

# ***OPINION ON BIPOLAR DISORDERS IN THE POPULATION***

Gea Martínez Mármol

**Tutora:** Azucena García Palacios

## **1. INTRODUCTION**

Bipolar disorder is a chronic mental illness characterized by major fluctuations in mood, alternating depressive, hypomanic and manic episodes, the latter being the ones that confer diagnostic entity (García-Blanco et al., 2014). These variations produce subjective discomfort and significant impairment in occupational and social functioning (García-Blanco et al., 2014), making it the sixth leading cause of disability worldwide, according to the WHO. There are two main types of bipolar disorder, characterized by the presence of at least one manic episode (Type I), and the presence of a hypomanic episode and a major depressive episode (Type II) (Rodríguez, 2020). It is a prevalent disorder that affects approximately 45 million people worldwide (OMS, 2019). Its average age of onset is in late adolescence or early adulthood, and this is proportional to the severity of the subtype (18 years old for subtype I and 20 years old for subtype II) (García-Blanco et al., 2014). A major problem is that it usually takes between 5 and 10 years to diagnose the disorder as it is often confused with depression (PortalCLÍNICA, 2018). In addition, it has a chronic and recurrent course, with more severe courses if it is of early onset, as well as a prognosis where the severity of depressive symptoms, manic and suicide attempts is higher than in other disorders (García-Blanco et al., 2014). However, although it has no cure, it is possible that people diagnosed can lead a normal life if they follow the appropriate treatment. The stigmatization of people with mental disorders refers to the inclusion of such people in a social category that is considered inferior to their own, generating a negative attitude of discrimination and isolation towards them. The stigma associated with mental illnesses constitutes one of the greatest barriers when it comes to seeking professional help or treatment (González Zuloeta Ladd, 2018), as most prefer to hide their illness. The people most affected by stigmatization are those suffering from severe mental disorders such as bipolar disorder or schizophrenia, with even more negative consequences than the actual symptomatology associated with the illness itself (Simonetti, 2019). Therefore, the present study aims to investigate the stigmatization associated with Bipolar Disorder.

## **2. OBJECTIVE**

The objective of this work is to evaluate the social stigma associated with people suffering from bipolar disorder. For this purpose, a questionnaire was elaborated in order to test these beliefs in the general population.

## **3. HYPOTHESIS**

The working hypothesis is that the majority of the general population will have a high degree of stigma towards bipolar disorder.

## **4. METHODOLOGY**

### **4.1 Participants**

The sample consisted of 343 subjects of legal age, with an average age of 26.82 years, 74.3% of whom were women and 21.9% men. 93% were Spanish and 98.5% currently

reside in Spain. In terms of education, only 29.2% have a university education, of which 7.3% have completed a master's degree, and 2.7% have completed doctoral studies. Regarding work, 69.6% are active workers and 13.8% are students. On the other hand, 47.3% are married and 18.5% are in a relationship. Finally, with regard to bipolar disorder, only 1.5% of the participants have received this diagnosis, although 34.75% have a family member or close friend who suffers from this disease.

## 4.2 Instruments

In order to obtain data, a questionnaire was designed consisting of 46 items, of which 26 are direct and 18 are inverse, plus 2 control questions, and were presented randomly in order to avoid response bias. These items represent the different erroneous beliefs underlying the social stigma associated with bipolar disorder. The response method used is the fixed response method, using a Likert-type scale with 5 response options, being 5 "totally agree" and 1 "totally disagree".

## 4.3 Procedure

The study was conducted following a cross-sectional descriptive observational design, since data collection was carried out only once. The sample selection was carried out by simple random sampling, since all elements of the adult population have the same probability of being included in the sample. In reference to the survey, it has been disseminated through the survey platform Qualtrics and the instant messaging application WhatsApp. For this purpose, the study and the conditions necessary to participate in it were described in a brief message, so that the administration was carried out online, during the month of March 2022.

## 5. RESULTS

The results were obtained through an analysis with the IBM SPSS statistics 26 program. The mean obtained in 20 of the 44 items that make up the survey (8 direct and 12 inverse) demonstrate a high degree of erroneous beliefs about bipolar disorder, but for reasons of length only the three most representative items of both groups are included. On the one hand, the 3 direct items are: "It is better to avoid anyone who bipolar disorder" (M=4.50), "I would not like to have a friendship with someone with bipolar disorder" (M=4.46), "People with bipolar disorder should be admitted to a psychiatric hospital" (M=4.45). On the other hand, the 3 inverse items are: "I would never exclude someone simply because he or she has bipolar disorder" (M=1.53), "People with bipolar disorder are people like any other" (M=1.54), and "I believe that the psychologist favors in the recovery of people suffering from bipolar disorder" (M=1.51). In addition, a mean comparison analysis was performed using the Student's t-test for two independent samples to analyze whether there are significant differences in the degree of existing stigma according to sex and the fact of having family members or close friends diagnosed with bipolar disorder. In reference to gender, differences were found that indicate greater stigma among women (6 items): "It is best to avoid anyone with bipolar disorder"  $t(290) = -3.360$ ,  $p = 0.001$ ,  $d=0.47$ , "I understand why an employer would not want to hire a person with bipolar disorder"  $t(290) = -2.973$ ,  $p = 0.003$ ,  $d=0.40$ , "I would not want to work with a person with bipolar disorder"  $t(290) = -2.401$ ,  $p = 0.017$ ,  $d=0.33$ , "It is difficult to live with people who have bipolar disorder"  $t(265) = -2.617$ ,  $p = 0.009$ ,  $d=0.38$ , "People with bipolar disorder are able to enjoy a full life"  $t(290) = 2.158$ ,  $p = 0.032$ ,  $d=0.30$ , "A person with bipolar disorder may be as or more enable than anyone else to do any type of job"  $t(265) = 2.622$ ,  $p=0.009$ ,  $d=0.38$ , compared with men (2 items): "If I were diagnosed with bipolar disorder it would be a

failure for me"  $t(290) = 1.915$ ,  $p = 0.057$ ),  $d=0.26$ , "People with bipolar disorder do not need supervision"  $t(265) = -2.630$ ,  $p = 0.009$ ),  $d=0.41$ . However, the effect size of the differences is low, since the value of Cohen's  $d$  is less than 0.5 (medium) for all items. In reference to the fact of having or not having a family member or close friend diagnosed with bipolar disorder, differences have been found that show that there is a higher degree of stigma among people who have a family member or close friend suffering from this illness, as shown in the following items: "I would never exclude someone simply because they have bipolar disorder"  $t(257) = -3.137$ ,  $p = 0.002$ ),  $d= 0.47$ , "It is normal to feel a bit of fear/uncertainty when talking to or meeting a person with bipolar disorder"  $t(257) = 2.946$ ,  $p = 0.004$ ),  $d=0.38$ , "I could have a couple with bipolar disorder"  $t(257) = -1.911$ ,  $p = 0.057$ ),  $d=0.25$ , "Persons with bipolar disorder should be admitted to a psychiatric hospital"  $t(257) = 2.020$ ,  $p = 0.044$ ),  $d=0.26$ , "A person with bipolar disorder can be independent"  $t(257) = -1.961$ ,  $p = 0.051$ ),  $d=0.26$ , "I would not leave my children in the care of a person with bipolar disorder"  $t(257) = 2.262$ ,  $p = 0.025$ ),  $d= 0.30$ , "I would not want to have a friendship with someone who suffers from bipolar disorder"  $t(257) = 3.238$ ,  $p = 0.001$ ),  $d=0.42$ , "Generally people with bipolar disorder are dangerous and aggressive"  $t(257) = 2.455$ ,  $p = 0.015$ ),  $d= 0.33$ , "I would have no problem with a bipolar person taking care of my children"  $t(257) = -3.203$ ,  $p = 0.002$ ),  $d=0.41$ , "It is better that people with bipolar disorder do not deal with minors"  $t(257) = 2.410$ ,  $p = 0.017$ ),  $d= 0.31$ , "If I had a problem with a co-worker who has bipolar disorder I would prefer not to discuss it with him/her in case it might unexpectedly trigger an outbreak"  $t(257) = 2.247$ ,  $p = 0.025$ ),  $d= 0.29$ , "I would not mind having a friendship with someone who has bipolar disorder"  $t(257) = -3.260$ ,  $p = 0.001$ ),  $d= 0.45$ , "I would not like to have a romantic relationship with someone suffering from bipolar disorder"  $t(257) = 1.927$ ,  $p = 0.055$ ),  $d=0.25$ . In this case the effect size of the differences is also low, since the Cohen  $d$  value is less than 0.5 (medium) for all items.

## **6. CONCLUSION AND DISCUSSION**

The results obtained after the data analysis show that the working hypothesis is fulfilled, indicating the existence of erroneous beliefs about bipolar disorder among the subjects in the sample, since the mean obtained on 20 of the 44 items that make up the survey demonstrate a high degree of stigma. This may be due to the lack of information about this disease and the myths and false beliefs that are generally widespread among the population. On the other hand, the results show greater stigma towards bipolar disorder among women compared to men. This can be explained by the fact that the percentage of women who participated in the survey is much higher than that of men (74.3% women and 21.9% men) so the sample is not equally representative of both groups. In addition, greater stigma has been found among people who have a family member or very close friend diagnosed with bipolar disorder, which may be due to the fact that they are aware of the difficulties that this disease entails in many aspects of life (family, social, work, etc.), as well as the burden it entails for their family members. This raises the question of whether the health services are providing the necessary help to caregivers or whether it could be improved. Finally, a limitation that has been found with respect to the study is the possibility of bias in the responses, since these are self-reported, so the veracity of the results obtained is questioned. Furthermore, as 93.1% of the subjects are Spanish, the results obtained cannot be generalized to other countries.

### INTRODUCCIÓN



**Tutora:** Azucena García Palacios  
**Alumna:** Gea Martínez Mármol.

El **trastorno bipolar** (TB) es una enfermedad mental crónica que afecta a 45 millones de personas, caracterizada por fluctuaciones en el estado de ánimo (**tipo I:** al menos un episodio maníaco, **tipo II:** un episodio hipomaniaco y un episodio de depresión mayor). La estigmatización genera actitudes negativas de discriminación y aislamiento, con consecuencias más negativas que la propia enfermedad. Por ello, se pretende investigar el estigma asociado al Trastorno Bipolar

### HIPÓTESIS

**La mayoría de la población general tendrá un alto grado de estigma hacia el trastorno bipolar.**

### METODOLOGÍA

#### Participantes:

343 sujetos adultos (93,1% españoles, 74,3% mujeres y 21,9% hombres), con una edad media de 26,82 años. El 1,5% ha recibido el diagnóstico de TB y el 34,75% tienen algún familiar o amigo que sufre esta enfermedad.

#### Instrumento:

Se diseñó un cuestionario de 46 ítems (26 directos, 18 inversos y 2 preguntas control), con un método de respuesta fija tipo Likert (5 totalmente de acuerdo, 1 totalmente en desacuerdo)

#### Procedimiento:

El estudio siguió un diseño observacional descriptivo transversal, así como un muestreo aleatorio simple para seleccionar la muestra. La encuesta se difundió a través de Qualtrics y WhatsApp, durante el mes de marzo de 2022.

### DISCUSIÓN

#### Se cumple la hipótesis de trabajo

- Falta de información acerca de la enfermedad, mitos y falsas creencias

#### Mayor existencia de estigma entre las mujeres

- El porcentaje de mujeres de la muestra es mucho mayor que el de hombres

#### Mayor estigma entre las personas que tienen algún familiar o amigo cercano diagnosticado con trastorno bipolar

- Conocer las dificultades que conlleva y la carga que supone para sus familiares.
- ¿Desde los servicios sanitarios se está brindando la ayuda necesaria a los cuidadores?

**Limitaciones:** posibles sesgos en las respuestas y los resultados obtenidos no se pueden generalizar a otros países.



Ítems directos que muestran estigma		M	SD						
Es mejor evitar a cualquier persona diagnosticada de TB		4,5	0,928						
Las personas con TB no deben tener responsabilidades		4,31	0,971						
Las personas con TB deben ser ingresadas en un hospital psiquiátrico		4,45	0,881						
No me gustaría tener una amistad con alguien que sufre TB		4,46	0,901						
No me gustaría trabajar con una persona con TB		4,05	1,100						
Generalmente las personas con TB son peligrosas y agresivas		4,16	1,018						
Me avergonzaría contarle a mi familia que mi pareja sufre TB		4,15	1,137						
Es mejor que las personas con TB no traten con menores		4,01	1,090						
Ítems inversos que muestran estigma		M	SD						
No tendría problema si alguien con TB me atendiese en un servicio público		1,65	1,081						
Las personas con TB pueden disfrutar de una vida plena		1,7	1,014						
Una persona con TB puede tener una vida tan normal como la mía		1,62	0,974						
Las personas con TB no deberían ser tratadas de forma diferente		1,76	1,187						
No me importaría tener amistad con personas que padecen TB		1,56	1,002						
Creo que el psicólogo favorece en la recuperación de las personas con TB		1,51	0,901						
Una persona con TB puede ser independiente		1,55	0,849						
Las personas con TB pueden ser estables		1,89	1,070						
Una persona con TB puede estar tan o más capacitada para trabajar		1,7	1,013						
Las personas con TB pueden asumir responsabilidades de vida normal		1,65	0,888						
No me importaría tener amistad con personas que padecen TB		1,56	1,002						
Creo que el psicólogo favorece en la recuperación de las personas con TB		1,51	0,901						
Diferencias: tener o no familiar con TB		Si/No	N	M	SD	t	gl	sig.	d
Nunca excluiría a alguien por el simple hecho de padecer TB	Si	90	1,22	0,715	-3,137	257	0,002	d=0.47	
	No	169	1,66	1,205					
Es normal sentir un poco de miedo al hablar con una persona con TB	Si	90	3,41	1,413	2,946	257	0,004	d=0.38	
	No	169	2,88	1,358					
No me gustaría tener una amistad con alguien que sufra TB	Si	90	4,70	0,678	3,238	257	0,001	d=0.42	
	No	169	4,33	0,979					
No tendría problema si una persona con TB cuidara a mis hijos	Si	90	2,70	1,276	-3,203	257	0,002	d=0.41	
	No	169	3,21	1,201					
No me importaría tener una amistad con alguien que sufra TB	Si	90	1,30	0,710	-3,260	257	0,001	d=0.45	
	No	169	1,72	1,113					
Diferencias por sexo		Sexo	N	M	SD	t	gl	sig.	d
Es mejor evitar a las persona que sufren TB	M	69	4,17	1,200	-3,360	290	0,001	d=0.47	
	F	233	4,60	0,804					
Es difícil convivir con personas que padecen TB	M	69	2,46	1,058	-2,617	265	0,009	d=0.38	
	F	233	2,98	1,144					
Entiendo que un empresario no quiera contratar a una persona con TB	M	69	3,57	1,311	-2,973	290	0,003	d=0.40	
	F	233	4,06	1,184					
Una persona con TB puede estar tan o más capacitada para trabajar	M	69	2,00	1,225	2,622	265	0,009	d=0.38	
	F	233	1,62	0,928					
Las personas con TB no necesitan supervisión	M	69	3,23	1,442	-2,630	265	0,009	d=0.41	
	F	233	3,70	1,171					

## BIBLIOGRAPHICAL REFERENCES

García-Blanco, A. C., Sierra, P., & Livianos, L. (2014, 1 septiembre). Nosología, epidemiología y etiopatogenia del trastorno bipolar: Últimas aproximaciones | Psiquiatría Biológica. *ELSEVIER*, 21(3). <https://www.elsevier.es/es-revista-psiquiatria-biologica-46-articulo-nosologia-epidemiologia-etiotopogenia-del-trastorno-S1134593414000670?code=Y2gw1z6NP50ByKnGtbC9dXm3jAicZ7&newsletter=true>

González Zuloeta Ladd, P. J. (2018). La trivialización del trastorno bipolar en la red social Facebook (tesis para optar el título profesional de Licenciado en Comunicación). Universidad de Lima.

Organización Mundial de la Salud. (2019). *Trastornos mentales*. <https://www.who.int/es/news-room/fact-sheets/detail/mental-disorders>

PortalCLÍNIC. (2018, 20 marzo). *Trastorno Bipolar*. <https://www.clinicbarcelona.org/asistencia/enfermedades/trastorno-bipolar>

Rodríguez, R. (2020, 27 octubre). *¿Qué es el trastorno bipolar? Prevalencia y tipos*. Psiquion - Plataforma de psicología online. <https://www.psiquion.com/blog/que-es-trastorno-bipolar>

Simonetti, V. (2019, 18 enero). *Estigma asociado al Trastorno Afectivo Bipolar*. LinkedIn. <https://es.linkedin.com/pulse/estigma-asociado-al-trastorno-afectivo-bipolar-valentina-simonetti-1c>