

The Prison Of Bipolar Disorder

Isabella Maglio

Dr. Berman

Department of Psychology, Roger Williams University

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Bipolar Disorder is a prison without walls. The disorder impacts people in debilitating and isolating ways much like being imprisoned. Bipolar (BD) is one of the top ten most disabling conditions worldwide. (Kanady et. al, 2017). Characterized by mood fluctuations, sleep and cognitive impairment, impact on relationships, as well as an impact of quality of life. (Ishak, et. al, 2012). Affecting 1.5% of the population and up to 8% of people experience bipolar spectrum disorders. (Michalak, et. al 2007). BD is an illness that acts as an imprisoning experience through the experienced symptoms, limitations, relapse, as well as stigma.

Individuals with bipolar disorder often experience periods and vicious cycles of severe depression, mania, hypomania, and stable moods. Even in these periods in which those with BP experience what clinicians label as ‘remission’, many still display mood swings and the symptoms commonly associated with the disorder. (Mansell, et. al, 2007). Despite usage of medication as well as therapy, nearly 50% of individuals with a BD diagnosis relapse within a year, making them imprisoned to the recurring cycle of emotional dysregulation. Additionally, an estimated total of 6.5% of the population have symptoms related to BD that have enough severity to cause significant impacts and limitations to daily life. (Mansell, et. al, 2007).

The most common known symptom of bipolar is mood fluctuations, known to have a significant impact on overall social functioning further acting as an isolative feeling. Hypomanic symptoms are often associated with poor boundaries and interpersonal problems as well as depressive symptoms leading to low enthusiasm, decreased confidence, and overall social withdrawal. (Lee, et. al, 2020). Due to this, individuals with BD often have trouble maintaining relationships throughout their lifespan. The disrupted domains many people experience include self expression, self improvement, family relationships, social relationships, and work relations. (Greenberg, et. al 2014). Research has indicated that those with BD are more likely to report insecure attachment relationships as well as poor social support. (Greenberg, et. al 2014). All of which contribute to the feeling of loneliness and alienation, further affecting the severity of symptoms associated with the disorder.

BD is one of the leading causes of mortality of individuals suffering with mental illness. Not only does bipolar negatively impact occupational performance, with a multitude of studies indicating approximately 37% of those diagnosed with the disorder are unemployed. (Janssen, 2000). Combined with the isolative feeling as well as depressive symptoms, elevating the risk of suicidal ideations. Suicidal behavior is relatively common among individuals with bipolar disorder, with 4 to 19% ultimately dying by suicide and 20 to 60% attempting suicide at least once in their lifetime. (Lin, et. al 2025). The suicide rate in BD is up to 20-30 times greater than in the general population. (Pike, et. al 2024). Studies conducted indicates perceived social support is significantly related to both attempting suicide and number of lifetime suicide attempts as well as perceived loneliness significantly associated with suicidal ideations in those with BD. (Pike, et. al 2024).

Despite being a well known psychiatric disorder, BD remains impacted with misconceptions, stigma, and alienation of those with the disorder. Stigmatization and discriminatory attitudes towards mental disorders, especially bipolar, have been extensively described in studies. Stigma is shown among health care professions as well as the general public impacting quality of care and overall treatment engagement. (Sanches, et. al, 2025). Making it difficult for patients to not only feel 'seen' and validated but get the care they need. Literature findings show that stigmatizing attitudes and discriminatory behaviors conveyed by clinicians are associated with decreased help seeking in individuals with mental disorders. (Sanches, et. al, 2025). Studies have found that participants living with BD reported experiencing stigma or discrimination from health care professions, family and friends, police, employers, as well as housing and welfare agencies. (Perich, et. al 2022). Further contributing to feelings of isolation and impacting individuals symptoms. Experiencing stigmatizing events are associated with greater functional impairment and increased social anxiety. (Perich, et. al 2022). Demonstrating an overall need for reform and education of this disorder.

Although BD is well known, its lived impact, the effective therapies, as well as the misconceptions are not. It is essential to bridge the gap between awareness and understanding to save the lives of nearly 37 million people (WHO, 2025). Knowledge can reduce depression morbidity,

enhance overall quality of life, and ultimately reduce the mortality rate of those with bipolar disorder. (Lin. et, al 2025). Awareness and continued research on the disorder's implications can positively impact the lives of those experiencing BD and improve overall quality of life. Bipolar disorder can feel like a prison, but with understanding, support, and effective treatment, it does not have to be.

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