The Polarities of Care for Bipolar Patient

Jona Phie D. Montero, RN, MAN Notre Dame of Tacurong College, Philippines

Claire T. Espiritu, PhD., RN Notre Dame of Dadiangas University, Nursing Program, Philippines

Abstract:
This study explored the experiences of caregivers handling bipolar patients. It utilized the descriptive-phenomenological method of research with 10 participants from the SOCCSKSARGEN region. The findings of the study reveal that the caregivers were 46.8 years old on average, the majority were women. Most participants were parents of the patients. Most have been a caregiver for 10 years or more. The data when thematically analyzed generated eleven (11) clustered themes which, furthermore, categorized into four (4) emergent themes: (1) Navigating the Complexities of Caregiving; (2) The Uphill Battles of Caregiving; (3) The Resilience and Support in Caregiving, and (4) Joys of Caregiving. The responsibilities of the caregivers revolve around providing compassionate care to the patient, ensuring adherence to therapeutic management, recognizing early signs and symptoms to prevent relapse, assuming caregiving roles, and fostering the patient’s independence whenever possible. The challenges experienced by caregivers that affected their lives in some way include the presence of constant stress, financial constraints, and lack of socialization with other people. Furthermore, they did not receive any help from the government. As a coping mechanism, caregivers nurture themselves by pursuing what they love to do like cooking or visiting family members. Moreover, having faith in God, especially praying also helped them to cope with stress. Caregivers also experienced joys in caregiving.

Keywords: Bipolar Disorder, Caregiving, Phenomenology, Mental Health, Philippines.

Introduction
In 2019, the World Health Organization reported that bipolar disorder affects 40 million people globally. In the Philippines, mental illness prevalence ranges from 11.3% to 11.6%, with a 2.0% annual increase, leading to 12.5 million diagnosed cases by 2019 (Alibudbud, 2023). However, there are no clear statistics on the number of patients diagnosed with Bipolar disorder.

According to Videbeck (2019), patients living with bipolar disorder often do not understand how their illness affects others. As with most chronic diseases, the changes and consequences brought on by bipolar disorder are not exclusive to the patient and often spread to those around them, especially to direct caregivers of these patients. Bipolar patients often struggle to grasp the impact of their illness on others, placing a significant emotional and physical burden on caregivers (Vargas-Huichochea et al., 2018).

Family involvement is crucial in managing bipolar disorder, yet resources and support for caregivers are limited (Osafu et al., 2017). This lack of support contributes to caregiver stress.
and adverse social well-being (Otis-Green & Juarez, 2012).

The study of M, N, and J (2018) also supported it, which reported that even though family involvement improves the course of bipolar disorder in the patients, the caregivers experience objective burden like break in relationships, financial difficulty, adverse physical health and subjective burden like sadness, an embarrassment in social situations and stress of coping.

This study aimed to explore the experiences of caregivers of bipolar patients, including their challenges in managing the illness, navigating healthcare, coping with stigma, and maintaining their well-being.

Materials and Methods

This study utilized a descriptive phenomenological research design to understand the lived experiences of caregivers handling patients with bipolar disorder. The participants were ten (10) caregivers who had been providing care for bipolar patients undergoing treatment at an outpatient psychiatric clinic in Sultan Kudarat, and who had been caring for three years or more and also lived in the SOCCSKSARGEN region. The initial pilot study involved two participants, which was then expanded to include an additional 10 participants for data collection. Purposive quota sampling was used to select participants with common experiences.

A semi-structured interview guide was employed in this study and was validated through content validity and pilot testing. The researcher translated the questions into Hiligaynon and Tagalog to ensure the participants' understanding of the questions. The participants were fully informed about the study's purpose and methodology, emphasizing voluntary participation and the right to withdraw at any time without repercussions. Confidentiality of responses and anonymity in research reports or publications were assured to them. The participants who consented to participate provided written adult consent, Subsequently, in-depth interviews were conducted individually, recorded via voice recording, and supplemented with field notes. Debriefing sessions were held with a psychological first aider present.

Colaizzi's Seven Step Method as cited Kr, (2022) was employed for data analysis to ensure reliability and validity. Emergent themes were derived from clustered meanings, and results were presented in a narrative format, incorporating participant quotations. All interviews were digitally recorded to facilitate accurate transcription, with permission obtained and consent adhering to the Data Privacy Act. Code names were assigned to maintain participant anonymity during data analysis. Additionally, strict confidentiality and anonymity protocols were observed throughout the handling of collected data, with only the researcher having access to participants' interview responses. Once the data served its purpose, it was securely discarded.

Results

Ten (10) participants who were family members caring for a relative with bipolar disorder participated in this study. The data indicate that most of them (7 out of 10) were female. The data also presented that women are the main providers of care for family members with bipolar disorders. In terms of age, the oldest participant is Participant 8 (69 years old) while Participant 7, the youngest is 20 years old. The average age of the participants is 46.8.

Five or half of the 10 caregivers were parents of the Bipolar patients, while some were children or spouses both at 20% and 10% of the caregivers are siblings of the patient. As per years of caring for the patient, the majority, or seven of the participants, has been a caregiver for 10 years or more.

A summary of the participants’ demographics is presented in Table 1.

The themes identified in this study capture the participants' experiences, providing a comprehensive understanding of their caregiving journey. Through careful examination
of the themes derived from the participants' narratives, insights into the challenges and experiences faced by caregivers of bipolar patients are gained.

Table 1. Research Participants’ Demographic Characteristics

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Age in Years</th>
<th>Sex</th>
<th>Relationship to the Patient</th>
<th>Years as Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>54</td>
<td>Female</td>
<td>Sibling</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>59</td>
<td>Female</td>
<td>Child</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>35</td>
<td>Male</td>
<td>Spouse</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>58</td>
<td>Female</td>
<td>Child</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>30</td>
<td>Female</td>
<td>Spouse</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>57</td>
<td>Female</td>
<td>Child</td>
<td>14</td>
</tr>
<tr>
<td>7</td>
<td>20</td>
<td>Female</td>
<td>Mother</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>69</td>
<td>Male</td>
<td>Child</td>
<td>13</td>
</tr>
<tr>
<td>9</td>
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<td>Male</td>
<td>Mother</td>
<td>17</td>
</tr>
<tr>
<td>10</td>
<td>63</td>
<td>Female</td>
<td>Child</td>
<td>14</td>
</tr>
<tr>
<td>Mean</td>
<td>46.8</td>
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<td>10.8</td>
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</table>

One hundred eighty-eight (188) significant responses were identified from the coded transcript of participants’ responses. Forty (40) formulated meanings were developed and grouped into eleven (11) theme clusters to generate a better picture of understanding the general experiences of the caregivers.

Furthermore, the theme clusters were categorized into four (4) emergent themes carrying similar phenomena under investigation. Each emergent piece was defined and discussed from the excerpts of the coded transcripts of participants’ interviews, interpreted and supported by related literature as the derived study findings.

Emergent Theme 1: Navigating the Complexities of Caregiving

This theme is reflective of the relevance of family in addressing a challenging situation such as sickness. As observed in many families, the mature members are the people relied upon to come up with better solutions for problems such as caring for the sick and managing available family resources. This is because they are more resilient, able to adjust, or easily recover from any arising problem or responsibility. Chadda (2014) identified that families with members suffering from mental illness have been the mainstay of caregiving. The family members who served as caregivers take care of the patient's day-to-day needs, monitor their mental state, identify the early signs of illness, relapse, and deterioration, and help the patient access services. The family caregiver also supervises treatment and provides emotional support to the patient.

Subtheme 1: Compassionate Care to the Patient

Caregivers emphasized the importance of treating patients with empathy and understanding, as illustrated by Participant 1’s statement,

"Ako, i-share ko lang, mahalin niyo lang yung mga may sakit na ganyan. Ituring silang totoong tao. Ituring silang kapamilya. Wag silang ituring na outsider sila. So, alagaan sila" (In my case, I would like to impart that there is a need to love people who have this kind of disability. They should be treated as human beings. Treated as family members. They should not be treated as outsiders.) Participants recognized the power of positive communication and interactions in promoting well-being.

Subtheme 2: Adherence to therapeutic management

Caregivers actively engaged in the treatment process, ensuring medication adherence, and following physician advice. They recognized the vital role of medication in managing BD, as stated by Participant 10,

(For our patient, well, if she gets injected by the doctor, she really does get better, but if not, then she goes back to her usual self. I sometimes feel annoyed/problematic because she tends to aimlessly walk and blather. Sometimes she also can’t sleep. She’s like that, and that also robs me of my chance to sleep. This is the reason why I frequently bring her to the doctor so that I can feel better. It’s because I really can’t sleep. If it’s like that, I won’t be able to sleep, I get thinner, but things get better if I immediately resort to a doctor’s aid, I get to recover. I can really get some rest.)

Subtheme 3: Recognizing Signs and symptoms of the patient.

Caregivers became adept at identifying early warning signs of mood shifts and potential relapse. This vigilance allowed for proactive interventions and adjustments in care plans, as exemplified by Participant 9’s comment,

"Ang subong nalang kung lapit na ang schedule sang injection niya ng initon siya sa ulo kag makasad kung may situasyon nga story nga sad, grabe siya ka sad pero kung liipay pud, pirti siya kalipay ng may mainitan nga dali gud suya matrigger amo lang ng problema"

(As of now, when his schedule for injection is nearing he gets grumpy, and also very sorrowfully emotional when there are situations where the story is very sad, but if the story is a happy one, then he’s just the happiest. The problem is that his temperament is short and gets triggered easily.)

Subtheme 4: Assuming Caregiving Roles

Family members took on various caregiving tasks, from providing basic needs to emotional support. They described the challenges of balancing caregiving with other responsibilities, as seen in Participant 2's statement,


(Sometimes ma’am, I give him a bath, sometimes, I tell him “after you eat, drink your medicine so that you can sleep,” then he’ll take his medication. After that, he will be able to sleep. If he finally gets to sleep, then I can work.”)

Subtheme 5: Fostering patient's Independence.

Caregivers encouraged patients' autonomy and independence whenever possible, as illustrated by Participant 1’s description of how their patient manages daily activities like laundry and cooking.


(He, himself, his hygiene. He can sweep, when he wakes up he carries his chamber pot, when he comes back, he’ll gargle and he knows how to prepare his milk. After that he’ll take a stroll. Sometimes, when I’m unable to cook rice, he will do the cooking himself. Yes, it looks very clean. The cauldron is cleaned properly. There is a need to guide his daily activity. That’s the only thing that you both do. So, when dusk comes, he opens the light. In the morning when it’s bright he’ll turn it off.)

Since the patients’ treatments take a longer time, the different role deficits of the patients can be performed on their behalf momentarily by the caregivers until such time the patients gain functional recovery. As family members, the caregivers are fully aware of the patients’ health condition, which makes them very engaged in their roles and responsibilities. Moreover, they are able to appreciate the any patients’ progress toward recovery and are proud of their services as caregivers.
Emergent Theme 2: The Uphill Battles of Caregiving

Caregivers openly discussed the significant challenges they faced, including the emotional and financial strain of caregiving, as well as the stigma associated with mental illness.

Subtheme 1: Stress in Caregiving

Participants described initial difficulties adjusting to the patient's diagnosis and behavior changes. The stress of caregiving was compounded by the stigma surrounding mental illness, leading to feelings of shame and isolation, as expressed by Participant 9.

"Permero ma'am, medyo mahiya gud ka daw start e daw insecure ka kay ang mama mo sina pero nga that time kay kapibahay ha, ana gud. Permero, medyo hindi namon matanggag, ana jud na special. Pero in a long run maintindihan man namon. Ang tendency man gud the more namon siya eb silbi akigan, kay nag abot man gud sa punto nga gigapos gud namon siya, daw gin kulon namon siya ana gud, napunto kay that time nanakit man siya, pero didto namon asta nga damo na nga doctor nga napalapiton kay that time pud naging busy na mmay nag share sa amon na diri kami mag pa injection then that's the time. Ti kung sa iban na tablet ang maintenance niya.

(At first, ma’am. I was a little bit ashamed at the start. Insecure, because my mother is like that, towards our neighbors. Initially, we couldn’t accept that she’s special. But in the long run we came to understand. There’s a tendency for us to scold her, because there was a time when we had to restrain and tie her, like, we locked her up. It was because that time, he hurt someone. We have been to many doctors, we were also busy back then. Then someone told us that there’s an injection for this, so that was the time when everything started, because other doctors prescribed tablets.)

Subtheme 1: Financial Strain

Participants described the financial burden of caregiving, including the cost of medications and treatments. They often struggled to balance the financial needs of the patient with those of the rest of the family, as illustrated by Participant 3’s statement,

"Sa financial grabe gid eh. Perte kami ka pigado gihapon di ay kay te ang akon obra ara lang sa uma. Okay lang kung may time nga maka maka income ka. May ara man time nga failure ka. Amo nga isa ka problema namon nganong wala namon na continue amon pog indon day kay nga man sa pinansiyal ka gid ma ano ha. Kwarta gid ang isa number 1 nga problema sa amo nga kwan"

(Financially, it’s hard. because I only work at the farm. Things are fine when there’s income, but there are also times when farm produce fail. That’s one of our problems why we are unable to continue the medication, because of financial concerns. Money is the number 1 problem in our case...)

Emergent Theme 3: Resilience and Support in Caregiving

This theme emphasizes the resilience and support caregivers rely on to cope with the challenges of caregiving. It acknowledges the various coping mechanisms used by caregivers, which may include self-care practices, seeking emotional support from others, finding solace in hobbies or activities, or accessing community resources. These coping strategies enable caregivers to navigate the demands of caregiving while maintaining their well-being and preserving a sense of balance in their lives.

Subtheme 1: Self-Nurturing

Participants described engaging in activities like visiting friends, cooking, or taking short breaks to manage stress and maintain their well-being.

"Kung minsan ganun yung lungkot ko, matalapit ako, kung minsan madali malubad kay nagapunta ako sa kay ante niya , nagaluto ako doon parang masaya ako kay may nurse man ako nga pamangkin"

(Sometimes that is my sadness, I get tired, and sometimes it gets better since I visit his aunt, I cook there, and I feel happy since I have a nephew who’s a nurse.)
Subtheme 1: Faith as a Source of Strength

Many caregivers found solace and strength in their faith, turning to prayer and religious practices for support.

"Ay naku Maam... naga iyak ako talaga... naga ano ako sa panginoon nagahingi ako ng patawad... ganun... tapos sinasabi ko sa panginoon maam magsalubong ko kay ngayon nagpapunta ako sa mga pastor. Gaya pa prayhan ko siya sa simbahan. Ang feeling ko ngayon... sympre ikaw ang nanay... ikaw ang naga asikaso... wala namang ihang apo ang naga asikaso sa kanya... kung minsan masaya ako kay minsan marami akoong kaibigan na naga... kung sa akin naga comfort... mga pastor sa amin. Di ako naga problema... kung minsan mag problema ako pero pinupunta ko yung problema ko sa Panginoon Tapos palagi ako naga sorry sa Panginoon"

(“I cried a lot, I always ask for God’s forgiveness. I always tell Him, please heal my child. I visit our pastor, I always pray in the church. I need to do this because I’m his mother, I am only person who can take care of him. Sometimes, I am happy especially when my friends and our pastor comfort me. Every time I have a problem, I always give it to the Lord. Then, I ask for his forgiveness again.”)

Emergent Theme 4: Joys of Caregiving

The fourth theme refers to the Joys of Caregiving. This theme shows that there is a positive side to caregiving for family members with bipolar disorder. Caregivers experience relief and satisfaction when their loved ones are in remission and when they are able to provide care. They also view caregiving as a privilege and an act of love and commitment.

Subtheme 1: Relief and Gratitude During Remission

Caregivers expressed feelings of relief, happiness, and gratitude when their loved ones experienced periods of remission. Participant 2's statement,

"Mabuti naman po, masaya naman po kami alagaan siya, kung minsan po, nung nag-okay na isip niya, masaya na ako. Wala nang ano sa dili dili ko. Pasalamat ako sa Diyos ko kay sabi ko ayos na anak ko"

(Things are great, we are happy to take care of him. Sometimes, when his mind was okay, it made me happy. There was no longer any burden in my heart. I am thankful to my God and I said that my son is now fine.), reflects the positive impact of the patient's well-being on the caregiver's emotional state.

Subtheme 2: Caregiving as a Privilege

Despite the challenges, some caregivers viewed caregiving as a privilege and an act of love. Participant 9's perspective highlights the sense of purpose and fulfillment that caregiving can bring.

"Ang challenge mo walay kung maging isang caregiver, mag alaga sang amuna ng bagay, ang isipon mo nalang, silbi it's a privilege nga mag alaga ka nga normal ka kay sa hindi pa siya normal"

(The challenge of being a caregiver is that you must take care of things like that. What we must think of is that it is a privilege to take care of someone as an abled person...),

Discussion

The themes identified in this study captured the participants' experiences, providing a comprehensive understanding of their caregiving journey. Through meticulous examination of these themes derived from the participants' narratives, the researcher gained insights into the challenges and insights faced by caregivers of bipolar patients.

The importance of compassionate care and effective communication in fostering a positive therapeutic relationship and enhancing patient well-being cannot be overstated. The participants' emphasis on treating patients with love, empathy, and understanding aligns with the literature on compassionate care in mental health (Kemp et al., 2020; Pehlivan, 2020). Caregivers play a crucial role in monitoring medication adherence and recognizing early warning signs of relapse, which can help prevent hospitalization
and maintain stability for the patient. The participants' experiences highlight the challenges of medication adherence in BD, consistent with findings by Jawad et al. (2018), and underscore the importance of caregiver involvement in the treatment process.

The emotional and financial toll of caregiving, coupled with societal stigma, can significantly impact caregiver well-being. Participants' descriptions of shame, isolation, and the struggle to balance caregiving with other responsibilities resonate with previous research on caregiver burden (Shamsaei et al., 2015). Interventions that address these challenges, such as support groups and financial assistance programs, are essential. The financial burden of caregiving, including the cost of medications and treatments, emerged as a significant concern for participants. This finding aligns with studies that have identified financial stressors as a major challenge for caregivers of individuals with mental illness (Vargas-Huicochea et al., 2018; Pompili et al., 2014; Kardoff et al., 2016). The lack of government or institutional support further exacerbates this issue, highlighting the need for policy interventions to alleviate the financial strain on caregivers.

Encouraging and supporting patient independence is a vital aspect of caregiving, as it can empower individuals with BD and contribute to their overall quality of life. The participants' efforts to foster independence in their loved ones, while also providing necessary support, reflect a balanced approach to caregiving that aligns with recovery-oriented principles. The participants' use of self-care strategies and reliance on social support networks underscores the importance of caregiver well-being. These findings align with research emphasizing the need for caregivers to prioritize self-care to mitigate the risk of burnout and maintain their ability to provide effective care (Azman et al., 2016).

The role of faith and spirituality in coping with the challenges of caregiving is evident in the participants' narratives. This finding supports previous research on the positive impact of religious coping on caregiver well-being and resilience (Pearce et al., 2015). The participants' expressions of joy, relief, and gratitude during periods of remission, as well as their view of caregiving as a privilege, highlight the positive aspects of caregiving that are often overlooked in research. These findings emphasize the importance of recognizing and supporting the positive experiences of caregivers, as they can contribute to resilience and sustained caregiving efforts.

Overall, this study provides valuable insights into the experiences of family caregivers of individuals with BD. The findings underscore the need for comprehensive support systems that address the challenges and leverage the strengths of caregivers, ultimately improving the quality of life for both caregivers and patients.

Conclusion

After all the findings were collated, analyzed, and interpreted the following conclusions were drawn:

1. In navigating the complexities of care, the caregivers' extensive responsibilities in providing appropriate care and support indicate the need for recognition and acknowledgement. This implies the importance of healthcare professionals and society appreciating and valuing the vital role these caregivers play in the well-being and recovery of bipolar patients.

2. The uphill battles or challenges faced by caregivers, highlight the need for support and assistance. This implies the necessity of government intervention and the development of support programs to alleviate the burdens faced by caregivers and improve their overall well-being.

3. The caregivers' reliance on nurturing hobbies and faith in God, particularly through praying, suggest effective coping mechanisms. This implies the importance of recognizing and supporting caregivers' self-care practices and providing opportunities for relaxation and spiritual guidance to enhance their resilience and well-being.
4. The caregivers' positive outlook and satisfaction with their caregiving role emphasize the rewards and fulfilment that can be derived from caregiving. This implies the need for greater recognition and support for caregivers to help them experience more joy and satisfaction in their caregiving journey.

**Conflict of Interests**

No conflict of interest.

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