

# Exploring Coping Strategies Among Indonesian Adolescents Diagnosed with Bipolar Disorder: A Qualitative Case Study

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*Coping strategies*  
*Bipolar disorder*  
*Mood fluctuations*

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## ABSTRACT

*Bipolar disorder is a psychological disorder that can affect mental health and cause extreme mood swings. Coping strategies that focus on problem-solving and reducing or managing emotional stress are needed. This study aims to explore coping strategies among individuals diagnosed with Bipolar disorder using a qualitative approach with a case study design. The participants in this study consisted of four individuals aged 17-25 years with Bipolar disorder, selected using purposive sampling. Data were collected through semi-structured interviews and analyzed using the interactive analysis technique by Miles and Huberman. The results of the study indicate that participants employ coping strategies such as taking medication regularly, counseling, engaging in favorite activities, pursuing hobbies, and exercising. Additionally, support from partners, family, and friends plays a crucial role in helping participants cope with bipolar disorder. Cultivating self-love through positive self-affirmation and seeking spiritual support through prayer and gratitude can also serve as coping strategies. Factors contributing to bipolar disorder include traumatic experiences in the past, such as limited social contact during COVID, domestic violence during childhood, broken homes, and toxic relationships. This study provides insights into the dynamics of individuals diagnosed with bipolar disorder and the coping strategies used by individuals diagnosed with bipolar disorder.*

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## 1. INTRODUCTION

Mental health is one of the most important aspects of everyone's well-being. Similar to physical health, having good psychological health enables an individual to have a positive self-understanding (Maugeri et al., 2020). Good mental health is inseparable from good physical health. Issues related to mental health that arise in an individual can be caused by various factors, one of which is the demands placed by parents and conflicts with the environment (Sarwin, Arman, & Gobel, 2023). Parents often place excessive demands on their children, and sometimes they do not even consider these demands. Unbeknownst to them, the demands placed on children by their parents can trigger mental health disorders (Ramadhan & Syahrudin, 2019).

In addition to demands from parents, emotional, psychosocial, and psychological pressures caused by unpleasant life events and experiences can also lead to psychological disorders (Vazquez et al., 2018). Psychological disorders that may occur include Anxiety Disorder, Depressive Disorder, Schizophrenia Disorder, Antisocial Personality Disorder, Bipolar disorder, and other mental disorders (Tasci, Kaya, Korkmaz, & Atmaca, 2022). These disorders can cause mood fluctuations that result in unstable emotional states over a relatively long period of time (Nevid, 2018; Astriliana & Kustanti, 2024). One form of mood disorder that has the potential to cause emotional instability is Bipolar disorder.

According to data from the World Health Organization (WHO) (2022), in 2019, 1 in 8 people or 970 people worldwide lived with mental disorders such as depression and anxiety. In fact, the WHO also states that Bipolar disorder is one of the biggest causes of disability in the world, ranked sixth. Meanwhile, in Indonesia there are 19 million people aged more than 15 years and above experiencing mental emotional disorders, including Bipolar disorder (Risksdas, 2018). When observed, this figure is quite large, although there are quite a lot of Bipolar survivors, based on data obtained from Riskesdas (2018) it turns out that in Indonesia Bipolar disorder is ranked third regarding the problem of mental disorders that occur a lot, then depression is number two, and the most common mental problem in Indonesia is anxiety disorders. Although Bipolar disorder is number three, based on the data obtained Bipolar disorder in Indonesia has become a problem that has occurred in recent years (Santika, 2023).

Bipolar disorder is one of several serious mental disorder and can attack a person's psychological condition (Mcintyre et al., 2020). In individuals who experience Bipolar disorder can result in extreme

emotional changes accompanied by an increase or decrease in activity and energy (Wedanthi, 2022). When experiencing an increase in individual emotions can feel unusually happy, this feeling is called a manic condition while when experiencing a decrease in energy due to pressure in the surrounding environment individuals are often difficult to control mood, energy, and behavior, this condition is called depression (Vieta et al., 2018). Research by Sauran and Salewa (2022) suggests that someone with Bipolar disorder can feel and experience the pressure caused by rejection in their social environment. In addition, psychological problems experienced can occur due to traumatic experiences in childhood or inner child (Farina, Holzer, Delisi, & Vaughn, 2018). Past traumatic experiences and a less supportive social environment can influence a person to have less motivation towards the problems experienced (Wedanthi, 2022). It is proven that motivation can provide an impetus for an action to be carried out in accordance with the desired direction both physically and mentally, so that lack of motivation can affect activity because activity is an important part of motivation (Lee & Martin, 2017).

Bipolar disorder can occur in children, adolescents and adults. Bipolar disorder survivors among adolescents aged 13 to 18 years can be found in both developed and developing countries. Based on the results of a survey conducted by the National Comorbidity Survey Replication (NCS-R) in the United States among 10,123 adolescents, it is estimated that 4.4% have experienced Bipolar disorder, 17.1% have experienced moderate Bipolar disorder, then 82.9% have experienced severe Bipolar disorder. Whereas in Indonesia, based on the results of a survey from Bipolar Care Indonesia (BCI) (2018) for male and female adolescents both have the same comparison of results, amounting to 2% equivalent to 73,000 people in Indonesia who have experienced Bipolar disorder. This does not rule out the possibility that individuals who experience Bipolar disorder will increase every year. Evidenced by the results of Santika's research (2023) that male and female adolescents who experienced Bipolar disorder in 2019 amounted to 3%. Especially if individuals are not consistent in taking medication, the intensity of a person experiencing Bipolar disorder will increase (Bauer et al., 2018; Permatasari Widyastuti, & Ridfah, 2020). It turns out that the increase in Bipolar disorder in Indonesia is due to inconsistency in taking medication also occurs, one of which is the results of research by Febrianita, Alfianto, and Muntaha (2021) which revealed that as many as 23% of people with Bipolar disorder had high medication compliance while 77% of

people with Bipolar disorder had low medication compliance. Bipolar disorder is related to mental emotional disorders that affect extreme mood swings ranging from the lowest condition of depression and the highest condition of manic (Permatasari, Widyastuti, & Ridfah, 2020). Research by Wasley, Manjula, and Thirthalli (2018) states that individuals who experience Bipolar disorder arise when they are adolescents, namely 51% and 3% of individuals experience Bipolar disorder as adults.

Living life with Bipolar disorder in the community is not easy because this has an impact on complex problems (Wirasugianto, Lesmana, Aryani, & Wahyuni, 2021). These problems relate to feelings of lack of confidence, limiting themselves from the social environment, and extreme mood fluctuations, so that individuals with Bipolar disorder do not know how to overcome them (Jepsen et al., 2019). This illustrates that individuals with Bipolar disorder have low coping strategies (Bridi et al., 2018). Lazarus and Folkman (1984) state that the conditions of the surrounding environment affect the coping strategies used and if the conditions of the surrounding environment are poor, it can cause unfavorable effects both physiologically and psychologically. Low individual coping strategies in overcoming Bipolar disorder will affect the surrounding environment (Mohamed et al., 2023). Conversely, a high coping strategy will help a person solve problems and feel social support (Rao, Grover, & Chakrabarti, 2020). This can be seen from the positive behavior of individuals when experiencing emotional changes, individuals use coping strategies to carry out various positive activities such as painting, joining communities, and starting to socialize, but the most frequently used coping strategy is a strategy that focuses on emotion (Branco et al., 2018).

To study the phenomenon of the mechanisms used by individual survivors of Bipolar disorder in coping with emotional changes, a preliminary study was conducted. Based on preliminary study data as a phenomenon survey involving 3 informants who meet the prevalence criteria of individuals who have been diagnosed with Bipolar disorder by a psychiatrist, where phenomenon data collection was carried out by interview during March 2024. Based on the data of participants' willingness to be interviewed, individuals who experience Bipolar disorder sometimes experience extreme mood swings, so they can feel excessive sadness, get tired easily, and feel more like being alone. Informants also often experience insomnia, excessive headaches, mood swings, and self-injury. Initially, the informant ignored this because the

intensity of its occurrence was getting more frequent, making the family conduct an examination to psychiatry, through the examination it was found that the informant was diagnosed with Bipolar disorder. This made the informant feel confused and sad.

Based on the results of the interview, it is known that the cause of the informant experiencing Bipolar disorder is due to parenting that is too oppressive or authoritarian, traumatic experiences in the past, a social environment with too many demands, toxic relationships, and bullying. Knowing that he had Bipolar disorder, the informant always checked-up and took antidepressant drugs regularly. Feeling that no significant change was made, the informant only took the medicine when he felt Bipolar disorder was relapsing. The informant concluded that regular check-ups and taking medication costs a lot of money, because check-ups are felt to have no significant change if they are not supported by an inner spirit to heal psychologically. Being diagnosed with Bipolar disorder makes informants feel less confident, prefer to be alone, and limit themselves in the social environment. This feeling is caused by a lack of coping strategies. So individuals who experience Bipolar disorder need the right coping strategy to overcome it.

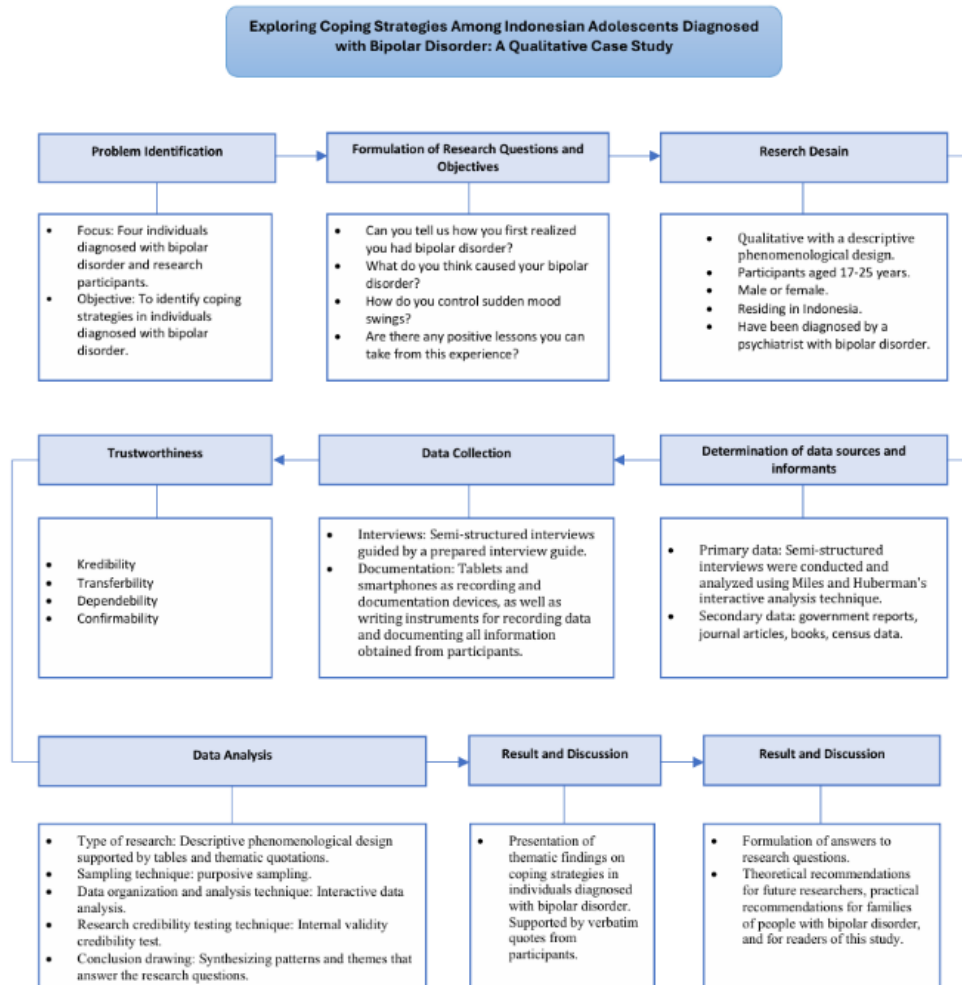
When discussing coping strategies it seems so easy for someone to achieve the coping strategies used but in reality it is difficult. The coping strategy carried out by an individual can be reflected in how his self-concept (Suryana, 2022). Coping strategies do not only occur at one particular time so that coping strategies are important to have (Freire et al., 2020). Especially in people with Bipolar disorder, which is caused by traumatic experiences in childhood with those closest to them, so that it can have an impact on their person (Ramadhan & Syahrudin, 2019). Research by Apaydin and Atagus (2018) states that individuals with Bipolar disorder often act without thinking when focusing on their tasks even though these actions can interfere with planning and organizing, tend to want instant results, have a low inhibition threshold, and like to seek risky pleasures so that this can encourage the use of inappropriate coping strategies.

Coping strategies focus on problem solving and focus on efforts to reduce or manage the emotional distress that can cause stress (Achour et al., 2021). Therefore, the use of appropriate coping strategies can develop resilience, maintain mental and emotional health (Luz, Olaoye, & Salima, 2022). Lazarus and Folkman (1984) divide coping strategies into two main functions, namely changing the problem that triggers stress (problem-focused) and modifying the function of emotions towards the problem at hand (emotional-

focused). Emotional-focused has a smaller proportion of relapse compared to problem-focused due to the regulation of emotional responses from stressful situations (Sumarsih, Sulistya, & Widiyanto, 2022).

Research conducted by Ilter et al (2022) shows that coping strategies in dealing with Bipolar disorder involve active action to overcome challenges, the use of useful social support, and strategies to reduce the negative impact of the disorder, such as stigma and efforts to increase individual resilience. Meanwhile, research by El-Azzab and Ali (2023) suggests that patients with Bipolar disorder need coping strategies, one of which is social support from friends, family, and closest people because social support is a positive factor in reducing Bipolar disorder and can improve the quality of life of individuals. In addition, the importance of social support from friends and family, then spiritual factors such as religion can be used by individuals to help overcome the challenges of living with Bipolar disorder (Granek et al., 2018). From this study, the research objective is to determine coping strategies in individuals who have been diagnosed with Bipolar disorder.

## 2. METHOD



**Figure 1. Reserch Flowchart**

### 2.1 Design

The type of research used is qualitative with a descriptive phenomenological design. Qualitative research methods are used to obtain in-depth data by examining naturalistic conditions, and the results emphasize meaning rather than generalization (Sugiyono, 2013). This phenomenological approach is a study that focuses on subjective experiences related to personal views of the events encountered (Nuryana, Pawito, & Utari, 2019).

The purpose of using descriptive phenomenological qualitative research is to examine in detail and depth the characteristics of coping strategies and the factors influencing them in individuals diagnosed with bipolar disorder.

## **2.2 Participants**

Participants in this study were individuals aged 17-25 years who had been diagnosed by a psychiatrist with bipolar disorder and were willing to sign an informed consent form to participate in this study. This study has undergone an ethics committee review to protect research participants from ethical and moral violations. The sampling technique used was purposive sampling. Purposive sampling is a data collection technique based on specific considerations (Sugiyono, 2013). The characteristics of the participants in this study are as follows:

**Table 1.** Characteristics of Participants

- 
1. Participants aged 17-25 years.
  2. Male or female.
  3. Residing in Indonesia.
  4. Have been diagnosed by a psychiatrist with bipolar disorder.
- 

Santrock (2020) states that from the ages of 18 to 25, individuals will explore to determine the path of life and identity they desire. This is the basis for selecting male/female participants diagnosed with bipolar disorder aged between 17 and 25 years, as it aligns with the research topic, which aims to examine the process of coping strategies in individuals diagnosed with bipolar disorder.

## **2.3 Data Collection Techniques**

The data collection techniques used to obtain information from participants were observation and interviews. Data collection through interviews was exploratory in nature, so the originality of the research depended on the sequence of data collection and analysis. The interviews are structured based on Lazarus and Folkman's (1984) theory regarding coping strategies, which are outlined in the interview guide as a reference for the interviews. These aspects include problem-focused coping strategies, which are oriented toward the problem, and emotion-focused coping strategies, which are oriented toward emotions. The questions posed are open-ended to allow participants the freedom to express their experiences. To obtain more extensive and in-depth data, probing will be conducted with participants regarding the aspects and factors of coping strategies.

In this study, interviews will be conducted face-to-face. Additional instruments used in this study include tablets and mobile



phones as recording and documentation tools, as well as writing tools to record data and document information obtained from participants.

#### **2.4 Procedure**

This research has passed the eligibility test of the Research Ethics Commission of the Faculty of Psychology, Muhammadiyah University of Malang with Number: E.6m/323/KE-FPsi-UMM/VI/2025 to protect research participants from violations of ethical and moral rules. Participants were determined using a purposive sampling technique with certain considerations based on specific criteria relevant to the research objectives. Information about this research was then given and expressed willingness by filling out informed consent to become a participant in this study. Data collection for this study was by semi-structured interviews for 60 to 140 minutes face-to-face. Data collection through interviews itself is exploratory so that its originality will depend on the series of data collection. The additional instruments used in this study were tablets and mobile phones as recording and documentation tools, and stationery was used to record data and document any information obtained from participants. Participants were reminded that they could withdraw if they were disturbed during the research without any reason. At the end of the interview, participants were rewarded with souvenirs as an appreciation for their willingness to participate in this study.

#### **2.5 Data Analysis**

Initially, the research transcripts were read repeatedly to become karab or fused with the transcripts. In this study, using interactive data analysis from Miles and Huberman (in Sugiyono, 2019), namely data reduction, means summarizing the main things obtained from complex data information in accordance with the research theme. Furthermore, after summarizing the data, the next step is to prepare the data (data display) in several forms, such as graphs, tables, and the like, so that the data is easier to understand. Finally, draw conclusions and validate the data that has been reduced and presented.

Internal validity credibility test, according to Sugiyono (2019) can be done in several ways. In this study, the researchers extended their observations by re-conducting interviews with data sources that had been met and those that had just been met. Researchers also make more careful and continuous observations in finding new themes. Data triangulation needs to be done by checking data from various sources in various ways and times. Furthermore, researchers look for data that is not the same or contradicts the data found, or is called negative case

analysis. Finally, researchers also use supporting reference materials to support the data that has been found, as well as member checks with participants to find out how far the data obtained is in accordance with what was given or conveyed by research participants.

### 3. RESULTS

#### 3.1 General Description of Research Participants

**Table 2.** Demographic Information for the four Participants

<b>Identity</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Name/Initials</b>	AN	L	PR	R
<b>Age</b>	21 years old	17 years old	23 years old	24 years old
<b>Origin</b>	Blora	Salatiga	Banjar Negara	Salatiga
<b>Gender</b>	Female	Male	Male	Female
<b>Status</b>	Student	Student	Student	Student
<b>Duration of Bipolar Disorder Diagnosis</b>	3 years	5 years	5 years	6 years

#### 3.2 Background of Bipolar Disorder Diagnosis

Each participant has their own reasons and stories that make them experience Bipolar disorder. All participants in this study almost had similar reasons that caused them to be diagnosed with Bipolar disorder. The existence of traumatic experiences in the past is the cause of participants experiencing Bipolar disorder. Participant 1 stated that the traumatic experience gained when he was a child due to experiencing Domestic Violence (KDRT) committed by parents to children gave deep wounds. The wound cannot be forgotten so that it can be the cause of experiencing mental health disorders such as Bipolar disorder. In addition, she experienced sexual harassment, namely being raped by her friend. Participant 2 experienced a broken home so that a broken home can be one of the factors causing him to be diagnosed with Bipolar disorder. Participant 3 stated that he experienced Bipolar disorder because he was infected by his twin brother and COVID-19 which triggered the participant to experience mental health problems, namely Bipolar disorder. Limited social contact with other people and doing various learning activities online causes limited direct social contact. This condition can trigger research participants to experience Bipolar disorder because it is difficult to adapt to the pandemic situation. As well as Participant 4 who

experienced authoritarian parenting by his grandmother, his mother who died when the participant was in high school, and experienced a toxic relationship with his brother and violence obtained from his closest friends.

### ***3.3 Dynamics of Coping Strategies in Individuals Who Have Diagnosed Bipolar Disorder***

Each individual has his own way of achieving coping strategies in his life and finding ways to get out of demands that come from individuals and demands that come from their social environment. Demands that come from their social environment such as excessive demands from close people often make individuals experience emotional exhaustion when dealing with them so that they can trigger emotional exhaustion in themselves. In addition, there are several similar causal factors experienced by participants until finally participants were diagnosed with Bipolar disorder.

Therefore, it is important to understand the conditions that occur to him and know the strategies that are effectively used to overcome Bipolar disorder. The following is the experience of each participant in the dynamics of coping strategies for individuals who have been diagnosed with Bipolar disorder in line with the aspects described by Lazarus and Folkman (1984) regarding stress coping strategies.

### ***3.4 Problem-focused coping***

Every person has a goal in life, in order to achieve their life goals a person develops a plan that will be used. However, being someone with Bipolar disorder is not easy. The disorder is often triggered by traumatic experiences in the past. A person with Bipolar disorder often experiences mood fluctuations that can affect their ability to solve problems. Workload and study load can be a triggering factor for mood fluctuations in them. So that individuals can take action to solve problems or look for useful information to help solve problems.

#### ***3.4.1 Planful problem solving***

Individuals who experience Bipolar disorder also have goals in life and they analyze situations that cause problems and try to find solutions to the situation at hand. P1 revealed that as a survivor of Bipolar disorder, P1 has a goal in life. P1 explained that he has a dream to create a mental rehabilitation center so that it can help people in need. According to him, there are still people who think mental health problems are not too important. Without realizing it, when P1 is experiencing a depressive phase and his behavior is not controlled, it can cause *impulsive* buying by buying an item that is less useful "...and

*most often that's me, if for example I'm feeling down, I'm impulsive buying even though eee I'm not in the mood and then I see something I want I have to buy it even though I don't buy it, it's like eh hh thinking, not calm, right"* P1 182-185. Her condition worsened when P1 experienced sexual harassment from her male friend *"You know what happened after that? I was raped...."* P1 966. " P1 966. This incident made P1 very down.

After being diagnosed with Bipolar disorder P2 experienced mood swings and caused P2 to experience weight loss from 90 kg to 50 kg which made her less confident *"I experienced it like for example ee in the past I didn't really pay attention to anything. The body that doesn't wear anything, you know, I didn't pay too much attention to it and then after that it was like eee the feeling appeared, it was immediately like I started to change like I started to want this, I started to want that. That's what I think is now my biggest change, it's just like wanting to glow up like wanting to meet the standards of their desires."* P2 771-776. Despite experiencing conditions like this, P2 still has a life goal, she wants to become a doctor *"My life plan for now is more to get accepted into medicine, that's all"* P2 1098-1099.

In addition, one of the reasons P2 wants to become a doctor is to fulfill the wishes of his parents to enter medical school *"Yes, because my parents immediately gave the doctrine that if you don't do medicine, you don't have to go to college"* P2 1146-1147. P2 also revealed that Bipolar disorder made him trigger other things where he had an interest in deviant things *"Mood swings yes and maybe like ee I feel that from this Bipolar, I even feel cured, for example, I already feel cured from this Bipolar, but instead Bipolar triggers something else"* P2 662-664. The attraction is that P2 is attracted to men *"Who are now interested in the same dut."* P2.

P3 stated that the effect of Bipolar disorder she experienced on extreme mood swings, P3 felt very energetic and active at one time but could suddenly feel very low, lose enthusiasm, and feel empty *"Yes, there is for the mood swings once when I was energetic, maybe manic episode times, maybe it was like really energetic, I continued to exercise every day and then after that, I was down. I was down suddenly there was no desire to exercise at all I was in the room ... I didn't want to do anything at all, like I was suddenly down, just like empty, empty mind can't think of anything, empty."* P3 320-225.

P3 also stated that pressure from the environment such as pressure from the surrounding situation made P3 even more depressed. She described feeling so depressed that she heard voices in

her mind that she was unable to hold back the voices in her mind that led to suicidal thoughts *"The voice was so strong that I couldn't think, I couldn't hold it, like every person I know their thoughts or something like that. I couldn't listen to that until I couldn't handle it until I wanted to commit suicide."* P3 302-305.

P4 stated that after experiencing Bipolar disorder he admitted that Bipolar disorder has two very productive manic phases and a very severe depressive phase. P4 explained that during the depressive phase she could not even shower for three months because her mind felt very noisy and disturbing. P4 mentioned that this situation worsened after the COVID-19 pandemic *"You not worth it is what I hear most often like what's the reason why you're not worth it, your grandmother is just like that, you're just being treated by your mother's family, so it's like denial, it's okay like that but it got worse after COVID..."* P4 436-439.

In addition, when in the manic phase P4 felt that this phase was the most enjoyable phase because he became very productive and energetic when interacting with others. However, P4 realized that when this phase is excessive and he does not take medication he tends to engage in *impulsive buying* behavior such as shopping for items that are not clear *"The items are useless, right, and then I realized that when I was like that, I had to take medication but now what if there is a desire for things like that, I just change it."* P4 550-552.

### **3.4.2 Confrontative coping**

Participants stated that to create a supportive environment, do hobbies that they like to divert stress and do positive things that are done when they are in a stressful situation. P1 stated that during COVID, he did his hobby, namely playing *games*. However, playing *games* was used by P1 to reduce stress when he was still diagnosed with severe depression *"Yups, yes during COVID ... during COVID when I was still severely depressed, at home it was like an online lecture right, that's it, after class, I immediately played games, played games, sometimes I only slept for two hours, the rest was playing games, if I was in class, after that I played games"* P1 1398-1401. However, P1 stated that in the past two years he has rarely played *games*, where in the past when he was diagnosed with severe depression he could play *games* for almost a day while now he plays *games* for only one or two *mach* *"Like playing si play but like only eeee one mach two mach already then like an hour or two hours finished"* P1 1524-1525.

Before knowing that what P2 was experiencing was Bipolar disorder, P2 was confused about what was happening to her. However,

after learning that P2 was diagnosed with Bipolar disorder, she read literature about the explanation of Bipolar, the symptoms that appear, the phases, and the methods used to overcome Bipolar disorder so that P2 tried all the methods written in the literature *"Like for example reading a book, after that having a doll, there are really people who see how to handle it, they have their own dolls and hug themselves so there are not trying it, it's not the same, then I succeeded ... What was that time eating sweet until now I like sweet"* P2 879-882.

P3 stated that P3 is a person who has a hobby of sports, but P3 feels that her hobby can make P3 feel superior and obsessed with sports. Even to the point of exercising excessively and ignoring her rest time *"Feeling like superior lah, I have this sports hobby. Sports can be like until desperately like that, which usually exercise in moderation, but this is until desperately like that, which usually exercise in moderation, at night I force myself to exercise at night, at midnight, it's not in accordance with the portion, it's already ... it's already overworked."* P3 212-217. In addition, P3 stated that when she experienced anxiety when Bipolar disorder appeared, P3 made positive affirmations to herself to calm down even though the calming method was only temporary *"For me, it's more like self-love, yes like positive affirmations so like I can be strong, this is only temporary"* P3 565-566.

P4 stated that when she was in a depressive phase, reading books such as novels and taking medication could be one of the ways used by P4 to reduce her level of depression *"In the depression phase, I usually read books, like novels at one time because what yes, I was really happy, so I bought the book for one day I could spend one and a half million"* P4 562-565. However, sometimes the way it is used, namely by reading books, makes him want to buy books continuously to foster impulsive buying behavior in P4. Knowing that his behavior is not good and wasteful, P4 diverts it to his hobbies by exercising, trying new recipes, and knitting *"At the moment, it's exercise, sometimes reading books, sometimes cooking trying new recipes, then if I really want to do it, I knit and then I also divert it to work now."* P4 631-633.

### **3.4.3 Seeking social support**

When facing situations that cause Bipolar disorder to occur, participants use strategies to deal with stressful situations and get social support from the surrounding environment. P1 explained that after experiencing an unpleasant incident, namely sexual harassment, which made her *down*, P1 became restricted in her social environment because she was traumatized *after the incident* *"It's really, really traumatized until after the incident I didn't want to get close to guys like*

*I mean close in terms of PDKT, if for example I meet my friends, that's the only one I already know" 1153-1155. After the incident, the harasser also continued to try to contact P1 to meet because the perpetrator had an interest in P1. "I blocked him, he changed his number again and chatted again like that, until he made regular phone calls, regular text messages until I ended up being there during that incident, right, during that incident I was a resident of Semarang, I lived at my friend's boarding house in Semarang, until the phone calls and chats were replied not by me but by my friend because my friend, because my friend was very angry, right ... I could only cry like that right" P1 1035-1039.*

This made P1 feel down until finally P1 felt very down when the perpetrator threatened to call P1's family to tell the incident *"Until finally what made me cry badly was this ... he said this what, what's the name 'Should I just chat your mama? so that we can get along again' Wow ... at that point I really didn't know what to do until the incident of my brother being called, then finally the family knew everything right".* P1 1040-1045. Knowing this condition, P1's family became more concerned about P1 *"That's what made my family even more different, much more caring when ... they only knew I was depressed, I was Bipolar, but after that incident they became the most caring."* P1 1136-1138. In addition to getting support from family, P1 also stated that she has friends who support her *"There are my close friends... my close friends they always support me. So when ... why is there something when my family is like that because my close friends they always support me like you can do it, you can ..."* P1 1440-1443.

P2 stated that when P2 began to look for strategies used to overcome the symptoms of Bipolar disorder, according to her, the disorder could go away not only because of taking medication but also supported from herself where she eliminated negative thoughts by providing support to herself *"I can't be serious, I'm just the most diem whatever talking to myself in the glass, for example after taking a shower, just stand up, my glasses are long like this (while pointing to the glass stake in the coffee shop) standing up, I just look at you can, you don't hurt like that."* P2 910-913. According to him, providing support to himself instead of from others is an effective way to overcome the symptoms that arise *"So it's more about suggestion first, how do we convince ourselves that eee I'm sick, I need this treatment, I'm sick, I need a way to calm myself down."* P2 858-860. In addition to support from himself, P2 also received support from his brother and mother to get well by taking him to a psychologist *"immediately my parents immediately thought I was hiding something, was it taken to a psychologist, a mental doctor..."*

P2 843-844. The distance because her parents work in Bali and her brother who studies in Semarang makes them communicate by telephone to monitor P2's progress in dealing with Bipolar disorder. However, P2 stated that when asking about his condition they were careful not to make him feel *triggered* even though every night P2 often thought about the Bipolar disorder he experienced *"Telfon anyway P2, because maybe I'm afraid to trigger it, even though I often think about it every night"* P2 647-649. In addition to getting support from family, P2 also gets support from her close friends because her friends know that P2 has Bipolar disorder which makes P2 have deviant behavior *"They are open-minded so it's like and they know that I was diagnosed with Bipolar and now they know that they just respond like 'It's okay that you are enthusiastic about this, it's okay, the important thing is to pray' And my parents every evening are also like that, the important thing is to pray, the prayer is maintained."* P2 674-678.

P3 stated that although she was not very close to her parents and verbal communication with her parents was not good. However, P3 feels that her parents show attention through actions and gestures. Where her parents more often take actions such as directly taking P3 to the best psychiatrist rather than just expressing with words *"Even though I'm not close to my family like my parents who like to talk but they have other gestures like doing more than saying rather than doing what so I feel it there."* P3 475-478.

P4 experienced a *toxic relationship* with his ex-girlfriend since high school and experienced sexual harassment during high school where his photo was edited naked by an unknown person, making P4 have a trauma that caused him to experience mental disorders. When he was first diagnosed with Bipolar disorder, P4 had a poor *coping* strategy, which was consuming alcohol and smoking. *"Coping is bad, drinking and smoking from then until now,"* P4 614-619. Knowing P4's condition after being diagnosed with Bipolar disorder, his family became more concerned. Apart from family, P4 gets social support from friends and the neighborhood association (Bu RT) where he lives, and the pastor *"Like from my circle, because what, I already notice if for example I'm going to miss something, I have to be reminded, then in the social around the neighbors, when I what's the name like that, usually it's a few what, a week at least three times, the neighborhood association sometimes checks it."* P4 771-775. However, P4 also received support from the pastor of the church where he worships *"The pastor, if the pastor almost every day must check 'Is it safe?'"* P4 797-800.

### **3.5 Emotional-focused Coping**



### **3.5.1 Positive reappraisal**

There are positive lessons that participants can take from the experiences they have gone through and are grateful for what they have experienced. Being an individual diagnosed with Bipolar disorder is not easy. It requires strategies to manage changes in emotions and feelings that arise in response to stress or unpleasant situations. However, each individual has different strategies for coping with stress. In this aspect, individuals try to reduce the negative emotions felt when facing emotional changes P1 explained that there were positive things that could be taken from the various dynamics that occurred to him where P1 became more concerned about himself *"Eeee maybe I'm far ... not far away but like maybe I care more about myself now ..."* P1 1418-1419. Realizing that she has a mental disorder, P1 revealed that she has motivation and plans for her future after undergoing the recovery process *"Well that's why before I took psychology I wanted to recover myself when I finished my study and maybe I've recovered I want to help others by creating that rehabilitation place"* P1 1563-1566. This plan shows that her personal experience encouraged her to empathize and want to help others. P1 revealed that when someone viewed her negatively, she did not care about other people's negative views, was ignorant, and was no longer affected by other people's judgments *"For me now, it's just that I now care less like you want to look at me negatively, I'm like more ignorant"* P1 1473-1475.

P2 states based on the dynamics she has gone through. According to him, there are two positive things that can be taken, P2 emphasizes the importance of having responsibility and independence so as not to depend on others. Because every individual must be able to control themselves and not depend on others *"If in general, what I can take first is more ek don't rely on anyone because those who have the body are us who have the mind are us so the point is not to depend on anyone lah."* P2 1019-1022. Furthermore, the second P2 revealed that the actions or attention given by others do not always reflect sincere affection *"The second thing is not to be too like for example, people giving affection to us does not necessarily mean that the person loves us."* P2 1024-1025. In addition, P2 said that there are things to be grateful for. P2 feels grateful for the progress she has made in life, where she has been able to overcome these problems *"More grateful ... I am more grateful that now I can overcome it and I can be more satel"* P2 1041-1042. This gratitude is also felt to his parents for providing support and fulfilling the necessary facilities *"Yes, I am grateful that my parents are*

*still working, they still earn a lot of money, they can still pay for me, for example, if I ask for anything, but I never ask, they always give it because if they give me facilities, I have to do something first. I am grateful to be given a place to live, eat, go to school."* P2 1043-1047. In addition, P2 revealed that when there are people who have a negative view of him, he does not care *"I don't care. I think that not everyone can accept us, not everyone can like us so it's okay with me. As long as it's not harmful and as long as I can still eat safely."* P2 1083-1086.

P3 stated that from the various dynamics that P3 has experienced, P3 has learned positive lessons that can be taken, P3 is more accepting of everything that happens to her *"The positive lessons are like knowing the dynamics of life, life is uncertain, nothing is certain, some are positive, some are negative, so I am more accepting of what happens in my life."* P3 492-494. In addition, P3 is more grateful for the little things that happen to her and is grateful to still have both parents *"For me, I am grateful for the little things like being given food, I am grateful, I have enough food, then I can sleep well, then I can ... still be able to exercise, I am grateful for gi tusih, still have parents."* P3 497-500. In addition, when there are people who look negatively at her, P3 does not care about other people's negative views of her *"Yes, I'm just like that."* P3 505.

P4 explained that being someone who is diagnosed with Bipolar disorder is not easy but there are things that can be grateful in himself for what has happened to P4, where P4 can survive until now and not end his life because of the self-harm he did *"I'm still alive anyway, I'm still alive anyway, it's crazy that I can still breathe if it's like what my friends did yesterday in high school, they didn't break the door, I think I'm dead there, the deaths are ridiculous again if you think about it now oh yes, I died because I thought about one thing that was noisy in my head and then I cut this cut, I could get blood, oh my gosh, it's really ridiculous ehehehehehhek"* P4 907-913. Although there were people who had a negative view of him for what happened to him, P4 initially felt embarrassed *"I was embarrassed at first."* P4 924-925. However, P4 revealed that he was taken casually and did not think about other people's opinions, besides that, he was grateful that he could get through the bad things that had happened to him and was still alive today *"Hah I just laugh now that I was that stupid, it turns out ehehehek yes I am grateful now 'Ou I'm still alive' That's ehehe I can still breathe that's already very grateful."* P4 919-921.

### **3.5.2 Accepting responsibility**

Participants told about the beginning, causes, and how to accept that they were diagnosed with Bipolar disorder. P1 said that he was diagnosed with Bipolar disorder in 2023 but previously P1 had been diagnosed with covert depression in 2017 and major depression in 2020. From the beginning *when* P1 was diagnosed with a mental disorder his family did not believe him *"From the beginning when I was diagnosed with hidden depression they didn't believe me"* P1 420-423. P1 revealed that before being diagnosed with Bipolar disorder, P1 felt that she had *impulsive buying* behavior and *mood swings* *"Like actually I have felt it for a long time but I never told my doctor, what I felt was down but what ... eee my behavior was really impulsive"* P1 265-274. In addition, P1 had complaints about his physical condition that did not get better, so P1 went to the neurologist then the neurologist gave him a referral to the doctor who had previously examined P1 and then the results of the psychiatric examination stated that P1 had Bipolar disorder *"That's why I didn't go to the doctor because I have complaints about why my body hurts all over but why if you take the medicine it doesn't work". Then he asked this, suddenly the doctor asked this question 'You are a perfectionist, yes'... 'That can make you sick too, it's your bones'... 'You haven't been to doctor F for a long time', 'Well, you might as well go to doctor F, I'll give you a referral letter' Then I met with doctor F for examination and others, he said 'You are Bipolar' I was there who was like "Fuck Bipolar"* P1 655-672. P1 explained that the traumatic experience during childhood P1 was not free to express what he wanted *"Or this trauma might trigger a little bit. Well, so as a child ... eeeemm I never had the opportunity to do what I wanted au. So like everything I did, it was all the will of my parents"* P1 800-803. P1 also recounted that when she did not achieve the expected academic rankings she would get violence from her father *"Because honestly like for example I didn't get a ranking, top 3 or top 5 like that. I can be like the one ... what's the name, the one who gets scolded, hit, hit it's not just hit with a hand like that, it's not cool. You can use a broom handle, use a feather duster... There was also a time when I used a book, a textbook in... pakkkh like that."* P1 813-818. Even in the dormitory environment, the participant did not have many friends and felt isolated *"So it's like when I was in the dormitory, the other girls didn't want to be friends with me, there were only two people."* P1 896-897. So when in the dormitory P1 was more often alone *"When I was in the dormitory I was more likely to be alone, like going out by myself, going anywhere by myself, then what's the name... more often alone like reading novels or something like that"* P1 898-901. However, P1's most painful experience was when he

experienced sexual violence *"I was raped....I still really remember that incident"* P1 966. When he was diagnosed with Bipolar disorder, he was surprised, especially because he had previously only experienced depression *"I was shocked like how come I could be Bipolar, I was like thinking so right because previously in my mind my depression had relapsed, right"* P1 674-675. However, after being diagnosed, there was a significant change in her family's response *"My family's response really changed completely ... now it's much more caring when my doctor said I had Bipolar"* P1 679-686. P2 revealed that when P2 was diagnosed with Bipolar disorder when P2 entered grade 11 junior high school during the COVID-19 pandemic at that time P2 also experienced physical changes that affected her mentally *"When I was diagnosed, it was when I started junior high school in grade 11. So during the COVID era, the COVID era was really like the peak, the peak. The problem is like what I used to weigh 90kg, you know, I used to weigh 90kg from elementary school to junior high school"* P2 540-543. After experiencing suspicion of physical illness P2 was taken to the clinic for further examination *"I thought I was sick, so it was like I was taken to the Pramita Clinic right, tested for whatever it was and then after that it didn't seem like it was deh but this seemed to be more mental anyway and went straight to a psychologist"* P2 589-591.

P2 stated that according to the psychologist, the cause of experiencing Bipolar disorder was due to the trauma she experienced. *"So they just concluded that childhood trauma was finished with the broken home factor, the broken home factor, the school environment factor, even though my school didn't do anything,"* P2 979-981. According to her, although the psychologist has suspicions that the school environment factor is one of the causes, according to her, school does not have a significant influence because P2 only has two friends *"The school environment factor even though my school doesn't do anything, it means the friendship factor, even though my friends are only one, two can count on the fingers and my school is anake yo even though the state is not a naughty one, the term, nakale ya naughty elementary school children are just like that."* P2 980-984. When P2 was about to enter junior high school, she began to find out what exactly was the cause of her parents' divorce through information obtained from her grandmother, sister, and confirmed to her mother that her father wanted a daughter while she was born as a boy knowing *this* made her experience a deep emotional burden and think about whether it was actually the cause of having Bipolar disorder because of *this* *"Maybe I'm like yes, actually I don't blame it, I don't blame the situation, I always*

*think whether I was diagnosed like this because of that incident, I still ask until now"* P2 330-332. After knowing the reason why her parents divorced and being diagnosed with Bipolar disorder, P3 has now begun to accept the conditions she faces and take treatment. *"But now I have begun to accept, take my own treatment"* P2 336-337.

P3 stated that she realized she had Bipolar disorder during COVID-19 in 2020. Initially, it was her brother who had Bipolar disorder then after a while P3 was diagnosed with Bipolar disorder *"The one who got it was my twin who got it first, who confided in my twin to the pastor, I hadn't gotten it at that time and then let a few days go and I got infected with my twin so it's like the symptoms are almost the same, so it's like I'm the same as my twin, like what's in my twin's mind connects with what's in my mind"*. P3 162-167. P3 stated the experience of causing herself to experience Bipolar disorder, starting during the COVID-19 pandemic, that social restrictions during the pandemic contributed to the decline and motivation of participants' academic performance, where grades that usually increased experienced a significant decline. *"During COVID, I couldn't meet in person. Then, like the grades per semester, I saw that the progress continued to drop. Before I got hit, the grades had dropped, not like usual, usually the grades go up."* P3 190-193. Then, P3 saw that her twin sister had mental health problems for several days. According to her, she was infected by her sister. *"This is why it suddenly went down, and then I saw my twin ... Bipolar, which has not been diagnosed, suddenly yes, it was infected."* P3 194-195. This led to both of them being diagnosed with Bipolar disorder. In addition, feeling that he was left behind by his classmates in lectures made his motivation decrease. *"Same, maybe yes, like because he feels left behind by his friends, his motivation is reduced, yes, like that."* P3 591-592. After being diagnosed with Bipolar disorder P3 accepted her situation, P3 was also grateful for what happened to her even though she was in a difficult situation *"Yes, I'm not what's going on, it's like just accepting what's important, the important thing is to accept myself like that, and that's already grateful, a lot of gratitude."* P3 446-448.

P4 said that initially, when he was still diagnosed with major depression, he only received three types of medication from 2017 to 2021. However, during the latest control, P4 was diagnosed with Bipolar disorder so that the number of drugs increased to six or seven types *"Now when I came here, the diagnosis was eee how come this is even here, Bipolar, then I was given the medicine, how come suddenly there are so many more like yesterday, there were only three types, then*

three types continued from 2017 to 2021 if I'm not mistaken, just three types. Then, after that, how come it was changed, and it was immediately 6.7? How come it added more and more?" P4 389-393. P4 felt confused and worried about these changes. The doctor realized that P4 always came alone to the doctor's office, so the doctor warned that this situation was very dangerous, especially if P4 experienced whispers that could harm himself or others. *"The doctor said it was very, very dangerous, especially if I had a whisper, I could suddenly crash somewhere."* P4 396-398. Therefore, the doctor gave a referral letter for treatment in Salatiga. Based on the participant's statement, as a child, P4 experienced temperamental parenting from her grandmother. Then, when he was in high school, P4 experienced sexual harassment and toxic relationships that caused him to experience mental disorders and was diagnosed with Bipolar disorder. *"Most often it is and indeed because there is a trigger, plus I have experienced what is called harassment and then experienced that I was cheated on, I can also say that I am a victim of domestic violence, yes, because my grandmother used to be eee what yes, if I was naughty I had to be hit, sometimes my father would rarely hit me."* P4 579-583. Before knowing that he had Bipolar disorder, P4 was in denial about his condition. However, after being diagnosed by a doctor, he finally accepted it by trying to improve himself. *"Actually, at first, I was always in denial. At first, but now I'm like this, I'm also a human being and at ... In the end, I think all humans also have feelings and emotions, it's just that at this time I'm overdoing it because in the past I was prohibited from expressing my emotions, so finally I can, oh yes, it is like this, and what, yes, I am trying to improve myself."* P4 898-904.

### **3.5.3 Self-controlling**

Participants talked about how to control sudden mood swings. Participants also shared the most effective way to overcome sudden mood swings. P1 shared various strategies used to cope with emotional changes. P1 explained that when feeling bad P1 would divert attention to other activities such as sleeping, watching movies, listening to music, or playing games, sometimes also going out with friends *"Usually if my mood is already bad, I will do it so it's like I leave my work first I might switch to my other work, whether I lie down, watch movies, listen to songs, or play games, or sometimes I go out with my friends so later when my mood is better. I will go back to work."* P1 123-127. P1 also stated that medication has a significant effect, but when he does not consume it, he has to try harder to restore his mood. *"If, for example, we don't take medication but just like ... relying on the surroundings, I can restore*

*my mood, it's just not that easy. Like it takes more effort if, for example, you don't take medicine."* P1 129-130.

Apart from using medication, P1 mentioned that consuming alcohol can also be used as a way to cope with emotional changes, even though the effect is temporary, and realizes that drinking alcohol is not a long-term solution. *"Apart from medication, when I drink alcohol, it feels like it really helps us get high,"* P1 332-335. However, according to him, the effective way to use it is to take medicine and do something he likes. *"When I relapse, I take medicine and find something I like."* P1 1298. In addition to taking medication, P1 also stated that traveling, meeting her boyfriend, and playing with hamsters are also effective ways. *"Meeting Ayang and traveling like that really boosts the mood, like eeh it really boosts the mood. Oh, and the hamster toy"* P1 1492-1494.

P2 stated that Bipolar disorder makes P2 have a way that she usually uses in managing her emotions, according to her consuming sweet drinks and food can increase the body's *endorphins* so that it makes her happier *"So it's like drinking sweet food, I'm like what, maybe endorphins are ess happy so it turns out that this is a way that works so after that one more thing is like yes, if you eliminate negative thoughts, it's common. For me, it's more about making sure that if I'm healthy, I don't have Bipolar disease, right?"* P2 888-892. However, according to him, the most effective way is to overcome emotional changes by giving positive affirmations to oneself. *"So I convince myself that I can solve this problem, I can recover from this disease, so it's like maybe I'm more independent now hahaha I don't need a support system"* P2 896-898.

P3 stated that the experiences and strategies used in dealing with emotional changes. P3 mentioned that P3 uses video therapy from *YouTube* as a method to overcome anxiety: *"Overcoming my anxiety is like what, like therapy from YouTube, what's the name, there are sounds of nature or breathing exercises,"* P3 426-430. In addition, P3 often hears voices that often appear in her mind to blame herself, but feels a positive change after getting medicine from a psychiatrist, which makes her feel calmer. *"Yes, I hear voices like that and often blame myself, but after getting medicine from a psychiatrist, I feel calmer."* P3 392-393.

When Bipolar disorder relapses, P3 feels unable to think clearly, so she often relies on prayer to find peace. *"If it relapses, I can't think for myself, it's like eee I usually pray too."* P3 404-405. In addition, according to her, the importance of regular exercise can be used in maintaining mental health as a means of light apart from medication and *YouTube* therapy videos. *"At that time, I exercised regularly,*

*although now I'm not as rich as before. But when I got Bipolar at that time, I exercised regularly in the morning and evening."* P3 569-572. However, according to P3, the most effective strategy used is to be grateful and pray, *"The most effective is ... if I think about it, maybe I'm grateful, like being grateful, like yes, it's more like prayer."* P3 508-509.

P4 revealed various strategies used to manage her emotions. P4 explained the importance of a time-out as a way to relieve pressure when feeling depressed or manic. *"I take time out anyway, for example, if I'm really depressed or I'm really manic, I have my own time out."* P4 569-572. In this moment, P4 tried to calm down and reflect on the feelings experienced. P4 also mentioned positive activities such as exercise, reading books, cooking, knitting, and working as a form of diversion that helps maintain emotional balance. *"Exercise, sometimes read books, sometimes cook, trying new recipes, then if I really want to do it, I knit, and then I also divert it to work now."* P4 631-633. In addition, according to her, using positive affirmations can be used as a strategy to manage emotions when Bipolar symptoms occur, *"Just affirmations now"* P4 607-610.

### **3.5.4 Distancing**

P1 stated that she was not too happy to be in a crowd. P1 also stated that the way to overcome in order not to drift into sadness P3 chose to go alone to the beach or take a walk, and go to the cafe *"When I'm bored of drinking alone I go to the beach or I walk alone to see the city light or what or I go to a cafe that has live music"* P1 1251-1253. According to P1, activities like this are a way for P1 to distract and find comfort so as not to drift into sadness.

P2 is an individual who is quite happy to socialize in the surrounding environment. P2 revealed that when P2 was experiencing a depressive phase, at first she was *denial* and let it go until the feeling disappeared along with it, but after that in order not to protractedly feel sad P2 took a break from her activities such as sleeping *"Eeee actually if it subsides on its own, when I used to be like I don't care about this, I immediately sometimes stay lying alone but for a long time, but for a long time. What's wrong with me, what's wrong with me? But after that, I lay down by myself."* P2 846-848.

Participants explained that when she was socializing in the surrounding environment, P3 stated that being late in undergraduate studies, unlike her classmates, was one of the reasons P3 experienced Bipolar disorder, so that P3 had drifted into sadness. However, according to her, currently P3 has a way not to drift into sadness by accepting more of what happens to her *"It's more about just accepting*



*it, it's okay if this lecture, for example, is not on time or what, it's already like it's not like high school, junior high school, elementary school, it's like if you don't go up in class, you're embarrassed, that's what."* P3 598-601.

P4 stated that when experiencing mental stress P4 felt that his head was full of emotions to vent his emotions and in order not to get lost in feelings of sadness P4 would choose to hit the pillow as a safer alternative than hitting the wall which could hurt his hand *"When I was depressed, it was like this head was full, so eee I was more like looking for things that I could hit anyway, instead of hitting the wall, it hurts my hand so I hit the pillow like Kak Y's advice"* P4 994-999.

### **3.5.5 Excuse avoidance**

Participants explained how to solve every problem that happened to them. Participants also explained how to prepare themselves to face a particular task. Participants were also asked about their feelings when doing a certain task. P1 revealed his plans after graduating from S1. P1 plans to continue his studies to S2, but realizes that the situation in the field may be different. P1 is open to the possibility of working first or looking for other opportunities to develop skills. *"It's okay, like... I'm probably, maybe I'm just an example of my planning. After graduating from S1, I go to S2, but maybe due to events in the field, I can't go straight to S2, so I can work first or maybe look for something else, develop other skills, right"* P1 1587-1590. P1 shows flexibility in her plans and awareness that the desired path may not always go as expected.

P2 revealed that after graduating from high school, P2 will take part in the selection to enter UNDIP or UNS medicine, but if it does not match the planning that has been prepared to enter one of these universities, P2 will continue to study *"Stay in college anyway."* P2 1140. In addition, P2 will be helped to find a path by his parents so that he can still study at the medical faculty. *"Eee follow parents, parents have a path ehehe."* P2 1142.

P3 stated that when in the midst of a very large crowd, such as concerts and supporters, it can trigger anxiety. *"If it's crowded like a concert or supporter, it can't be, but if it's a normal crowd, it can still be"* P3 518-519. When asked further, P3 stated that when he was in an anxious situation in the middle of a crowd, it made her feel less confident and depressed. *"I don't feel confident, like I'm depressed, what, I'm uncomfortable, eee yes, like introverted people, ehehe."* P3 523-534.

P4 recounted that in December 2025, P4 had difficulty controlling herself and maintaining her behavior in public places because she was triggered by a traumatic experience in her past. "After

a long time, I've never been like that. I can control my triggers. *I had a tantrum there.*" P4 703-709. Although initially he had tried to convince himself to behave well, P4 still found it difficult to control himself *"I already had the intention in my heart 'Don't do that, you have to take care of yourself, take care of yourself, control yourself' I whispered that to myself but in fact I couldn't ... I sat there for a long time, I haven't been like that for a long time, it appeared, I really rolled like that."* P4 719-724.

#### **4. DISCUSSION**

Having a healthy mentality is one of the most important things in life. If everyone has a healthy mentality, it is hoped that they can carry out each of their tasks well. Mental health is not only physical but also psychological. Individuals with good psychology will have self-knowledge, self-understanding, and a positive self-concept (Mualifah, Barida, & Farhana, 2019). When mentally unhealthy, such as experiencing emotional instability over a long period of time. This can occur in individuals diagnosed with Bipolar disorder. The result can interfere with their ability to fulfill their daily responsibilities properly.

People with Bipolar disorder often experience great challenges in living their daily lives, especially in fulfilling personal and professional responsibilities. This is because people with Bipolar disorder often experience emotional changes. Individuals with Bipolar disorder are characterized by the presence of manic phases and depressive phases. During the manic phase, individuals may experience elevated mood and euphoria, which can make them appear hyperactive or overly optimistic, whereas during the depressive phase, individuals may experience sadness, anxiety, or hopelessness, which can cause them to withdraw from others (Anderson, 2023). Emotional changes can make it difficult for individuals to regulate their emotions. Therefore, individuals with Bipolar disorder need to overcome various problems that arise in their lives because of their symptoms (Astriliana & Kustanti, 2024).

Bipolar disorder can have a significant impact on individual relationships. Extreme changes in emotions can have a negative effect and cause disruption to daily life activities (Ramadani et al., 2024). This can affect the way individuals with Bipolar disorder interact with other people, partners, family members, and friends. In individuals with Bipolar disorder, changes in emotional state are a challenge, and anxiety and loneliness due to the pandemic can be one of the triggers for mood spikes in Bipolar sufferers (Simanjuntak & Arianti, 2022). In

this study, participants revealed that COVID-19 can trigger mental health problems, namely Bipolar disorder. Limited social contact with other people and doing various learning activities online causes limited direct social contact. This condition can trigger research participants to experience Bipolar Disorder because it is difficult to adapt to the pandemic situation.

The COVID-19 pandemic can indeed trigger Bipolar disorder. However, certain events in a person's life can also trigger mental health disorders. The impact of past traumatic events, including physical, emotional, and sexual abuse, can cause a person to develop Bipolar disorder (Martins et al., 2019). Having unpleasant experiences such as experiencing domestic violence, toxic relationships, sexual abuse, and experiencing a broken home can not only have an impact on physical conditions, but also have an impact on psychological conditions. In line with Putra's research (2022), the consequences of violence received can result in psychological disorders, which can be in the form of emotional disorders, behavioral disorders, and cognitive disorders. The same thing happened to the participants in this study, where there were participants who stated that the traumatic experiences gained as a child due to experiencing Domestic Violence (KDRT) committed by parents to children gave deep wounds. The wound cannot be forgotten, so it can be the cause of experiencing mental health disorders, such as Bipolar disorder.

Environmental factors, especially negative events and interactions with family, play a significant role in individuals diagnosed with Bipolar disorder. Stressful life events can cause a person to experience Bipolar disorder (Menculini et al., 2020). Children who live in a broken home can experience inner conflict. This inner conflict will lead to anger, depression, or anxiety (Julianto et al., 2020). A broken home family situation can cause harm, especially to children, because it can affect the growth and development of children in the family both physically, emotionally, spiritually, and socially (Wulandari & Fauziah, 2019). In this study, there were participants who experienced a broken home, so that a broken home could be one of the factors that caused them to be diagnosed with Bipolar disorder. In addition, having experienced a toxic relationship can have an impact on mental and physical aspects. People who have experienced toxic relationships will feel inner conflict; this inner conflict can cause anger, depression, and anxiety (Julianto, Cahyani, Sukmawati, & Aji, 2020). The inner conflict experienced by individuals can cause a lack of self-confidence, and they may easily feel hopeless and begin to dislike themselves due to negative

treatment from partners (Nihayah, Winata, & Yulianti, 2021). These problems can lead to negative feelings within oneself, as happened to research participants who experienced toxic relationships, so that toxic relationships caused them to experience Bipolar disorder.

The results of this study found that when experiencing feelings of anxiety, research participants used coping strategies by hurting themselves. For example, when they are in the depression phase, they use pain to overcome emotional stress, such as cutting their hands with a cutter or banging their head against the wall. This shows that people with Bipolar disorder have a desire to self-harm. Individuals who have difficulty coping with Bipolar disorder tend to use unhealthy ways to cope with sadness, anxiety, and hopelessness. In the end, self-harm itself is often their way of release (Iriani et al., 2024). The same is experienced by research participants, who use self-harm to cope with anxiety. When they are in the depression phase, they use pain to cope with emotional stress, such as cutting their hands with a cutter or banging their head against the wall. This shows that people with Bipolar disorder have the desire to do self-harm.

Participants in this study also revealed that when experiencing Bipolar disorder, they have no interest in anything and prefer to be alone, often experience overthinking to sleeplessness, and have suicidal thoughts. Participants in this study also experienced weight loss when they were diagnosed with Bipolar disorder. In line with the statement of Yudhantara et al (2022), it is stated that loss of interest in all things, significant weight loss, insomnia, fatigue and loss of energy, feelings of meaninglessness or excessive and inappropriate guilt almost every day, loss of thinking ability or concentration almost every day, difficulty making decisions, repeated suicidal ideation without a specific plan or suicide attempt or a specific plan to end life are symptoms experienced by people with Bipolar disorder. In line with this, Khairini and Astrinilantya (2024) explained that carrying Bipolar disorder has a high risk of committing suicide, especially if the Bipolar disorder suffered does not get any treatment at all. While the manic phase can cause impulsive actions such as excessive shopping, the depressive phase also allows impulsive behavior. However, impulsive behavior can increase in all phases of Bipolar disorder (Martin et al., 2020). Participants in this study, when they were in the manic phase, experienced increased mood and euphoria. As a result, it causes impulsive behavior if there is no good control. When they are impulsive, they often buy too many things that are not needed.

Therefore, handling Bipolar disorder requires treatment that involves medication. This includes taking anti-depressants, mood stabilizers, anti-psychotics, or anti-anxiety drugs in accordance with the dose that has been given. In addition, the treatment of Bipolar disorder requires individuals to incur considerable costs due to the treatment that must be carried out periodically. Therefore, handling Bipolar disorder not only uses treatment but also requires self-treatment to prevent Bipolar episodes from continuing. Individuals with Bipolar disorder can understand their moods by finding out how they feel. In order to know the right way that can be used when dealing with emotional changes, so that it is not only helped by drugs or treatment.

Doing activities that they like, such as playing games, reading books, cooking, exercising, running, fun hobbies, and giving positive affirmations to themselves, can help relieve stress when experiencing emotional changes, when symptoms of Bipolar disorder appear. Fun hobbies can be a way to distract and reduce the pressure faced daily (Ouriaghli et al, 2019). Similarly, participants in this study do activities they like and carry out hobbies as a coping strategy to overcome Bipolar disorder. In addition, they also take medication to control their mood when symptoms appear. This strategy helps them to reduce and overcome the symptoms that arise due to Bipolar disorder.

In addition to doing activities they like and pursuing hobbies, getting social support from the surrounding environment, such as getting support from other people, family members, friends, and partners, is a positive form of helping individuals with diagnosed conditions of Bipolar disorder. In line with the statement of Qoyyimah and Gracia (2024), social support provided by the surrounding environment, especially in terms of good communication within the family, greatly affects the recovery process for patients who have Bipolar disorder. Participants in this study stated that the social support provided by the surrounding environment, both verbally and non-verbally, was very helpful in the recovery process. The results of this study also show that individuals diagnosed with Bipolar disorder can find positive things in their lives. Being diagnosed with Bipolar disorder is not easy. However, being grateful for what is owned is one of the ways that individual survivors of Bipolar disorder use in dealing with the conditions that occur to them. In addition, participants also stated that being diagnosed with Bipolar disorder made them care more about themselves.

This dynamic is in line with what Lazarus and Folkman (1984) revealed: problem-focused coping is a problem-focused coping strategy directed towards problem solving, and emotion-focused coping is an emotion-focused coping strategy aimed at modifying emotions to reduce stress-related emotional pressure. From this study, the four participants used coping strategies, problem-focused coping, and emotion-focused coping to overcome the phases of Bipolar disorder. The use of problem-focused coping by trying to complete tasks, finding out the causes of participants diagnosed with Bipolar disorder, carrying out their hobbies, and doing their favorite activities when experiencing emotional changes. On the other hand, when emotional changes occur, participants cannot think clearly, so they use emotion-focused coping strategies by praying, being grateful, and taking medication to cope with emotional changes.

Apart from the coping strategies used by individuals diagnosed with Bipolar disorder, such as doing activities they like, pursuing hobbies, and getting social support from family and significant others, are also forms of coping. In this study, it was found that most participants stated that self-love plays an important role in the recovery of individuals with Bipolar disorder. Those who use self-love tend to be better able to face challenges that arise due to mood fluctuations. They learn not to hurt themselves and are more accepting if diagnosed with Bipolar disorder. Participants' self-love behaviors, such as positive affirmations, can be a coping strategy and help improve mental and emotional well-being.

The results also showed that spiritual support was used by all participants in this study. This support can be in the form of being grateful for what happens to them and praying to God for everything that happens to them, so that it can provide a sense of connection, feel calmer, and have a positive perspective in facing difficulties. The presence of spiritual support can help them to find meaning in difficult experiences and provide a sense of security, which is very important for the mental well-being of individuals with Bipolar disorder.

Bipolar disorder is a complex type of disorder; therefore, it can affect and disrupt social interactions or perhaps every aspect of a person's life. So it is very necessary to make an effort in the form of recovery for individuals who experience the condition of bipolar disorder (Khairina & Asriliantya, 2024). Research conducted by Ilter et al (2022) shows that coping strategies in dealing with Bipolar disorder involve active action to overcome challenges, the use of useful social support, and strategies to reduce the negative impact of the disorder.

There are limitations to this study, namely, the characteristics of participants are still less specific. It should be possible to specify the criteria for participants in this study experiencing Bipolar type I or type II. Furthermore, the interview limitations of some participants may feel uncomfortable sharing more sensitive information, which can affect the depth of data obtained. This is because the topic raised in this study is quite sensitive, as the participants in this study are individuals who have been diagnosed with Bipolar disorder and have gone through a long treatment process.

## **5. CONCLUSION**

Based on the findings of this study, researchers can draw conclusions regarding coping strategies among individuals diagnosed with bipolar disorder. Individuals diagnosed with bipolar disorder employ various unique coping strategies to manage their condition. Participants indicated that they seek out various methods to address emotional stress stemming from social environments and traumatic experiences. Traumatic experiences of Domestic Violence (DV) and a broken home family background significantly contribute to the development of Bipolar disorder. Additionally, toxic relationships have a negative impact on mental health, increasing the risk of developing Bipolar disorder. Support from family, friends, and partners is highly beneficial to the participants' recovery process. Effective communication within the family is a crucial factor in supporting individuals with bipolar disorder. Furthermore, participants employed various coping strategies, including engaging in positive activities, self-affirmation, taking medication, distracting themselves to manage emotions, practicing self-love, and seeking spiritual support.

Based on the results of this study, the following recommendations can be made: it is important for individuals diagnosed with bipolar disorder to engage in activities they enjoy, practice gratitude, pray, practice self-love, and pursue hobbies. These activities serve as positive coping mechanisms to reduce stress and improve mental health. Additionally, maintaining communication with close ones about their experiences and feelings can help reduce feelings of loneliness and enhance emotional support. Additionally, families are encouraged to create a safe and supportive environment. Social environments, such as friends and partners, are advised to adopt an empathetic attitude, as social environments can assist participants in navigating daily challenges. Further research is encouraged to explore effective coping strategies and design intervention programs focused on developing

effective coping strategies for individuals diagnosed with bipolar disorder.

## REFERENCES

- [1] Maugeri, G., Castrogiovanni, P., Battaglia, G., Pippi, R., Dagata, V., Palma, A., Rosa, M. D., & Musumeci, G. (2020). The impact of physical activity on psychological health during the COVID-19 pandemic in Italy *Heliyon*, 6(6), 2-9. <https://doi.org/10.1016/j.heliyon.2020.e0>
- [2] Sarwin, M., Arman, A., & Gobel, F. A. (2023). Faktor risiko kejadian skizofrenia di wilayah kerja Puskesmas Malangke Barat Kec. Malangke Barat kab. Luwu Utara tahun 2022. *Journal of Muslim Community Health*, 4(2), 183-192. <https://doi.org/10.52103/jmch.v2i3>
- [3] Ramadhan, F., & Syahrudin, A. (2019). Gambaran coping stress pada individu bipolar dewasa awal. *Jurnal Psikologi Universitas Indonesia Timur*, 1(1), 10-18.
- [4] Vazquez, G., Lolich, M., Cabrera, C., Jokic, R., Kolář, D., Tondo, L., & Baldessarini, R. J. (2018). Mixed symptoms in major depressive and bipolar disorders: A systematic review. *Journal of Affective Disorders* (2018), (225), 756-760. <https://doi.org/10.1016/j.jad.2017.09.006>
- [5] Tasci, G., Kaya, S., Korkmaz, S., & Atmaca, M. (2022). Peripheral inflammatory parameters in patients with antisocial personality disorder. *Archives of Neuropsychiatry*, 59(1), 38-44.
- [6] Nevid, J. S., Rathus, S. A., & Greene, B. (2018). *Psikologi abnormal di dunia yang terus berubah (Edisi kesembilan)*. Jakarta: Erlangga.
- [7] World Health Organization: WHO. (2022, June 8). *Mental disorders*. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.
- [8] Kementerian Kesehatan Republik Indonesia. (2018). *Hasil utama riskesdas 2018 provinsi jawa tengah*. Jakarta: Kementerian Kesehatan Republik Indonesia. <https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/>
- [9] Santika, E. F. (2023, September 18). Perempuan RI lebih banyak alami gangguan kesehatan mental daripada laki-laki. *Katadata*. <https://databoks.katadata.co.id/datapublish/2023/09/18>
- [10] McIntyre, R. S., Berk, M., Brietzke, E., Goldstein, B. I., Jaramillo, C. L., Kessing, L. V. (2020). Bipolar disorders. *The Lancet*,



- 396(10265), 1841–1856. [https://doi.org/10.1016/s0140-6736\(20\)31544-0](https://doi.org/10.1016/s0140-6736(20)31544-0)
- [11] Wedanthi, P. H., (2022). Studi kasus dinamika psikologi penderita gangguan bipolar. *Jurnal Pendidikan Tambusai*, 6(1), 2578-2582. <https://jptam.org/index.php/jptam/article/view/3313>
- [12] Vieta, E., Berk, M., Schulze, T. G., Carvalho, A. F., Suppes, T., Calabrese, J. R., & Grande, I. (2018). Bipolar disorders. *Nature Reviews Disease Primers*, 4(1), 1-16.
- [8] Sauran, A. R., & Salewa, W. (2022). Teknik Cognitive Behavior Therapy (CBT) dalam gangguan kepribadian bipolar. *Poimen Jurnal Pastoral Konseling*, 3(1), 74-91.
- [13] Farina, A. S. J., Holzer, K. J., Delisi, M., & Vaughn, M. G. (2018). Childhood trauma and psychopathic features among juvenile offenders. *International Journal of Offender Therapy and Comparative Criminology*, 62(14), 4359–4380. <https://doi.org/10.1177/0306624x18766491>
- [14] Lee, J., & Martin, L. (2017). Investigating students perceptions of motivating factor of online class discussion. *The International Review Of Research in Open and Distance Learning*, 18(5), 148-172. <https://doi.org/10.19173/irrodl.v18i5.2883>
- [15] Indonesia, B. C. (2018). *Bipolar Care Indonesia: Data penyintas gangguan bipolar*. Bipolar Care Indonesia. <https://www.bipolarcareindonesia.org/2018/11/data-penyintas-gangguan-bipolar.html>.
- [16] Bauer, M., Andreassen, O. A., Geddes, J., Kessing, L. V., Lewitzka, U., Schulze, T. G., & Vieta, E. (2018). Areas of uncertainties and unmet needs in bipolar disorders: Clinical and research perspectives. *Lancet Psychiatry*, 5(11), 930-939. [https://doi.org/10.1016/s2215-0366\(18\)30253-0](https://doi.org/10.1016/s2215-0366(18)30253-0)
- [17] Permatasari, D. A., Widyastuti., & Ridfah, A. (2020). Terapi relaksasi otot progresif terhadap penurunan gejala pada individu dengan gangguan bipolar di rumah sakit umum daerah La Tammala Kabupaten Soppeng. *Jurnal Psikologi Klinis Individu*, 5(2), 67-74.
- [18] Febrianita, D. A., Alfianti, A. G., & Muntaha. (2021). Gambaran kepatuhan minum obat pada pnderita gangguan bipolar di masa pandemi covid-19. *Media Husada Journal of Nursing Science*, 2(2). 1-5.
- [19] Wasley, M. S., Manjula, M., & Thirthalli, J. (2018). Interpersonal functioning in patients with gangguan bipolar in remission. *Indian Journal of Psychological Medicine*, 40(1), 52-60.

- [20] Wirasugianto, J., Lesmana, C. B. J., Aryani, L. N. A., & Wahyuni, A. A. S. (2021). Gambaran karakteristik pasien gangguan bipolar di rumah sakit umum pusat sanglah Denpasar Bali. *JMU: Jurnal Medika Udayana*, 10(1), 28-34. <https://doi.org/10.24843.MU.2021.V10.i1.P06>
- [21] Jepsen, M. F., Frost, M., Busk, J., Christensen, E. M., Bardram, J. E., Vinberg, M., & Kessing, L. V. (2019). Differences in mood instability in patients with bipolar disorder type i and ii: A smartphone based study. *International Journal of Bipolar Disorders* <https://doi.org/10.1186/s40345-019-0141-4>
- [22] Bridi, K. P. B., Loredó-Souza, A. C. M., Fijlman, A., Moreno, M. V., Kauer-Sant'Anna, M., Ceresér, K. M. M., & Kunz, M. (2018). Differences in coping strategies in adult patients with bipolar disorder and their first-degree relatives in comparison to healthy controls. *Trends in Psychiatry and Psychotherapy*, 40(4), 318-325. <https://doi.org/10.1590/2237-6089-2017-0140>
- [23] Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publishing Company.
- [24] Mohamed, R. S., Mahmoud, N. Z., Mahmoud, D., Eissa, M. F., Zohdy, Y. W., & Hafez, Y. S. R. (2023). Coping strategies and burden stress in caregivers of patients with schizophrenia and patients with bipolar disorder. *Middle East Current Psychiatry*, 30(1), 2-12. <https://doi.org/10.1186/s43045-023-00366-6>
- [25] Rao, C., Grover, S., & Chakrabarti, S. (2020). Coping with caregiving stress among caregivers of patients with schizophrenia. *Asian Journal of Psychiatry*, 54. <https://doi.org/10.1016/j.aip.2020.102219>
- [26] Branco, L. D., Cotrena, C., Ponsoni, A., Silva, R. S., Vasconcellos, S. J. L., & Fonseca, R. P. (2019). Identification and perceived intensity of facial expressions of emotion in gangguan bipolar and major depression. *Archives of Clinical Neuropsychology*, 33(4), 491-501. <https://doi.org/10.1093/arclin/acx080>
- [27] Suryana, N. A. (2022). Strategi coping mahasiswa dalam menyelesaikan tugas akhir di masa pandemi COVID-19. *Jurnal Ilmu Kesehatan Sosial*, 11(2), 157-168. <https://doi.org/10.15408/empati>
- [28] Freire, C., Ferradas, M. D. M., Regueiro, B., Rodríguez, S., Valle, A., & Núñez, J. C. (2020). Coping strategies and self-efficacy in university students: A person-centered approach. *Frontiers in Psychology*, 11, 1-11. <https://doi.org/10.3389/fpsyg.2020.00841>

- [29] Apaydin, z. C &, Atagus, A. I. (2018). Relationship of functionality with impulsive and coping strategies in gangguan bipolar. *Journal of Psychiatric and Neurological Science*. 31(1), 21-29. <https://doi.org/10.5350/DAJPN2018310102>
- [30] Achour, M., Souici, D. Y., Bensaid, B., Zaki, N. B. A., & Al-Nahari, A. a. a. Q. (2021). Coping with anxiety during the COVID-19 pandemic: A case study of academics in the muslim world. *Journal of Religion and Health*, 60(6), 4579–4599. <https://doi.org/10.1007/s10943-021-01422-3>
- [31] Luz, A., Olaoye, G., & Salima, H. (2024). Coping strategies employed by nursing students. *Research Gate*. [https://www.researchgate.net/publication/378365240\\_Coping\\_strategies-employed\\_by\\_nursing\\_students](https://www.researchgate.net/publication/378365240_Coping_strategies-employed_by_nursing_students)
- [32] Sumarsih, T., Sulistya, T., & Widiyanto, B. (2022). Strategi koping keluarga terhadap kekambuhan pasien gangguan jiwa dengan perilaku kekerasan. *Jurnal Ilmiah Kesehatan Keperawatan*, 18(1), 54-59. <https://doi.org/10.26753/jikk.v18i1.831>
- [33] Ilter, Z. C., Cetin, S. B., Ozkorumak, E., Tiryaki, A., & Ak, I. (2022). The relationship between internalized stigma and coping strategies in gangguan bipolar. *Klinik Psikiyatri Dergisi*, 26(1), 60-68.
- [34] El-Azzab, S. I & Ali, S. M. (2023). Social support, coping with stress and medication compliance among patients with bipolar disorder. *Egyptian Journal of Nursing and Health Sciences*, 2(2), 227-248.
- [35] Granek, L., Danan, D., Bersudsky, Y., & Osher, Y. (2018). Hold on tight: Coping strategies of persons with bipolar disorder and their partners. *Family Relations*, 67(5), 589–599. <https://doi.org/10.1111/fare.12328>
- [36] Sugiyono. (2013). *Metode penelitian kuantitatif kualitatif dan R&D*. Bandung: Alfabeta.
- [37] Nuryana, A., Pawito, P., & Utari, P. (2019). Pengantar metode penelitian kepada suatu pengertian yang mendalam mengenai konsep fenomenologi. *Ensains Journal*, 2(1), 19-24. <https://doi.org/10.31848/ensains.v2i1.148>
- [38] Sugiyono. (2019). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Bandung: Alphabeta.
- [39] Mualifah, A., Barida, M., & Farhana, L. (2019). The effect of self-acceptance and social adjustment on senior high. *IJERE: International Journal of Educational Research Review*, 4(pp), 719-724. <https://doi.org/10.24331/ijere.628712>

- [40] Anderson E., D. (2023). *Bipolar disorder: a comprehensive guide to understanding, diagnosis, and treatment*. Amerika Serikat: Amazon.com.
- [41] Astriliana, M., & Kustanti, E. R. (2023). Pengalaman sebagai pasien dengan gangguan bipolar tipe I (Sebuah Interpretative phenomenological analysis). *Jurnal Empati*, 13(1), 78-89. <https://doi.org/10.14710/empati.2024.27722>
- [42] Ramadani, I. R., Fadila, A. N., Aulia, R., Khairiyyahni, S., & Lestari, W. (2024). Gangguan bipolar pada remaja: Studi literatur. *Edu Society: Jurnal Pendidikan, Ilmu Sosial, dan Pengabdian Kepada Masyarakat*, 4(1), 1219-1227. <https://doi.org/10.56832/edu.v4i1.431>
- [43] Simanjuntak, F. U., & Arianti, R. (2022). Suasana hati ku bagaikan roller coaster: studi kasus self-disclosure di media sosial pada orang dengan bipolar semasa pandemi covid-19. *Bulletin of Counseling and Psychotherapy*, 4(2), 509-517. <https://doi.org/10.51214/bocp.v4i3.370>
- [44] Martins, D. S., Sousa, M. H., Perin, C. P., Cardeiro, R. T. A., Ponte, F. D. R., Lima, F. M., Rasa, A. R., Bucker, J., Gama, C. S., & Czepielewski, L. S. (et al). Perceived childhood adversities: Impact of childhood trauma to estimated intellectual functioning of individuals with bipolar disorder. *Psychiatry Research*. 274.345-351. <https://doi.org/10.1016/j.psychres.2019.02.046>
- [45] Putra, G. J. S. (2022). Dampak kekerasan dalam rumah tangga terhadap kesehatan mental Korban. *Verdict: Journal of Law Science*, 1(2), 96-107. <https://doi.org/10.59011/vjlaws.1.2.2022.96-107>
- [46] Julianto, V., Cahayani, R. A., Sukmawati, S., & Aji, E. S. R. (2020). Hubungan antara harapan dan harga diri terhadap kebahagiaan pada orang yang mengalami toxic relationship dengan kesehatan psikologis. *Jurnal Psikologi Integratif*, 8(1), 103-115. <https://doi.org/10.14421/jpsi.v8i1.2016>
- [47] Wulandari, D., & Fauziah, N. (2019). Pengalaman remaja korban broken home (Studi kualitatif fenomenologis). *Jurnal empati*, 8(1), 1-9. <https://doi.org/10.14710/empati.2019.23567>
- [48] Nihayah, U., Winata, A. V., & Yulianti, T. (2021). Penerimaan diri korban toxic relationship dalam menumbuhkan kesehatan mental. *GHAIDAN: Jurnal Bimbingan Konseling Islam & Kemasyarakatan*, 5(2), 48-55. <https://doi.org/10.19109/ghaidan.v5i2.10567>

- [49] Iriani, F., Dewi., Claudes. ., Nivia., Oktariana. P., & Saputro. B. E. (2024). Adolescents experience of self-harm: a case study. *International Journal of Application on Social Science and Humanities*, 2(2). 1-8. <https://doi.org/10.24912/ijassh.v2i2.31862>
- [50] Yudhantara, D. S., Istiqomah, R. Putri, W. D. D. W. Ulya, Z., & Putri, F. R. (2022). *Gangguan bipolar: Buku ajar untuk mahasiswa kedokteran*. Malang: UB Press.
- [51] Khairina, N., & Asriliantya, F. B. (2024). Gambaran social skills mahasiswa dengan bipolar disorder. *Journal Flourishing*. 4(8). 375-385. <https://doi.org/10.17977/um070v4i82024p375-385>
- [52] Ouriaghli, I. S., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. I. (2019). Improving mental health service utilization among men: a systematic review and synthesis of behavior change techniques within interventions targeting help-seeking. *American journal of men's health*, 13(3), 1-18. <https://doi.org/10.1177/1557988319857009>
- [53] Qoyyimah, A. N., & Gracia, A. B. (2024). Pengalaman komunikasi keluarga dalam mendukung pemulihan pasien gangguan bipolar. *Proceedings of Management*, 11(6), 6842-6848.