Analyzing the Impact of Bipolar Phase on the Use of the Words ‘Life’ and ‘Death’: a Study in the Survivor Community

Yesha Ashilla Husaeni*, Virga Putra Darma
Institut Pendidikan dan Bahasa Invada Cirebon, Indonesia
*Email: husaeniyesha@gmail.com

Abstract
This study aims to analyze the impact of bipolar phases, namely manic and depressive phases, on the use of the words ‘life’ and ‘death’ in bipolar survivors’ communication. The research method used was qualitative with Likert scales to measure attitudes and perceptions towards stigma in the various bipolar phases. The results showed that bipolar phases influence survivors’ language use, where manic phases tend to produce positive connotations towards the word ‘life’ and depressive phases tend to produce negative connotations towards the word ‘life’. In addition, the social environment also influences how bipolar survivors perceive the use of these words. These findings support previous research on the impact of mood disorders on communication processes and provide additional insights into how bipolar phases influence word usage in the language of bipolar survivors.

Keywords: language in use, bipolar phase, word use

INTRODUCTION

Sociolinguistic studies have long been an intriguing field of research in understanding how language variations can reflect individual psychosocial conditions. It involves analyzing language variations related to the influence of social and societal factors. This sociolinguistic inquiry provides insights into language usage within a community (Fauziah et al., 2021). Specifically, it delves into the analysis of the impact of bipolar phases, particularly manic and depressive phases, on the use of the words ‘life’ and ‘death’ in everyday communication.

Bipolar disorder (BD) is characterized by manic and acute depressive episodes, mixed episodes where depressive and manic symptoms co-occur, and partial or full remission periods, also known as euthymic states (Weiner et al., 2019). Bipolar disorder is a global phenomenon, with prevalence estimates varying from 0.3% (Marais, 2022). These extreme mood swings significantly contribute to the rich linguistic variations, especially within bipolar survivor communities (Rizki, 2023).

The use of the words ‘life’ and ‘death’ by individuals with bipolar disorder goes beyond existential concerns. These words also reflect fluctuating psychological conditions (Herpindo et al., 2020). This study adopts a descriptive qualitative approach to uncover the meanings behind the selection of these words. The research instrument is a questionnaire designed to collect linguistic data from the online community Bipolar Care Indonesia, minimizing potential researcher subjectivity in data interpretation.

The goal is to identify and analyze the influence of bipolar phases, both manic and depressive, on the choice of ‘life’ and ‘death’ words in the social interactions of Bipolar Care Indonesia members. The anticipated benefit is to gain a deeper understanding of how individual psychosocial conditions affect linguistic variations, offering valuable insights for mental health practitioners in comprehending the communication dynamics of bipolar survivors.

This research aims to delve deeper into the impact of bipolar phases on the use of ‘life’ and ‘death’ words in bipolar survivor communication. Bipolar disorder falls within psychiatric disorders focusing on mood changes, with bipolar phases characterized by extreme mood fluctuations, including intense manic periods and profound depressive episodes. This condition can significantly impact various aspects of individuals’ lives, including how they speak and choose words (Koenenders et al., 2020).

As a preliminary step, an in-depth analysis has been conducted on the responses from the bipolar survivor questionnaire. The gathered data will be carefully analyzed to identify patterns in the use of ‘life’ and ‘death’ words during different bipolar phases. Subsequent stages will involve psycholinguistic and sociolinguistic aspects to understand the relationship between individual psychological conditions and specific language...
use.

During manic episodes, individuals with bipolar disorder often feel extremely happy, energetic, and more active than usual. Conversely, during depressive episodes, they tend to feel very sad and become less active. In exploring the influence of manic phases on language use, it is evident that individuals in this phase often feel very enthusiastic and optimistic, affecting how they speak, often using words that depict life, joy, and success. Conversely, during depressive phases, word usage tends to shift towards more negative expressions, with words conveying death, despair, and emptiness (Maramis, 2022).

The researcher will examine whether there are differences in the use of ‘life’ and ‘death’ words between the bipolar survivor group and the general population. Are there specific patterns that can be identified and linked to bipolar conditions? These questions will be the focus of statistical analysis to test research hypotheses.

It’s crucial to recognize that language mirrors an individual’s psychosocial condition. Therefore, through a sociolinguistic approach, this research aims to present a comprehensive overview of how language reflects the psychosocial conditions of bipolar survivors. In this context, the role of society in understanding and supporting individuals with bipolar disorder also needs consideration (Tricahyo, 2021).

Communication within the bipolar survivor community can be complex and unique. The use of ‘life’ and ‘death’ words may serve as indicators or manifestations of the emotional journey of survivors facing bipolar disorder. Therefore, a deeper understanding of the relationship between psychological conditions and language can support the community by providing more effective assistance and creating a more conducive and inclusive environment for bipolar survivors (Akbar K et al., 2020).

This exploration may lay the foundation for the development of more effective interventions or support programs for individuals with bipolar disorder. With a deeper understanding of how language reflects psychosocial conditions, interventions can be designed more precisely, helping survivors manage their communication more effectively and improving their overall quality of life (Safitri et al., 2022).

A comprehensive methodology will be applied as a research focusing on linguistic and psychological aspects. This includes in-depth interviews, text analysis, and the use of standard psychological instruments to measure the severity of bipolar symptoms and their impact on language and communication.

The analysis of this research is expected to make a significant contribution to understanding bipolar disorder and its consequences on individual communication. Through a holistic approach, the results are expected to open opportunities for a deeper understanding of the complexity of the relationship between language, psychological conditions, and social interaction in the context of bipolar survivors.

METHODS

This research adopts a qualitative approach as the methodological framework to delve into the language used within the Bipolar Care Indonesia community. The choice of a qualitative approach is based on the research goal to understand and explain the phenomenon of language use in-depth, particularly in the context of the individual’s psychological condition experiencing bipolar disorder. This method allows researchers to explore individual experiences and uncover the meanings behind the use of ‘life’ and ‘death’ words in this complex context.

The author adopts a descriptive-analytical nature for this research. The descriptive nature is used to depict and explain language use phenomena within the Bipolar Care Indonesia community, while the analytical nature is employed to analyze qualitative data collected from respondents. The combination of these two natures provides a more comprehensive understanding of the linguistic and psychological aspects involved in language use by bipolar survivors.

The data collection process in this research employs purposive sampling, involving the completion of questionnaires by members of the Bipolar Care Indonesia community. The questionnaire is specifically designed to detail information about language use, terminology, and communication styles commonly used by community members when discussing bipolar conditions. The data obtained through the questionnaire, primary data, will be the main focus of the analysis, enabling the identification of unique patterns and significant findings in language use within this environment.

The qualitative data analysis process will include stages of coding and exploration of emergent themes from respondents’ answers. This approach allows researchers to explore the meanings and contexts behind the use of ‘life’ and ‘death’ words, as well as identify differences and similarities in linguistic expressions that emerge during various bipolar phases. Therefore, this re-
search aims to provide a more comprehensive insight into how language reflects the psychosocial experiences of bipolar survivors.

The exploration also focuses on the communication context within the community, where individuals can share experiences and support each other. Primary data collected through the questionnaire will be processed and analyzed in detail and systematically, allowing for more weighty conclusions regarding language use within the community. Additionally, findings from this research are expected to offer valuable insights into the impact of bipolar phases on how bipolar survivors communicate and interact in their daily environment.

By combining qualitative approach, descriptive-analytical nature, and the use of specifically designed questionnaires, this research aims to contribute to a deeper understanding of the relationship between language and psychosocial conditions in the context of bipolar survivors. The concluding results are expected to provide a foundation for the development of more effective interventions or communication approaches to support bipolar survivors in managing and communicating more effectively.

The primary data source in this research is active members of the Bipolar Care Indonesia community participating in their online forums. Survey participants have been diagnosed for a minimum of 1 year, ensuring sufficient experience in interacting within this community context. Secondary data sources are also used in the form of literature studies related to bipolar disorder and analysis of relevant theoretical frameworks.

The data collection technique used is the distribution of questionnaires to members of the Bipolar Care Indonesia community through online media. The questionnaire contains structured questions designed to gather information about language use in the bipolar context. Respondents are asked to fill out the questionnaire based on their experiences and perceptions of the use of ‘life’ and ‘death’ words when discussing bipolar conditions.

The chosen instrument for data collection in this study is a specifically designed questionnaire with relevant questions aligned with the research objectives. The questions in the questionnaire are designed to gather information about language use, terminology, and communication styles used by community members when discussing bipolar. Instrument validity and reliability are evaluated to ensure that the questionnaire can accurately measure the researched constructs.

Data collection procedures begin with sending questionnaires to members of the Bipolar Care Indonesia community through online media. The questionnaire is designed to gain further understanding of how bipolar phases can influence the use of ‘life’ and ‘death’ words in bipolar survivor communication. Respondents are asked to fill out the questionnaire by describing their experiences and perceptions related to this issue.

After the questionnaires are collected, the next step involves data analysis using qualitative analysis methods. This approach is chosen to understand the deeper meanings behind the use of these words in the bipolar context. Qualitative analysis includes searching for patterns, themes, and meanings that emerge from respondents’ responses. Thus, this research not only focuses on numbers but also seeks to explore the depth of individual experiences and perspectives.

The results of this qualitative analysis become the main focus of the discussion of the research report. These findings are utilized to answer the research questions and provide a more comprehensive overview of the impact of bipolar phases on language use in bipolar survivor communication. Thus, the research report not only presents raw data but also offers contextual interpretations of the analysis results.

The data collection method used is the questionnaire, and the validity and reliability of the instrument are evaluated through statistical analysis of the questionnaires received from Bipolar Care Indonesia community members. This step is taken to ensure that the instrument used can accurately measure the researched constructs.

The results of this statistical analysis form the basis for ensuring the validity and reliability of the questionnaire. If inaccuracies or weaknesses are found in the instrument, suggestions for improvement are provided by the research supervisor. This is a critical step to ensure that the data collected through the questionnaire is reliable reflects the actual conditions to be investigated and that the method is conducted by relevant guidelines.

Through this approach, the author seeks to create a holistic methodology, combining qualitative elements to provide a more comprehensive insight into the researched phenomenon. The results are expected to make a significant contribution to understanding bipolar disorder and its impact on individual communication, especially in the use of everyday language.

This research is not just about data collection but also an effort to develop new insights in the realm of psycholinguistics and sociolinguistics. Through a deeper understanding of the re-
relationship between bipolar phases and the use of 'life' and 'death' words, it is hoped that society can be more sensitive and supportive of bipolar survivors in their journey to navigate daily life in a better and more effective way.

RESULT AND DISCUSSION

Result

This research explores how manic and depressive phases in bipolar disorder influence the usage and connotations of the words 'life' and 'death' by survivors. Data collected through surveys provide insights into changes in the frequency and perceptions of these words during both phases. Table 1 and Table 2 present relevant data for this analysis.

Table 1. Frequency of the Use of the Words 'Life' and 'Death' in Manic and Depressive Phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Word</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manic</td>
<td>Life</td>
<td>Increasingly Often</td>
<td>71.7% Strongly Agree</td>
</tr>
<tr>
<td>Manic</td>
<td>Death</td>
<td>Increasingly Often</td>
<td>51.7% Strongly Disagree</td>
</tr>
<tr>
<td>Depressive</td>
<td>Life</td>
<td>Increasingly Often</td>
<td>63.3% Strongly Disagree</td>
</tr>
<tr>
<td>Depressive</td>
<td>Death</td>
<td>Increasingly Often</td>
<td>90% Strongly Agree</td>
</tr>
</tbody>
</table>

Table 2. Influence of Manic and Depressive Phases on Connotations of the Words 'Life' and 'Death'

<table>
<thead>
<tr>
<th>Phase</th>
<th>Word</th>
<th>Influence on Connotation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manic</td>
<td>Life</td>
<td>More Positive</td>
<td>78.3% Strongly Agree</td>
</tr>
<tr>
<td>Manic</td>
<td>Death</td>
<td>More Negative</td>
<td>53.3% Strongly Disagree</td>
</tr>
<tr>
<td>Depressive</td>
<td>Life</td>
<td>More Negative</td>
<td>88.3% Strongly Agree</td>
</tr>
<tr>
<td>Depressive</td>
<td>Death</td>
<td>More Positive</td>
<td>78.3% Strongly Agree</td>
</tr>
</tbody>
</table>

Based on the above tables, during the manic phase, there is a significant increase in the usage of the word 'life,' which may reflect the characteristic optimism and high energy of this phase. However, there is disagreement regarding the increased use of the word 'death,' indicating an effort to avoid negative or powerless concepts.

Signs of a depressive episode include feelings of sadness or depression, frequent crying, loneliness and isolation, physical pain such as headaches and stomachaches, guilt, worthlessness, anxiety, anger, or irritability without apparent cause, changes in eating habits, decreased energy, diminished enthusiasm for activities usually enjoyed, thoughts of suicide or death (Maramis 2022). During the depressive phase, the use of the word 'life' decreases, while 'death' increases, indicating a significant connotative shift. This may reflect feelings of despair and fatigue often associated with the depressive phase.

These findings indicate that manic and depressive phases have different effects on how bipolar survivors use and perceive specific words. This provides crucial insights into how bipolar disorder can influence communication and emotional expression.

Discussion

Influence of Manic Phase on the Usage of 'Life' and 'Death' Words

This research expands our understanding of how the manic phase in bipolar disorder can affect the usage of 'life' and 'death' words in communication among bipolar survivors. The collected data provide significant insights into changes in the frequency and connotations of both words during the manic phase.

Based on the survey results, it was found that a majority of respondents (71.7%) experienced an increase in the frequency of using the word 'life' during the manic phase. This reflects the characteristics of the manic phase often associated with joy, enthusiasm, and high energy. Signs pointing towards manic episodes include being easily angered or irritable, displaying extreme excitement or acting foolish beyond one's age, difficulty sleeping, feeling unreachable, inability to focus on one topic, speaking rapidly or attempting to discuss various issues, thinking about sex, engaging in risky or impulsive behavior, and having inflated self-esteem or feeling extremely important (Maramis 2022).

On the other hand, the usage of the word 'death' showed a different trend. About 53.3% of respondents reported a tendency to avoid using the word 'death' during the manic phase, interpreted as an effort to distance themselves from concepts related to death, lifelessness, or powerlessness. This indicates that even though the manic phase is often considered a period filled with positive energy, there is also an awareness of avoiding the negative aspects associated with death.
Moreover, the social environment plays a crucial role in shaping the language patterns of individuals with bipolar disorder. About 76.7% of respondents stated that their social environment significantly influenced how they viewed and used the words ‘life’ and ‘death.’ This suggests that social norms and environmental expectations contribute to shaping how individuals with bipolar disorder communicate and understand the concepts of life and death.

The influence of the manic phase on the connotations of ‘life’ and ‘death’ words is also evident. The majority of respondents (78.3%) felt that the manic phase imparted a more positive connotation to the word ‘life,’ while a significant portion (53.3%) felt that the manic phase gave a more negative connotation to the word ‘death.’ This indicates that during the manic phase, there is a tendency to view life more optimistically and avoid negative associations with death.

These findings provide a deeper understanding of how the manic phase in bipolar disorder can affect the usage and perception of ‘life’ and ‘death’ words. This insight is crucial for understanding the complexity of experiences among individuals with bipolar disorder and may offer guidance for mental health practitioners in developing more effective communication strategies and interventions.

**Influence of Depressive Phase on the Usage of ‘Life’ and ‘Death’ Words**

The revealed results regarding the usage of ‘life’ and ‘death’ words by bipolar survivors during the depressive phase are intriguing. It was found that there is a significant change in the frequency and connotations of both words during the depressive phase, providing important insights into how psychological conditions affect language.

From the collected data, it was uncovered that 90% of respondents reported an increase in the usage of the word ‘life’ during the depressive phase. However, this increase does not reflect a positive view of life; instead, 88.3% of respondents felt that the connotation of the word ‘life’ became more negative during the depressive phase. This indicates that although the word ‘life’ is used more frequently, it is often used in contexts suggesting despair, fatigue, or dissatisfaction with life.

The usage of the word ‘death’ increased significantly, with 78.3% of respondents reporting ‘very frequent’ usage during the depressive phase. Furthermore, 78.8% of respondents felt that the connotation of the word ‘death’ became more positive during this phase. This interpretation can be linked to deep feelings of despair often experienced during depression, where death may be seen as a form of release or a way out of suffering.

These findings highlight how psychological conditions such as depression can affect not only the frequency of using specific words but also the emotional connotations attached to these words. This research is consistent with the literature reviewed by (Romeo et al. 2023) that mood disorders impact the communication process and language use.

**Influence of Social Environment on Views of ‘Life’ and ‘Death’ Words**

Besides bipolar phases, the social environment has proven to play a significant role in shaping the views of bipolar survivors regarding the words ‘life’ and ‘death.’ Social stigma associated with bipolar disorder is a crucial factor influencing language use by survivors. In sociolinguistic contexts, this stigma not only functions as a communication barrier but also as a catalyst for changes in word choices and language styles.

According to the collected data, 60% of respondents felt stigmatized by their environment. This phenomenon illustrates how social stigma can compel individuals to alter how they communicate, especially concerning the use of sensitive words like ‘life’ and ‘death.’

In language variation theory, social stigma is recognized as an external factor influencing an individual’s language choices. In the case of bipolar disorder, this stigma often results in feelings of shame or fear of judgment, which, in turn, affects how survivors communicate. For example, survivors may feel the need to avoid or modify the use of specific words they perceive as potentially triggering negative reactions from others. This reflects the concept of ‘conscious word selection’ in sociolinguistics, where individuals actively choose words they consider most suitable or safe in a particular social context.

In the context of social stigma, this research found that mass media plays a crucial role in shaping public perceptions of bipolar disorder. Findings indicate that information conveyed through mass media can influence how individuals perceive those with bipolar disorder. The mass media’s central role as an information and knowledge hub for society can impact perspectives within society (Safitri, Yuhastina, and Nugraha 2022).

Stigma also plays a role in driving the phenomenon of autocensorship among bipolar
survivors. Autocensorship, or self-censorship, is a process in which individuals consciously avoid using specific language they believe may not be accepted or is considered taboo by society. In the context of bipolar disorder, this is often related to the fear of further stigmatization. For instance, survivors may avoid openly discussing their experiences with ‘life’ and ‘death’ to dodge negative labels or adverse reactions from others.

Social stigma also influences language variation in a broader context. Bipolar survivors may change dialect, accent, or even sentence structure when discussing their experiences. This can be seen as a form of language adaptation, where survivors try to align their language with the norms and expectations of their social environment. In some cases, this may also involve the use of metaphors or symbolic language as a way to communicate their experiences without directly mentioning sensitive words.

In the sociolinguistic context, understanding how social stigma affects language use by bipolar survivors is crucial. It not only aids in comprehending individual communication dynamics but also in designing effective intervention strategies. For example, therapists or counselors can develop communication techniques that consider the impact of stigma on language choices, helping survivors express themselves more freely and authentically.

The influence of bipolar phases on language usage is highly significant, with data showing that 78.3% of respondents feel the manic phase imparts a positive connotation to the word ‘life,’ while 88.3% feel the depressive phase gives a negative connotation. In the sociolinguistic context, this phenomenon illustrates how internal conditions such as mood and psychological states can influence an individual’s word choices and connotations. It emphasizes that language variation is not only influenced by external factors like social environment but also by an individual’s internal psychological and emotional state.

During the manic phase, individuals tend to experience increased energy, optimism, and feelings of euphoria that can influence how they use language. The word ‘life’ in this context may be uttered with more enthusiasm and positivity, reflecting an optimistic internal state. Conversely, during the depressive phase, feelings of despair, sadness, and loss can lead individuals to use the word ‘life’ with a more negative connotation, and the word ‘death’ might be used more frequently or with different connotations.

In sociolinguistic theory, language variation is often associated with external factors such as social environment, social status, and identity. However, the influence of internal psychological conditions, as seen in bipolar disorder, is also a crucial aspect affecting language variation. This suggests that language is a multidimensional phenomenon influenced by various factors, including an individual’s mental and emotional state.

Understanding how bipolar phases affect language usage is essential in the context of social interaction and communication. For instance, in therapeutic settings, this understanding can help mental health practitioners interpret patient statements more accurately and provide more effective interventions. In daily life, this awareness can assist individuals in social environments with bipolar survivors in understanding changes in their communication style and responding more empathetically.

In this study, 60% of respondents felt the need to engage in autocensorship or self-language filtering. This phenomenon reflects how social pressure and stigma, especially related to bipolar disorder, can influence individuals to filter their language. In this context, autocensorship can be viewed as a form of language adaptation where individuals modify how they speak to meet social norms and expectations. This often occurs in situations where individuals feel that their language expression might not be accepted or well-understood by the surrounding environment.

In the context of bipolar disorder, autocensorship often responds to stigma or misunderstandings that survivors may face in their social interactions. This includes avoiding the use of specific words that may trigger negative reactions or misunderstandings, such as ‘life’ and ‘death,’ which often carry strong emotional connotations. In sociolinguistics, this phenomenon illustrates how social environment and social interactions influence an individual’s language choices.

Sociolinguistic theory emphasizes the importance of social context in understanding language use. Autocensorship in the context of bipolar disorder reflects how social norms and environmental expectations can influence language. Individuals with bipolar disorder may feel the need to adjust their language to align with prevailing social norms, especially in more conservative or religiously oriented contexts.

Autocensorship can have significant implications for communication and social interaction. For example, in therapeutic contexts, it can limit the expression of emotions and honest communication between bipolar survivors and therapists. In everyday life, this can affect the ability of survivors to communicate effectively and
CONCLUSION

This research reveals how the manic and depressive phases in bipolar disorder can influence the use of the words 'life' and 'death' in communication by bipolar survivors. Understanding this provides profound insights into mood changes reflected in the language of individuals experiencing bipolar disorder, particularly in the context of these words.

During the manic phase, the research indicates a tendency to use the word 'life' more frequently, suggesting a positive connotation associated with 'life.' Conversely, the use of the word 'death' is rare during this phase, reflecting a negative connotation. This could be interpreted as an expression of optimism and enthusiasm often linked to the manic phase.

In contrast, during the depressive phase, the research shows that the use of 'life' is more frequent, but its connotation becomes more negative. This mirrors the gloomy mood and negative thoughts often experienced during the depressive phase. Although the word 'death' is used less frequently, in this context, it may serve as a kind of escape from the suffering felt during the depressive phase.

Beyond considering the influence of bipolar phases, this research highlights the crucial role of the social environment in how individuals use the words 'life' and 'death.' Respondents who feel supported by a positive social network tend to express more positive language regarding these words. Reactions from close individuals also play a key role, where positive responses can provide emotional support and influence how bipolar survivors express their experiences related to the condition.

These findings offer a more comprehensive understanding of the complex relationship between language and psychological conditions, emphasizing the central role of the social environment in individual language use. The implications extend beyond providing valuable guidance for mental health practitioners to better understand the experiences of bipolar survivors and help them overcome stigma. They also lay the foundation for further research in psychosociolinguistics.

The clearer picture of the impact of the social environment on how individuals convey the use of 'life' and 'death' reveals the complexity of the interaction between psychological conditions and social factors. This understanding may open doors for more targeted interventions, especially in supporting bipolar survivors in effectively communicating with their environment.

With a better understanding of how bipolar phases affect the use of specific words and how social support plays a central role, this research makes a valuable contribution to filling knowledge gaps on bipolar disorder and its consequences on individual communication. Its implications include the potential development of more effective and sensitive support strategies tailored to the unique needs of bipolar survivors, especially in communicating with their surroundings.

This analysis is not just an effort to delve deeper into the complexity of the relationship between language, psychological conditions, and the social environment but also provides valuable guidance for practical actions. Mental health practitioners and those involved in supporting bipolar survivors can integrate these findings into designing more focused and individualized intervention strategies.

This research lays a strong foundation for the practical development of helping bipolar survivors manage their communication more effectively. The findings provide a deeper understanding of how bipolar phases and social support influence the use of 'life' and 'death,' enabling practitioners to holistically comprehend the experiences of survivors.

Mental health practitioners can use these findings as a guide to enhance the quality of interventions and support they provide to bipolar survivors. Developing more focused strategies may involve specific education sessions targeting positive language use and building adequate social support. Additionally, these strategies can be designed to raise general awareness, creating a more inclusive and understanding environment for the unique needs of bipolar survivors.

By involving mental health practitioners and those engaged in providing support, this research offers a collaborative approach to improving the quality of life for bipolar survivors. A better understanding of the influence of bipolar phases and social support on language and communication lays the groundwork for tailored interventions for each individual. This can lead to significant changes in how society understands and responds to individuals experiencing bipolar disorder.

Based on the conducted research, it not only contributes to scientific knowledge in psychosociolinguistics but also holds the potential to make a real positive impact on the daily lives of bipolar survivors, authentically, often leading to misunderstandings or difficulties in building meaningful social relationships.
of bipolar survivors. By applying these findings into practice, it is hoped that a more supportive, friendly, and sensitive environment can be created for individuals experiencing bipolar disorder, allowing them to live a full and meaningful life.

REFERENCES


