affects their perspective and actions. Research also explores the subjective perception of time during manic and depressive episodes, indicating disturbances in the organization of time and the influence of emotions on interpersonal dynamics. The discussion recognizes potential biases arising from overlapping themes and reliance on self-reported experiences, while also offering profound insights. It highlights the significance of thoroughly addressing internal strategies for dealing with stress and good qualities, while taking into account how factors like gender, socioeconomic level, and cultural background might affect experiences related to bipolar disorder. The research studies mentioned in this discussion, such as those conducted by Maassen et al. (2018), Rhodes et al. (2019), Binswanger (1964), Minkowski (1970), Gruber et al. (2012), Sass & Pienkos (2013), Rhodes & Smith (2010), Smith & Rhodes (2015), and Fuchs (2013a; 2013b), provide valuable insights into the complex nature of BD. These studies inform both research and clinical practice in the field.

VI. CONCLUSION

Finally, this study provides a thorough investigation into the actual experiences of persons who have bipolar disorder (BD), revealing the complex nature of the condition and its significant influence on different elements of everyday life. The study revealed themes that emphasized the varying emotions, coping mechanisms, and difficulties experienced by individuals with BD, emphasizing

the significance of customized interventions and support networks. The results enhance our comprehension of BD and underscore the necessity for ongoing investigation and sophisticated strategies to provide support and therapy, taking into account the varied experiences within the bipolar spectrum. This study offers useful insights for clinical practice and policy creation in the realm of mental health by recognizing the intricacies of BD and addressing possible biases.

IMPLICATIONS

- **Customized Interventions:** The study highlights the significance of creating customized therapies for persons with BD that target the wide array of symptoms and difficulties they encounter. Medical professionals should acknowledge the unpredictable nature of bipolar disorder symptoms and collaborate with patients to create customized treatment methods that integrate medication, therapy, and coping mechanisms tailored to their specific requirements and preferences.
- **Family and Social Support:** The results emphasize the vital importance of family and social support networks in effectively managing BD. Healthcare professionals should actively promote patients' involvement with their support networks and educate their family members and friends about the characteristics of bipolar disorder and the ways in which they may offer valuable assistance. Family therapy or support groups can also be advantageous in promoting communication and comprehension among family members.
- The study highlights the significance of maintaining regular medication adherence and therapy to ensure stability and prevent relapses in patients with BD. Medical practitioners should collaborate closely with patients to oversee their compliance with prescribed treatment plans and resolve any obstacles or apprehensions they may encounter. Providing patients with information and scheduling regular check-ups can assist emphasize the significance of following the treatment plan.

REFERENCES:

- [1]. Burnard, P.(2007). Seeing the psychiatrist: an autoethnographic account. *Journal of Psychiatric and Mental Health Nursing*, 14, 808-813.
- [2]. Carpenito-Moyet, L. (2006) *Handbook of nursing diagnosis*. Philadelphia, Lippincott Williams & Wilkins.
- [3]. Cavaletti, F., & Heimann, K. (2020). Longing for tomorrow: phenomenology, cognitive



- psychology, and the methodological bases of exploring time experience in depression. *Phenomenology and the Cognitive Sciences*, 19(2), 271-289. <https://doi.org/10.1007/s11097-018-09609-y>
- [4]. Cole, N. (2004). A bipolar journey. *Australian and New Zealand Journal of Psychiatry*, 38, 671-673.
- [5]. de Graaf, R., ten Have, M., & van Dorsselaer, S. (2010). De psychische gezondheid van de Nederlandse bevolking. *Nemesis-2: Opzet en eerste resultaten*. <http://raymondgruijs.nl/wp-content/uploads/folders/raymondgruijs.nl/2015/09/xcz-2995458b.pdf>
- [6]. Driscoll, J. (2004). The experience of women living with bipolar II disorder. Doctoral Dissertation, University of Connecticut.
- [7]. Fuchs, T. (2013a). Depression, Intercorporeality, and Interaffectivity. *Journal of Consciousness Studies*, 20(7-8), 219-238.
- [8]. Goodwin, F. K., & Jamison, K. R. (2007). *Manic-depressive illness: bipolar disorders and recurrent depression* (2nd ed.). Oxford University Press.
- [9]. Henry, C., Swendsen, J., Van den Bulke, D., Sorbara, F., Demotes-Mainard, J., & Leboyer, M. (2003). Emotional hyper-reactivity as a fundamental mood characteristic of manic and mixed states. *European Psychiatry*, 18(3), 124-128. [https://doi.org/10.1016/S0924-9338\(03\)00041-5](https://doi.org/10.1016/S0924-9338(03)00041-5)
- [10]. Jamison, K. (1995). *An unquiet mind: A memoir of moods and madness*. New York: Vintage books, Random House.
- [11]. Kessler, R. C., & Ustun, T. (2008). *The WHO World Mental Health Surveys: Global perspectives on the epidemiology of mental disorders*. Cambridge University Press.
- [12]. Lim, L., Nathan, P., O'Brien-Malone, A., & Williams, S. (2004). A qualitative approach to identifying psychosocial issues faced by bipolar patients. *Journal of Nervous and Mental Disease*, 192(12), 810-817. <https://doi.org/10.1097/01.nmd.0000146734.39501.57>
- [13]. Maassen, E. F., Regeer, B. J., Regeer, E. J., Bunders, J. F. G., & Kupka, R. W. J. I. J. o. B. D. (2018). The challenges of living with bipolar disorder: a qualitative study of the implications for health care and research [journal article]. 6(1), 23. <https://doi.org/10.1186/s40345-018-0131-y>
- [14]. Minkowski, E. (1970). *Lived Time* (J. Wild, Ed.). Northwestern University Press.
- [15]. National Institute of Mental Health (2008). The numbers count: Mental disorders in America, <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml> accessed 7/10/09.
- [16]. Rhodes, J. E., Hackney, S. J., & Smith, J. A. (2019). Emptiness, Engulfment, and Life Struggle: An Interpretative Phenomenological Analysis of Chronic Depression. *Journal of Constructivist Psychology*, 32(4), 390-407. <https://doi.org/10.1080/10720537.2018.1515046>
- [17]. Rhodes, J., & Smith, J. A. (2010). "The top of my head came off": An interpretative phenomenological analysis of the experience of depression. *Counselling Psychology Quarterly*, 23(4), 399-409. <https://doi.org/10.1080/09515070.2010.530484>