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ORIGINAL

Multidimensional understanding of bipolar disorder: a mixed methods study on dysfunction, psychosocial support and integral well being

Comprensión multidimensional del trastorno bipolar: estudio mixto sobre disfunción, apoyo psicosocial y bienestar integra

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ABSTRACT

This study addresses bipolar disorder from an integrative perspective that combines qualitative and quantitative approaches, aiming to understand the complexity of this mental condition and its impact on the lives of patients at the Sagrado Corazón de Jesús Rest Center in Guayaquil. Through case analysis and the application of clinical instruments, common patterns were identified related to symptoms such as euphoria, irritability, pressured speech, racing thoughts, and reduced need for sleep, all of which significantly affect patients' emotional and functional stability. A high incidence of biopsychosocial dysfunction was observed, particularly affecting the family, work, and emotional spheres. Furthermore, it was found that most patients experienced a late diagnosis, which prolonged manic and depressive episodes and hindered adherence to treatment. The study also revealed a lack of social support networks and limited access to comprehensive care from the health system, contributing to the chronicity of the disorder. In light of this, the need for cross-sectoral strategies is emphasized, combining pharmacological therapy with psychological support, community awareness programs, and inclusive public mental health policies. Addressing bipolar disorder requires a critical and humanizing perspective that promotes patient empowerment and facilitates social reintegration. This study contributes to the reflection on the shortcomings of the mental health care system in Guayaquil and proposes actions to strengthen support for individuals living with this condition.

Keywords: bipolar disorder; biopsychosocial dysfunction; mental health; Guayaquil.

RESUMEN

El presente estudio aborda el trastorno bipolar desde una perspectiva integradora que combina enfoques cualitativos y cuantitativos, con el objetivo de comprender la complejidad de esta condición mental y su impacto en la vida de los pacientes del Centro de Reposo Sagrado Corazón de Jesús, en Guayaquil. A través del análisis de casos y la aplicación de instrumentos clínicos, se identificaron patrones comunes relacionados con la aparición de síntomas como euforia, irritabilidad, verborrea, pensamiento acelerado y disminución del sueño, los cuales afectan significativamente la estabilidad emocional y funcional de los pacientes. Se observó una alta incidencia de disfunción biopsicosocial, afectando especialmente el ámbito familiar, laboral y afectivo. Además, se evidenció que la mayoría de los pacientes experimentaron un diagnóstico tardío, lo cual prolongó la duración de los episodios maníacos y depresivos, dificultando la adherencia al tratamiento. La investigación reveló también la escasa presencia de redes de apoyo social y la limitada atención integral desde el sistema de salud, lo que contribuye a la cronificación del trastorno. Frente a este panorama, se resalta la necesidad de estrategias intersectoriales que combinen la terapia farmacológica con acompañamiento psicológico, programas de sensibilización comunitaria y políticas públicas inclusivas en salud mental. El abordaje del trastorno bipolar requiere una visión crítica y humanizante, que promueva el empoderamiento del paciente y facilite su reinserción social. Este estudio contribuye a la reflexión sobre las carencias del sistema de atención en salud mental en Guayaquil y propone acciones para fortalecer el acompañamiento a personas con esta condición.

Palabras clave: trastorno bipolar; disfunción biopsicosocial; salud mental; Guayaquil.

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INTRODUCTION

Bipolar disorder constitutes a chronic psychiatric condition of high complexity, characterized by a profound alteration in mood, which fluctuates between phases of intense euphoria (mania or hypomania) and periods of profound sadness (depression). This dysfunction seriously affects the individual's thinking, emotions, and behavior. Among the most notable signs are accelerated thinking, decreased or absent need for sleep, and abrupt and recurrent changes in mood, which can hinder a clear perception of reality and of the individual's own cognitive processes [1-4]. When these symptoms worsen, they can trigger disorganized behaviors, paranoid thoughts, and even psychotic episodes, which are key to establishing a clinical diagnosis [1-4].

One study conducted in the community of Pueblo Nuevo, in Guayaquil, demonstrated the relevance of early detection of bipolar disorder (BD), since timely intervention can reduce adverse effects on the work, family, and social environment. Factors such as perceived stress, the level of social support, and psychosocial functioning in different domains can hinder accurate diagnosis. Likewise, the increase in neurotransmitters such as dopamine and serotonin, together with episodes of logorrhea, hyperactivity, megalomania, and emotional instability, place this disorder among the leading causes of disability worldwide, with significant economic and social repercussions [5-9].

From an evolutionary perspective, the literature has recognized bipolar disorder as an advanced form of "manic depression," a historical term that has been redefined within the framework of current diagnostic manuals. Not all individuals present constant symptoms between episodes, but when they manifest, they significantly alter the patient's daily life [1].

Theoretical and disciplinary foundations

Critical-propositive approach

This study is articulated from a critical and transformative vision, which not only aims to identify the symptoms of bipolar disorder, but also to propose non-pharmacological therapeutic responses, oriented toward restoring the person's biopsychosocial balance. The research starts from the assumption that social reconfiguration is possible through psychoeducational and community interventions, which reintegrate the subject into their family and social environment [10].

Sociological framework

Drawing on the dialectical theory of historical materialism, it is argued that mental illnesses, including bipolar disorder, must be understood within the historical processes of social transformation. Therapeutic models also evolve, insofar as the aim is to restore the individual's functionality, overcoming the social exclusion that the diagnosis often generates [11].

Epistemological perspective

The understanding of bipolar disorder is broadened from an epistemological approach that privileges the transformation of the subject and their context. It is not solely about understanding the pathology, but about activating mechanisms so that the patient can rediscover their agency, reinforce their identity, and actively contribute to society, breaking stigmas and rebuilding bonds [12].

Psychological dimension

From clinical psychology, cognitive-behavioral therapy (CBT), developed by Aaron Beck, has become an effective approach for modifying cognitive distortions and dysfunctional behavioral patterns. This methodology focuses on specific problems in the patient's daily life, establishing realistic goals that allow managing symptoms and preventing relapses [13-15].

Concept of mental health

The World Health Organization maintains that mental health implies comprehensive well-being, not only the absence of disorders. Authors such as Sigmund Freud, Marie Jahoda, and Karl Menninger have contributed different definitions, agreeing on the importance of adaptation, productivity, and the perception of reality as fundamental pillars of psychic equilibrium [6].

Clinical psychology and psychopathology

Clinical psychology is responsible for the diagnosis, assessment, and intervention of mental

disorders. It ranges from mild alterations to complex disorders such as schizophrenia or bipolar disorder. Psychopathology, for its part, studies the theoretical structures that arise from psychiatric clinical observation, providing explanatory models for diagnosis and intervention [16].

Clinical manifestations of bipolar disorder

The most frequent symptoms of bipolar disorder include:

- Euphoria: exaggerated emotional exaltation, accompanied by inappropriate comments and loss of judgment.
- Irritability: tendency toward easy anger and disproportionate responses to minor stimuli.
- Grandiosity: overestimation of personal capabilities, without self-criticism or risk perception.
- Insomnia: significant reduction in sleep without apparent fatigue.
- Logorrhea: rapid, abundant, and difficult-to-interrupt speech.
- Hypersociability: disinhibited social behavior, with frequent and inappropriate contacts, even with strangers, and increased sexual drive.

METHODS

The present study adopts a mixed methodological approach that articulates both qualitative and quantitative elements, allowing for a comprehensive understanding of bipolar disorder in its clinical, psychological, and sociocultural dimensions. This dual approach responds to the need to capture both the subjectivity and complexity of the phenomenon from the perspective of the actors involved themselves and to empirically validate the findings through measurable and replicable data.

From the qualitative dimension, an in-depth contextual analysis of selected cases was developed, focused on the direct experience of individuals diagnosed with bipolar disorder at the Centro de Reposo Sagrado Corazón de Jesús, located in Guayaquil. This approach made it possible to explore the particularities of the illness through personal narratives, revealing the influence of factors such as the family environment, social ties, and psychoemotional conditions on the manifestation of the disorder. A holistic approach was applied that recognizes reality as a dynamic construction, allowing the identification of behavioral patterns, subjective interpretations of the symptomatology, and life trajectories affected by biopsychosocial dysfunction.

In the quantitative component, standardized instruments were used to measure clinical variables associated with the disorder, such as levels of psychosocial functioning, intensity of manic and depressive symptoms, and sleep quality. Psychological batteries previously validated in the Ecuadorian population were applied, which facilitated the collection of objective data that could be correlated with qualitative observations. This approach made it possible to establish statistical trends and verify relationships among critical variables, such as the association between levels of irritability, emotional fluctuations, and social isolation.

The research design was combined in nature, combining an exhaustive literature review with field exploration conducted at the aforementioned clinical center. The documentary review included books, scientific articles, and national and international theses that addressed bipolar disorder from various disciplines. In parallel, systematic observations were made in the clinical setting, gathering first-hand information on patients' behaviors, emotional responses, and progression, which contributed to validating or complementing the theoretical findings.

Regarding the level of depth, the research is situated within the analysis of variable association. A relational matrix was established to determine the connection between different symptomatic dimensions of bipolar disorder and their impact on patients' social and emotional functionality. Through a correlational analysis, the aim was to demonstrate how certain clinical characteristics such as verbosity, decreased sleep, or episodes of grandiosity affect the patient's quality of life, emotional stability, and interaction with the environment.

In summary, the methodology integrates various sources of information and analysis techniques that converge in a critical, scientific, and humanistic perspective of bipolar disorder, with emphasis on the urban context of Guayaquil. This methodological strategy allows not only describing the problem from multiple dimensions, but also proposing concrete intervention proposals that respond to the real needs of patients and their families.

RESULTS

The findings obtained from the qualitative-quantitative research conducted at the Centro de Reposo Sagrado Corazón de Jesús made it possible to identify common clinical, behavioral, and social patterns among patients diagnosed with bipolar disorder. In total, one sample of 20 patients was studied, whose ages ranged from 22 to 55 years, with 60% women and 40% men.

From the qualitative analysis, it became evident that late diagnosis was a constant in 75% of cases, associated with lack of information, social stigmatization, and difficulty accessing mental health services. Patients' narratives reflected a high level of emotional suffering, especially during manic episodes, characterized by impulsivity, logorrhea, and a significant decrease in the need for sleep. Likewise, a gradual loss of connection with the family and social environment was observed, which accentuated isolation and relapse in patients.

Regarding the quantitative component, the instruments applied revealed that 85% of the participants presented a high level of biopsychosocial dysfunction, especially in the affective and occupational areas. The clinical tests showed that 70% displayed severe symptoms of irritability, 65% presented accelerated thinking, and 60% had experienced episodes of euphoria followed by intense depressive periods. In addition, 50% of the cases reported recurrent paranoid ideations during manic phases.

A significant correlation was identified between low sleep quality and the intensity of manic symptoms. Those patients who slept less than 3 hours daily showed a higher risk of acute crises, behavioral disorganization, and alterations in the perception of reality. On the other hand, 40% of respondents reported a family history of psychiatric disorders, suggesting a genetic predisposition as a risk factor.

Regarding social support, 80% of patients reported a progressive reduction in their support networks after diagnosis, which was identified as an aggravating factor for the progression of the disorder. The lack of coping strategies, self-medication, and the absence of psychological support were recurrent elements in the testimonies.

Finally, the combination of pharmacological intervention and psychotherapeutic support was found to contribute positively to managing the disorder. However, only 35% of patients regularly accessed both treatments. This finding suggests an urgent need for public policies that guarantee comprehensive and sustained care for people with bipolar disorder in the local mental health system.

Discussion

The results of this research provide an in-depth understanding of the biopsychosocial dynamics of bipolar disorder, revealing a set of interrelated factors that directly affect the progression of the disorder and the quality of life of those who experience it. Diagnosis was generally made late, exposing patients to an unnecessary prolongation of emotional and social suffering. This situation is related to limited community information about the early signs of the disorder, as well as to persistent stigmatization of mental illnesses in the local setting.

The qualitative analysis made it possible to establish that episodes of mania and hypomania not only generate behavioral alterations in the patient but also affect their interpersonal relationships. Manifestations such as verborrhea, impulsivity, increased disinhibited sociability, and decreased sleep negatively affect how others perceive the individual, leading to isolation and relationship breakdown. The quantitative component, in turn, validated the frequency and severity of these symptoms, showing that more than 60% of patients present recurrently with at least 3 intense manic symptoms.

A key finding was the high prevalence of biopsychosocial dysfunction in most cases studied. This dysfunction is not limited to clinical aspects but extends to patients' occupational, educational, and family domains, hindering their active participation in society. The correlation between sleep deprivation and the worsening of manic symptoms indicates the need to prioritize treatment of this factor in therapeutic strategies.

Likewise, the lack of social and emotional support after diagnosis was identified as tending to deepen patients' emotional instability. This absence of support networks hinders recovery and favors chronicity of the disorder [17]. The low rate of access to combined psychopharmacological and psychotherapeutic interventions reflects structural deficiencies in the health system, preventing comprehensive care for affective disorders.

The results call for rethinking traditional intervention models from an interdisciplinary and

humanizing approach that considers not only the medical dimension of bipolar disorder but also its social and subjective impact. It is necessary to articulate prevention strategies, community education, and public policies that favor early diagnosis, access to specialized services, and social inclusion of patients.

In the context of Guayaquil, it is imperative to design care pathways that respond to the particular conditions of the local population, recognizing the complexity of bipolar disorder and its cyclical nature. This research reaffirms that treating visible symptoms is not enough: sustained and culturally relevant intervention is required to enable patients to regain their functionality, their life project, and their identity as active citizens.

Conclusion

The present study made it possible to understand bipolar disorder as a complex condition that deeply affects the individual's biopsychosocial sphere, altering emotional stability, daily functioning, and interpersonal relationships. Through a mixed-methods approach, it was possible to demonstrate not only the frequency and intensity of characteristic symptoms such as euphoria, irritability, pressured speech, and decreased need for sleep, but also their impact on the patient's personal and social life.

It was established that late diagnosis, limited emotional education, social stigmatization, and deficiencies in specialized care systems worsen the course of the disorder and hinder recovery. Furthermore, the lack of family and community support negatively influences treatment adherence, promoting relapses and isolation.

The data obtained reinforce the need to implement comprehensive strategies that include continuous therapeutic interventions, social awareness programs, and inclusive mental health policies, especially in the urban context of Guayaquil. Likewise, the importance of interdisciplinary treatment was identified, in which clinical psychology, psychiatry, social work, and family support converge, to restore patients' emotional balance and facilitate their full reintegration into society.

Finally, it is concluded that addressing bipolar disorder from a critical, humanistic, and contextualized perspective not only improves patients' quality of life but also helps strengthen the social fabric, promoting a more empathetic, informed, and participatory mental health culture.

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CONFLICT OF INTEREST

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