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EXAMINING OCCUPATIONAL FUNCTIONING IN INDIVIDUALS WITH BIPOLAR DISORDER: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Examining Occupational Functioning in Individuals with Bipolar Disorder: An Interpretative Phenomenological Analysis

Başlık(Türkçesi/İngilizcesi)
Bipolar Bozukluk Tanısı Almış Kişilerde Mesleki İşlevsellik: Yorumlayıcı Olgubilim Analizi

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ABSTRACT

The study focuses on the experiences of workers diagnosed with bipolar disorder in terms of occupational functioning. The main purpose of the research is to understand how these individuals interpret the events and factors that impact their occupational functioning and how they perceive themselves as a part of their work environments.

Five participants executing different professions and coming from different backgrounds were interviewed. One pilot interview was done before the consequent interviewing process in order for the researcher re-arrange questions if needed and to evaluate himself before the next interviews. All interviews were recorded with a voice recorder, transcribed and examined with Interpretative Phenomenological Analysis.

Five main themes were formed based on the analysis: **Working Experiences Related with Bipolar Episodes**; **Relationships at Work**; **How Flexible?**; **Disclosing or not Disclosing, That's the Question!** and **Stigmatization Experiences**.

The sub-themes are: **Working Experiences Related with Bipolar Episodes -** Manic Episode; Depressive Episode. **Relationships at Work -** The Impact of the Disorder on Relationships; Support in the Workplace**; How Flexible? -** Ability to Start Working Late ; "Flexible" Routine**; Disclosing or not Disclosing, That's the Question! -** Choosing to Disclose ; Choosing not to Disclose and **Stigmatization Experiences**.

The results showed that people diagnosed with this disorder have different productivity and functioning levels in different episodes that affect their overall performance. Their well-being and functioning increase when they feel supported at work and the disorder affects their relationships with their colleagues, managers and clients. The importance of flexibility was also highlighted, since participants stated that they feel more functional when the possibility to work from home and

to start late is given. Although they have shared their experiences disclosing their disorder at work, most of them said that they would not share it in the future or that they would wait for some time before disclosing it. While people with bipolar disorder have lower occupational functioning levels due to exclusion, stigmatization, absenteeism that come with the episodes and bad communication, with provided support and flexibility they reported having higher occupational functioning.
Keywords: Bipolar Disorder, Occupational Functioning, Interpretative Phenomenological Analysis, Psychological Disorders, Working Life.

ÖZET

Bu çalışmanın amacı bipolar bozukluk tanısı almış çalışanların mesleki işlevsellik bağlamında deneyimlerine odaklanmaktadır. Araştırmanın ana hedefi, bu bireylerin mesleki işlevselliklerini etkileyen faktörleri ve başlarından geçen olayları nasıl yorumladıklarını ve çalışma ortamında kendilerini nasıl algıladıklarını anlamaktır.

Araştırma kapsamında farklı meslekleri icra eden ve farklı özgeçmişlere sahip beş katılımcı ile görüşülmüştür. Araştırmacının gerektiği taktirde soruları yeniden düzenlemesi ve bir sonraki görüşmeden önce kendini değerlendirebilmesi için bir pilot görüşme yapılmıştır. Tüm görüşmeler bir ses kaydı cihazı ile kaydedilmiş, deşifresi yapılmış ve Yorumlayıcı Olgu Bilim Analizi yöntemi ile incelenmiştir.
Yapılan analize dayanarak beş ana tema oluşturulmuştur: **Hastalık Dönemlerine Göre İş Deneyimleri; İşyerinde İlişkiler; Ne kadar esnek ?; Tanıyı paylaşmak ya da paylaşmamak: İşte Bütün Mesele bu! ve Damgalanmaya Dair Deneyimler.**
Alt temalar ise şu şekildedir: **Hastalık Dönemlerine Göre İş Deneyimleri** - Depresif Dönem; Manik Dönem , **İşyerinde İlişkiler** - Bozukluğun İlişkiler Üzerindeki Etkisi; İşyerinde Destekleyici Tutumlar; **Ne kadar esnek?** - Çalışmaya Geç Başlamak; "Esnek" Rutin; **Tanıyı Paylaşıp Paylaşmamak İşte Bütün Mesele Bu!** Paylaşmayı Seçmek; Paylaşmamayı Seçmek, **Damgalanmaya Dair Deneyimler.**
Sonuçlar, bu tanıyı alan kişilerin, hastalığın iki farklı döneminde genel performanslarını etkileyen çeşitli verimlilik ve işlevsellik düzeylerine sahip olduklarını göstermiştir. Katılımcılar işyerinde desteklendiklerini hissettiklerinde işlevselliklerinin arttığını, fakat, rahatsızlığın genel olarak meslektaşları, yöneticileri ve müşterileri ile ilişkilerini kötü yönde etkilediğini belirtmişlerdir. Katılımcılara evden çalışma ve işe geç başlama imkanı verildiğinde daha işlevsel

hissettiklerini ifade ettiklerinden, esnekliğin önemi de vurgulanmıştır. İş yerinde bu tanıya sahip olduklarını açıklayıp deneyimlerini paylaşmış olsalar da, çoğu gelecekte bunu paylaşmayacağını veya böyle bir açıklama öncesi bir süre bekleyeceğini söylemiştir. Bipolar bozukluk tanısı olan kişiler dışlanma, damgalanma, ataklarla birlikte gelen işe gidememe ve kalitesiz iletişim nedeniyle daha düşük mesleki işlevselliğe sahipken, destek ve esneklik sağlandığında daha yüksek mesleki işlevselliğe sahip olduklarını bildirmişlerdir.

Anahtar Kelimeler: Bipolar Bozukluk, Mesleki İşlevsellik, Yorumlayıcı Olgu Bilim Analizi, Psikolojik Bozukluklar, İş Yaşamı.

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Abbreviations

BD	Bipolar Disorder
WHO	World Health Organization
DSM IV	Diagnosis and Statistical Manual, 4th Edition
DSM V	Diagnosis and Statistical Manual, 5th Edition
BP-I	Bipolar Disorder Type I
BP-II	Bipolar Disorder Type II
IPA	Interpretative Phenomenological Analysis

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1.1 Introduction to the Literature Review

Bipolar Disorder is characterized by the presence of mood swings. These mood swings cause two main episodes which are depressive and manic episodes. It is a disorder caused by a disfunction of some neurotransmitters in the brain (Strakowski, 2014).

There are some notable works on workplace accommodations and job success of people with bipolar disorder. A quantitative study that shows us that bipolar patients expect more autonomy, more help from their supervisors for adaptation and flexible schedules to be more productive (Tremblay, 2011).

Considering the absenteeism rates related with the bipolar disorder (Michalak, Yatham, Maxwell, Hale & Lam, 2007) and the long working hours in Turkey (Hurriyet daily news, 2017), the experiences of people diagnosed with this illness must be studied separately. This research examines their work-related experiences but precisely focuses on their self-perceptions, challenges and support issues after their breaks off their careers after they are first diagnosed or have major episodes.

1.2 Literature Review

1.2.1 Definition Of Bipolar Disorder I and II

There are two common types of Bipolar Disorder Type I and Type II. Research has shown that these types have major differences in characteristics (Plunkett, 2011). Bipolar Disorder Type I is typically recognized by the presence of one or more manic and mixed episodes along with depression. Bipolar Disorder Type II, on the other hand, has a long period of depression and a hypomanic episode that lasts less than a manic episode (Moore, 2013).

The definitions of Bipolar Disorder type I and type II are currently being reviewed by the World Health Organization and American Psychological Association (Angst, Gamma, Bowden, Azorin, Perugi, Vieta, & Young, 2013). Bipolar Disorder I, which is also known as manic-depression or manic-depressive disorder is a condition characterized by the presence of at least one manic and/or mixed episode, which can be explained as two episodes alternating the same day or day after day (Østergaard, Nielsen, Mors, & Licht, , 2018). BP-I patients, compared to BP-II patients are found to have higher rates of genetic proneness to mania/ hypomania, have more episodes in their lifetime, higher illness progression, clearer seasonality of episodes and mixed episodes (Angst et al., 2013).

In 1994 bipolar disorder-II was officially recognized by American Psychiatric Association and was included to DSM-IV (Mazzarini et al., 2010).

Bipolar disorder-II can be perceived very similar to BP-I in its nature, however, in this type of the disorder, the patients never reach full mania; their state is described as hypomania (Mazzarini et al., 2010).

1.2.2 Prevalence of Bipolar Disorder

Among many disorders classified by DSM V, bipolar disorder could be considered one of the most prevalent ones. It is the 4th most common mental disorder, after depression, anxiety and schizophrenia. (Vos, Barber, Bell, Bertozzi-Villa, Biruyukov et al, 2013) About 2.4% of the world population is diagnosed with bipolar disorder (Marikangas et al, 2019).

The disorder is also very common in Turkey. According to a research by Binbay , Alptekin, Elbi, Zağlı, Drukker , Tanık et al. done in 2012, about 0,92% of Turkish population is diagnosed with Bipolar Disorder Type I. This also coincides with the global statistics which state that the prevalence of the diagnosis is about 1% in the whole world (Weissman, 1996). According to Hirsfield, Calabrese, Weissman,

Reed, Davies & Frye (2003), in 39% of cases with bipolar disorder, the disease shows itself after the age of 20, which very often coincides with the period of higher education or the period of early work after high school. Studies done to understand the demographics of people diagnosed with the bipolar disorder in Turkey show that this illness starts between the ages of 23.8 and 27.7 (Gültekin,, Kesebir, & Tamam, 2012; Aydemir, Eren , Savaş , Kalkan Oğuzhanoğlu , Koçal, Devrimci Özgüven e et al., 2007).

1.2.3 Occupational Functioning

The term *Functioning* historically has been described as the ability to perform operations appropriate for the task in the required time frame. (Combs, & Heaton, 2016). The definitions such as excellent communication required for duties (Kielhofner, 1985) or for organizational psychologists, satisfaction that comes with understanding various roles for measurement of psychological function in the occupational setting (Trombly, 1993)

In short, occupational functioning can be described as having all characteristics to be *fit for the duty*. Although several definitions can be found for this term, this word is seen to be described in many different ways depending on the occupational concept where it is used. In other words, the definition of occupational functioning depends on the executed job, making its definition inconsistent for different occupations (Combs & Heaton, 2016).

1.2.3.1 Schedule & Flexibility

Schedule is the timeframe in which the task should be completed. The mental and physical health of workers depend not only on the characteristics of their occupations but also on the timeframes and working hours of their jobs. Knowing that there are always more people that do not want to follow 9 to 5, Monday to Friday working arrangements, it is important to understand schedule's nature and its implications (Totterdell, 2005). The term flexibility is often described as the ability to work from anywhere at anytime as long as the task is completed on time, regardless of the schedule (Rau & Hyland, 2002).

1.2.3.2 Absenteeism

Full or part-time employees may skip on work for various reasons such as work-related, organizational or individual, reported a study done with a group of health workers (Mohamed, Nuhad & Lina, 2016). It represents a big problem both for public and private sectors (De Paola, Scoppa & Pupo, 2014). A qualitative research focusing on work functioning of people diagnosed with BD has shown that absenteeism is an important subject for people with the disorder. They tend to have higher rates of absenteeism (Michalak, Yatham, Maxwell, Hale & Lam, 2007).

1.2.3.3 Job Satisfaction and Bipolar Disorder

Job satisfaction is the degree of how much people like doing their jobs. It can be related to their professions, environments, organizational climate and many other factors. It is a very important concept because organizations that have high levels of job satisfaction in their employees have lower turnover levels (Spector, 1997). People diagnosed with bipolar disorder report having lower levels of job

satisfaction (Tse & Walsh, 2001). At least 31% of participants in a study find their jobs uninteresting and 52% have thought at least once that their jobs are boring, which can be cause lower job satisfaction levels (Kusznir, Scott, Cooke, & Young, 1996).

1.2.3.4 Occupational Health

Occupational health is responsible for employees' psychological and physical safety and health. In other words, the mental and physical state of an employee related to his occupation could be characterized by his level of occupational health. Most governments have occupational health policies both for public and private sector workers. (Fingret & Smith, 1995).

1.2.3.5 Organizational Climate

Occupational health and Occupational satisfaction cannot exist in a dimension where these variables are not interdependent. Evidence supports that such conditions' quality may depend on contextual factors (Whitmarsh & O'Neill, 2010). The term can be defined as "the shared meaning organizational members attach to the events, policies, practices, and procedures they experience and the behaviors they see being rewarded, supported, and expected" (Ehrhart, Schneider, & Macey, 2014, p. 69; Magill, Yost, Chighizola & Stark, 2020).

1.2.4. Bipolar Disorder and Occupational Functioning

Bipolar disorder causes impairment in social, family and work life (Plunkett, 2011). A very significant and recent study with a large number of participants showed that depression has a big, negative impact on work performance. Since factors such as psychological demands, work schedule, and job insecurity have

positive correlation with depression, they contribute to lower self-efficiency and performance at work (Parent-Lamarche, 2020). Since this disorder is identified by the presence of mood swings in an individual, a patient continuously goes through depressive and manic or hypomanic episodes. The depressive episode is more disabling compared to the manic stage. Also, it is seen to last longer than the manic one (Strakowski, 2014).

According to findings of a study, the disorder is closely related to unemployment. About 60% of US residents with bipolar disorder experience long periods of unemployment during their lifetime. (Huajie, Paul, 2015)

The WHO report suggested that, bipolar disorder is a greater burden than any kind of cancer, epilepsy and many other physical and psychological diseases (The World Health Report, 2002). One of the largest costs is hospitalization according to some studies done in the US, stating that, 49% of the costs are direct medical costs for a bipolar disorder patient. (Wyatt, Henter, 1991; Begley et al., 2001). Productivity loss costs due to unemployment arrive to 69% (Begley et al., 2001). Studies conducted in different regions also supported the previous ones. The annual cost for treating patients diagnosed with bipolar disorder is about 2 billion £ at 1999-2000 prices. 10% for direct hospital prices, 4% for residential care, and the rest for indirect costs (Gupta & Guest, 2002).

All mental disorders are a big factor in sick leaves, aka. absenteeism (Lexis et al., 2012) and Bipolar Disorder is no exception. People with Bipolar Disorder diagnosis may experience some difficulties at workplace due to manic episodes, depression, history of psychiatric hospitalization, personality disorders and substance abuse. (Gutierrez-Rohas, Jurado, Gurpegui, 2011; Dickerson et al, 2004; Grande et al., 2013; Martino et al., 2009)

Individuals who suffer from bipolar disorder report having periods of depression that affect their life in general (Gazalle et al, 2007). Patients stated that that their

perceived life quality was low because of their lack of functioning during depressive episodes (Yatham et al., 2004 & Ritsner et al, 2002).

Although occupational functioning has not been researched extensively in terms of people diagnosed with bipolar disorder, there are some works showing that people with this illness tend to have lower functioning levels with some exceptions; in other words, people with the diagnosis usually have lower occupational functioning levels (Andreou & Bozikas, 2013) , but about 16 percent of them are highly functioning (Akers, Lobban, Hilton, Panagaki, & Jones, 2019). A research conducted to evaluate the occupational functioning has concluded that about 30% of individuals diagnosed with bipolar disorder are unemployed and 18% do not reside independently (Depp et al., 2012). Especially patients with higher prevalence of depressive episodes were found to have more difficulties at work, therefore, lower levels of occupational functioning, since depression can be very disabling in organizational environment. Other than that, some factors that lead to lower levels of occupational functioning is stigmatization experiences of the individuals who disclose their disorder at work. The exclusion that comes with it disturbs communication, therefore, decreases functioning. (O'Donnell, 2016)

1.2.5. Similar Research

A very recent research conducted in Turkey and analyzed with IPA focused on general working life experiences of individuals with bipolar disorder (Ceylan, 2019). The research showed that support and communications are key factors in increasing the quality of working life for individuals diagnosed with bipolar disorder.

Another qualitative research done in Canada and the US has focused on the work functioning of individual with bipolar disorder (Michalak et al., 2007). This study had a relatively large number of participants (n=52), therefore, is a very important

study to consider. The interviews were done both with individuals diagnosed with the disorder (n=35), healthcare professionals (n=12) and their caregivers (n=5). The study has concluded that, there is still a lot to do for the companies and policy makers in terms of creating more precise measures in order to increase the work functioning levels of their employees with BD. Stigmatization and Disclosure experiences, as well as absenteeism, interpersonal problems and their importance and illness management strategies were key factors.

1.3. The purpose of the study

The purpose of this study is to understand the experiences, disadvantages and difficulties of a mentally-disabled sub-group in terms of their occupational functioning. The focus in on adult people with bipolar disorder who currently work or have ever been employed. The experiences they have at work or after they quit their jobs/ find new jobs and the way they perceive and interpret their functioning is the main question of this study . Who are these people? How do they feel about their jobs? What it feels like to work with bipolar disorder? Do they feel functional? What impacts their functioning? These are the main questions that the study is focusing on.

The study looks at the general, interpersonal and work-related experiences that people with bipolar disorder diagnosis have as well as the impressions of the researcher gained after the conclusion of this study. Although the findings and the analyses reveal all concepts mentioned above and their impact on people's lives, the main focus is on their expectations and experiences after they start feeling the pressure of the illness on their professional lives and the outcomes in terms of occupational functioning.

1.4. Significance of the study

A study done with the quantitative approach showed that 16% of people diagnosed with bipolar disorder have extremely high functioning levels (Akers et al., 2019). It does not mean that all patients with bipolar disorder function highly. In another research, cognitive functioning of people with bipolar disorder was found lower (Dixit &Yadav, 2019). The level of cognitive impairment and functioning depends mostly on the severity of disorder and the harshness of manic and depressive episodes (Sylvia, Montana, Deckersbach, Thase, Tohen, Reilly-Harrington, McInnis. Et al. , 2017). Since there are findings that are different in different contexts, a separate study must be done to understand situations when patients have lower functioning levels and when they perform at their best. A qualitative study is the most convenient way to let the right questions be asked in order to define better such contexts.

This question should be studied in Turkey from many other perspectives as well because of very long working hours and lack of flexibility.

According to the data of The Organization for Economic Co-operation and Development, Turkey has one the longest working hours. 39 percent of workers have 50-working-hour weeks. About 25 percent of workers have to work up to 60 hours a week, although, legally the numbers should be different, 45 hours a week (Hurriyet Daily News, 2017). In such settings, this study is very significant, because people with bipolar disorder confirm that they would be more productive if they had shorter working hours (Tremblay, 2011).

II METHOD

2.1. Methodology

A qualitative research approach is proposed for this study. Firstly, semi-structured interview questions were created and asked to participants during face-to-face interviews. Then, the findings were transcribed and coded. Interpretative Phenomenological Analysis (IPA) was used to analize the data. It was decided to choose this approach that is used mostly in psychology and other social and health sciences because this method focuses on the uniqueness of experiences and explores them through the process of sense-making (Smith, Flowers, Larkin, 2012). By understanding the mental and cognitive processes of the participants, deeper conversations can be reached. Participants tend to open up more to the researcher, since IPA does not deny the possible emotional bond between the researcher and the participant (Biggerstaff & Thompson, 2008). Also, this method allows to work with relatively smaller sample, hence, focuses on unique experiences in depth (Smith, Jonathan, & Osborn, 2007).

IPA focuses mainly on phenomenon and does not aim to find results that are applicable to a whole group of participants. This relatively recent method mainly focuses on the uniqueness of experiences instead of its prevalence. It aims to find how the interviewees are responding to a specific condition in terms of experience. Their personal interpretation and sense making of their conditions is the main focus here. (Smith, Jonathan, & Osborn, 2007)

2.2. Sampling

Snowball & convenience samplings were used to recruit participants. The participants were found through social media, HR departments and personal connections. It was aimed to have equal number of male and female participants. 5 out of 8 participants that were contacted agreed to attend the interviews.

2.3. Participants

Five participants agreed to be interviewed for this study. Two of them are male and three of them are female. Two of the participants are employed, two unemployed and one took a break to continue his studies. Their ages range between 23 and 35 and all of them received their diagnosis after adolescence all the way through mid-adulthood.

Table 1

Demographics of the participants

PARTICIPANTS	GENDER	AGE	AGE WHEN DIAGNOSED WITH BIPOLAR DISORDER	PROFESSION	CURRENT EMPLOYMENT STATUS
PARTICIPANT 1	MALE	27	16	GENETICS RESEARCHER	STUDYING
PARTICIPANT 2	FEMALE	36	29	WRITER; FREELANCER	UNEMPLOYED
PARTICIPANT 3	FEMALE	27	16	PUBLIC HUMAN RESOURCES WORKER	EMPLOYED
PARTICIPANT 4	MALE	26	24	ENGINEER	EMPLOYED
PARTICIPANT 5	FEMALE	35	30	PARALEGAL	UNEMPLOYED

2.4. Ethics

Bipolar Disorder is a subject that needs to be studied carefully and gently, since most of participants do not feel comfortable about sharing their disorder with others. Therefore, extra security measures were taken in order to ensure the privacy of each participant. A detailed ethics application were created and sent to the review of the ethics board of Istanbul Bilgi University. The details of the application and the consent form can be seen in the appendix section (See A, B and E).

2.5. Collection Of Data

The interviews had a relaxed and conversational style and was recorded. Participants signed ethical consent form (see appendices A and B) showing their willingness in participation in the study and their consent for the voice recordings. The recordings were converted to text dialogues for further analysis. The recordings will be kept on an encrypted computer for security purposes.

The questions that were open to participants' interpretation and were asked to the participants were designed carefully to avoid deviance from the main subject. This is a common practice in a research done with IPA approach (Smith & Osborn, 2008). The purpose of asking the questions was getting the responses that create a pattern during the coding process and to create a similar experience for all participants.

2.6. Analysis

For analysis, MAXQDA20 program was used. This program allows to store transcriptions separately, cross-connect them, make necessary notes, indicate information in colors and etc. The emphasis was on the most-repeated words and topics. The most common ones helped the analysis to arrive to master themes that created more area for research and developed more research questions. Although this is a general approach to conduct a qualitative study, IPA in particular was used to better understand the experiences of the participants. IPA is an approach strongly influenced by phenomenology. These phenomenons are interpreted by the researcher. The word "interpretative" comes from the interpretation that the researcher makes after the interviewing and coding processes (Smith & Osborn, 2008).

After coding each documents, notes were taken and the personal experiences and perceptions of the researcher were evaluated in order to create more "sense-

making". The coded segments were read a second and third time in order to understand their relationships with the codes to which they were assigned to. This was a crucial step for understanding the experiences not only as a whole but also in single fragments and phrases. Also, this step contributed to the creation of the "3.6. Personal Experiences of the Researcher" section. Memo-taking and sense-making are two important steps of understanding experiences and seeing them as a continuous flow; their interpretation is what creates the concept of interpretation in IPA (Smith, Jonathan, & Osborn, 2007).

While coding each important segment and word, a sense making process was utilized. The researcher's aim was to make mental connections between codes to imagine how they unite to become a theme. These themes were experiences, thoughts, concerns and environmental fragments of the participants. Although they are more generic compared to the codes, they still give information on the prevalence of the issue when looked at the number of the participants that mentioned the issues collected under that theme. These themes were also united by making logical connections. During this process, the memos taken when coding were also taken into consideration. The united themes created master themes, which are the main focal points of this research.

The themes that were not strong enough, in other words, that were mentioned by less than two participants were eliminated. In order for a theme to be relevant it was decided to create themes that had under-codes mentioned by at least three participants (Smith, Jonathan, & Osborn, 2007; Smith, Flowers, Larkin, 2012).

The master themes and the sub-themes are listed and double-checked with the highlighted and coded segments and codes that did not make sense were changed, moved or eliminated.

The results were interpreted as single, separate codes as well as important highlighted segments that contributed to the explanation each code with real

examples from the interview. Since all the interviews were in Turkish, each code and highlighted segment was translated into English and included to the "**III Results**" and "**IV Conclusion and Discussion**" sections of the thesis.

2.7 Personal Experiences of The Researcher

IPA approach focuses not only on the unique experiences of participants, but also on the the the researcher interprets and understands these experiences subjectively (Smith & Osborn, 2008). Therefore, it was decided to include this section to the study as well, as it is proposed by the literature.

When conducting this study, I had the impression that it was going to be a flowing process of proposal, ethics, interviewing, transcribing, coding and writing the thesis processes. Instead, this thesis was a journey for me into the world of discovering the productivity, functionality and other work related issues of individuals with bipolar disorder diagnosis. While beginning this study, my only purpose was exploring the experiences of individuals with Bipolar Disorder after they return to work. Being successful in doing so was no secret to me when I started reading my transcriptions, however, little I knew that this research was also going to reveal to me their general experiences at work, school and in their personal life. The findings were expected and surprising at the same time. Talking a journey to a group of people whose representatives are my friends, colleagues and family members was very teaching.
I took some memos during the whole process in order to remember and being able to write my gained experiences of this research.

My first step was getting an ethics permission which was not easy because my request was criticized and I was asked to include every step of the process in my application. I was surprised since I have never seen an ethics application being

sent back for so many times. Now I understand that it was for a good reason and that I would have been even harsher on myself. After contacting my first interviewees, I realized how sensitive this subject is to them and how hesitant they are in terms of giving interviews about their condition. Most of them did not want to respond to me at first and ask many questions about where my thesis will be printed and if their names were going to be published or not. After I showed to them the consent release form and explained to them that their secret was safe with me, they trusted me and showed me their vulnerable sides. As a psychologist I realized what a big burden it was taking such big privacy responsibilities and made me question if was ethical in my other professional works as well.

After the participants finally agreed to speak, the interviewing process started. I wanted to show loads of compassion to them but I stopped myself. If I had not, I would have talked about my personal issues as well. Such topics can get very personal. The research had to go on. After the interviews I thought that I knew what the conversations were all about and felt like I was not going to get any experiences or answers from the transcriptions. After the transcription process, some things started to make sense and I noticed some patterns. However, the real insights were gained during the coding process. At first, it was coding the words and segments. The only problem about this step is you cannot code all 5 participants' interviews at once; it takes some time. By the time you finish coding the last interview, you forget about the codes in the first one, hence, it interrupts the sense-making process involved in the search of patterns and themes. The real sense-making process begins when re-reading the codes and looking for connections between them. While doing it, I had to go back to reading the segments that were highlighted by the codes. This step made it easier to remember their meanings and finding resemblances between them that helped me to put the codes together. When creating themes, I was surprised how the most oddly different looking phrases were connecting to each other so naturally to create

meaning. The problems of these individuals were very similar, yet, their personal and circumstantial differences were the ones creating experiences unique to them by which I was fascinated. When putting the themes under each other to reach master themes, I realized that this step was the hardest. Some codes and segments stopped making sense and when put together did not demonstrate the unique experiences anymore. After discussing this issue with my thesis advisor, thanks to her, I went back and changed some themes that I had coded incorrectly. After doing so, all themes started making sense. I was more familiar about their difficulties, prejudices that they had to face and the pain they felt every time they could not get up to go to work because they did not sleep all night during the mania or because they cannot stop sleeping when depressed. Realizing how they had to start from scratch after being diagnosed or how they had to pretend for years that anything did not happen for years was painful for me to and it touched me on a personal level as someone who did not feel comfortable in terms of speaking up about depression.

III. RESULTS

The analyses arrived to five master themes which are "Working Life Experiences Related With Bipolar Episodes", "How Flexible?", "Relations at the Workplace" , "Disclosing or not Disclosing? That’s the question!" And "Stigmatization Experiences".

Under the five main themes a total of eight sub-themes were listed. In the table below, the main themes, their sub-themes and the ordinal numbers of the participants are listed. In this section, each main theme and sub-theme is explained and supported with the important segments from the interviews.

Table 2

Results

Themes	Sub-theme	Sub-theme
1. Working Life Experiences Related With Bipolar Episodes	1.1 Manic Episode	1.2 Depressive Episode
	1.1.1. Decrease in Functioning during Manic Episode	1.2.1. Decrease of Energy and Motivation during Depressive Episode
	1.1.2. Increase in Energy During Manic Episode	1.2.2. Communication During Depressive Episode
	1.1.3. Is this Job Suitable for Manic Episode?	1.2.3. Is This Job Suitable For Depressive Episode?
2. How Flexible?	2.1 Being Able to Start Late	2.2 "Flexible" Routine
3. Relationships at Work	3.1. Support in the Workplace	3.2. The Negative impact of the Disorder on Relationships
4.Disclosing or not Disclosing? That's the question!	4.1. Choosing to Disclose	4.2. Choosing not to Disclose
5.Stigmatization Experiences		

3.1 Working Life Experiences Related with Bipolar Disorder

Both literature (O'Donnell, 2016; Andreou & Bozikas, 2013) and this research showed that experiences of individuals diagnosed with the disorder may vary in accordance with the present episode. The experiences during manic and depressive episodes lead to different challenges.

3.1.1. Manic Episode

When it comes to the manic episode, different problems were witnessed. The weights of Manic Episode and Depressive Episode sub-themes were similar, which tells us that they both bring similar amount of experiences into the work lives of the participants. However, they were more optimistic while talking about the concept of mania because Mania is associated with higher energy levels and productivity in their understanding. In general, while during the depressive episode all functions decrease, during the manic episode energy levels increase but functioning decreases according to our participants. Although these findings may seem conflicting at first, energy levels and Functioning should be seen as two separate concepts.

While participants report having excessive levels of energy during manic episodes, the way they deal with it is not directly related to their occupations. Only one out of five participants (Participant 4) said that he can finish an elaborate task in three to four days that normally can be finished in a week or so when he is going through a manic episode. Other participants reported performing excessive walking, arts, sports or other activities not related to their occupations to drain their energies. The increase in energy levels also causes sleepless nights, which results in sleeping in the morning and affects their daily work schedules.

3.1.1.1. Decrease in Functioning during Manic Episode

Participants reported having a major decrease in their functioning although their energy levels are higher than usual during Manic Episodes. In their experience, it is related to factors such as disturbed sleep patterns, attention problems and having to stay at the office for more than 8 hours a day.

Participant 1:
For him, sleep was a major issue.

Therefore, it becomes very difficult to go to work during the manic episode, especially when the sleep pattern is disturbed. (Participant 1, Pos. 29)

Yes. I was sleeping 4 hours a day, especially during the manic episode, and my sleep patterns were constantly changing. So I was warned 3 or 5 times because of arriving late in the morning. (Participant 1, Pos 31)

Even for freelance jobs it was creating constancy problems.

If I was going through a manic episode that night and I couldn't sleep, we were just canceling the lesson of the next morning. (Participant 1, Pos. 70)

Participant 3:
This participant could not stay at the office for so long.
Staying there for 8 hours was getting harder in a manic episode. (Participant 3, Pos. 77)

Participant 4:
The forth participant has concentration problems.

That's why I'm trying to give my full attention. Because the biggest problem for me is that I have serious attention problems during that episode. (Participant 4, Pos. 85)

3.1.1.2. Increase in Energy during Manic Episodes

The manic episodes are known to give lots of energy and motivation, happiness to the ones who experience them (Strakowski, 2014). The participants spoke about this phenomenon, adding that it is not necessarily something positive.

Participants 1&2:

For these participants, energy levels were very high. It was affecting their sleep patterns since they did not need to sleep to re-charge. They had to find ways to drain the excess energy.

Sometimes there was too much excessive energy and I did not sleep at all. (Participant 1, Pos 89)

I was not sleeping, I was producing. I was creating incredible things. I was at the top of creativity and productiveness. (Participant 2, Pos 97)

Participants 4 & 5:

It is fun for them and they believes that this episode gives them more energy, hence, more opportunities to finish their tasks at work. The biggest problem for them is attention. They prefer to focus on work during the manic episodes and create art during depression.

The manic episode is actually the one that is most fun for me. Because let's say I have a project, I have to finish that project. If the project can normally be completed in 1 week; I can finish it in 3 days, 4 days.My manic episode is not long. It takes 2-3 days so I know that; Okay, if this period has started, I should take advantage of it at its best, because in 3 days I will go back to locking myself in my room again and I will not be able to do anything. That's why I'm trying to give my full attention. Because the biggest problem for me is that I have a serious attention problem during that period. I focus on work when I have mania and on art when depressed. (Participant 4, Pos 85)

Participant 5:

So I don't know if it is perfect but it is close to pitch perfect in the manic period. I can work up to 16 hours and be back at work the next day at 9. Because I could go on without sleeping for 24 hours, 48 hours or even 72 hours. I was coming back home and doing something fun. I was sewing until morning and could go to work without sleeping until the morning. I could have the same performance, I was able to do whatever I had to do —and even more.

I was knitting on one hand and reading a book on the other because I can never do one task at a time. So it was never possible for me to focus on one thing and do it while having a manic episode. (Participant 5, Pos 41)

3.1.1.3 Is this Job Appropriate for Manic Episode?

As in the depressive episode sub-theme, under the manic episode sub-theme the jobs that are appropriate and not appropriate during mania were discussed by the participants.

Participant 2, 3 and 4 believe that jobs related to arts and sciences are very suitable for this episode.

In my opinion, more suitable works can be performed in the fields of art. (Participant 2, Pos. 63)

Art, science. I believe in science, at least, they (diagnosed people) can be very passionate about it. I think they can direct this passion there. (Participant 3, Pos. 330)

It could be music, it could be art. I don't know, things like writing books and writing in general are more appropriate. (Participant 4, Pos. 153)

Participants 1 and 5 believe that being a doctor, and participant 2 thinks that working with money is not suitable during manic episodes because of the possible risks involved.

It is not clear how many of his decisions are objective and how many are because mania. For example, risk taking is one of the prominent criteria in bipolar disorder. The committees have to decide whether certain surgeries will be performed or not. Here, a manic doctor's risk-taking rate may be higher and more dangerous. (Participant 1, Pos. 145)

Or being a doctor; a person entrusts his life to you, but to whom do you entrust it, it is in Allah's hands. (Participant 5, Pos. 189)
According to this participant, jobs that require taking responsibilities of other people in general are not appropriate.

Being an officer, for example, or being a doctor. Jobs in which you are held responsible. Being a lawyer, for example, because you take someone else's power of attorney. (Participant 5, Pos. 189)

3.1.2. Depressive Episode

This episode is characterized with lower productivity, low levels of energy and lack of positivity. This sub-theme is also divided into three other sub-categories.

3.1.2.1 Decrease of Energy and Motivation During Depressive Episode

The participants stated that during this episode they have problems concluding any project that they start. The presence of absenteeism also highlighted during this episode. Employees with the diagnosis call in sick more often when they are depressed. It also impacts their education, since 4 out of 5 participants said that they cannot conclude their studies because they do not feel motivated to prepare for the exams or even attend them.

Participant 1:

Although after being diagnosed things got better, this participant stated that he experienced deep sorrow, had negative thoughts and was sad. His depressive episodes start in fall and continue until spring.

There was an extreme collapse, often in autumn, and I was depressed and cried for days. (Participant 1, Pos. 89)

Participant 3, 4 & 5 :

These participant told us about their experiences with absenteeism.

It is really hard, even if I have such a permanent sick-report. I am sick all the time. (Participant 3, Pos. 117)

I have the case of not going to work when the depressive period reaches its peak, I may not skip on work for a few days. Of course, I do not say "I am very depressed right now, I will not be able to come to work", but I can say "I have a couple of

things to do today, cover up for me, I will not be able to come to work". What am I doing those days? Nothing. I stay in bed. (Participant 4, Pos. 103)

You are going there (to work) because you have be there on time. But this is what happens; you make up excuses and leave the office early. (Participant 5, Pos. 43)

Some participants also added that because of the disorder they cannot graduate.

I did not have much opportunity to study. Frankly, these circumstances did not allow much to a regular student life. Honestly, I even neglect the open university. There is a department where I have been registered for years, Human Resources, and I can never study it. Now I'm going to take the exams again. We will see. (Participant 3, Pos. 21)

I realized that there was only one reason why my projects were so disrupted, I was starting things and leaving them unfinished, I could not continue working on them. So now I'm trying to pay more attention. (Participant 4, Pos. 109)

I want to do a master again which actually worries me. I want to do another master, I know that I have the capacity to learn but because I can not control the changes in emotions, how long I can concentrate on classes, how long I will attend the classes? For example, that was the reason why I dropped out of my previous master's. I just couldn't devote myself. Some midterms were very good, some midterms were bad, I was failing. (Participant 4, Pos. 107)

Participant 4 that worked as a tour guide for a while and participant 5 stated that they did not want to do anything at all during the episode and described it as painful and inefficient.

Because you want to avoid people during that time. You don't want to talk or chit-chat with anyone, you don't want to do anything. But there is a ton of work to do, you have lots of responsibilities. People just keep coming, keep asking something (Participant 4, Pos. 105)

It (Depressive Episode) is inefficient and very troublesome, painful. (Participant 5, Pos. 39)

3.1.2.2 Communication during Depressive Episode

Participants expressed that their communication experiences are very different during the two episodes of the disorder.

Participant 1 experienced a lower-quality communication with his colleagues and assistants during the depressive episode.

My relationships were good with two of my coworkers and bad with the other two. My disorder affected my relationship with the bad ones. Actually, with the good ones to… Yes, I could say that. The impact of mania was more prominent with the good ones. I was being irritated much more often with the ones with whom I had bad relationships during the depressive episode. Therefore, my reactions were much louder than usual. (Participant 1, Pos 50)

It (communication) can be quite challenging while in a depressive period. Perhaps I am overly dramatizing or misperceiving what people are saying. For this reason, often there were problems between us and these people. (Participant 1, Pos 33)

Participant 4 prefers to keep quiet because he is afraid his reactions may be harsh during the episode.

At that time, I prefer to keep quiet because I know that I can react very harshly to what one may say. I can show myself as if I was working somehow. Then nobody does anything to me or speaks to me. (Participant 4, Pos. 43)

I don't want to talk to anyone when I'm in a depressive episode. Everything irritates me, the first is to wake up at 9 o'clock, and the second is that I can't tolerate people for so long. Because at that moment, I want to run from people. I can spend some time in the lab, and some time pretending to think about something or wandering outside. I feel the necessity to escape from work after a while. I have to run away from people, from where I am, and lock myself in my room. If I don't do that, I have get in troubles. I give aggressive responses or there may be a different problem.(Participant 4, Pos. 77; 79)

Participant 5:
She prefers not to deal with people at all during the episode.
Now, dealing with people… Even if nobody comes at that moment, even the regular employees in the office become burdensome. The crowd turns into a burden, it starts to bother me. Because I create something when I'm manic, and when I am depressed, I destroy it. (Participant 5, Pos. 33)

3.1.2.3 Is this Job Suitable for Depressive Episode?

All participants agreed that there are some jobs that are suitable during the depressive episode and some jobs that are not.
Participant 1 stated that he decided to study genetics because this field was calming him during his depressive episodes.

I was first diagnosed with bipolar. At that time, I was being disturbed by depression regularly. Then a year later, my interests were completely changed. Psychology, genetics, medicine started to attract me more. In general, my interests were changed completely. I started looking at things more differently. At least to some extent I felt that it relieved depression. (Participant 1, Pos. 80)

However, he said that working in a lab that is the biggest part of his occupation is not really what he thinks suits best someone with the disorder.

It cannot be said that it is very convenient. Well, even if you are ill, you can skip work for a maximum of two weeks. It cannot be maintained for more than two weeks once a manic or depressive period is entered and it is in a position where I cannot come to work. Arriving and leaving times are strict. (Participant 1, Pos. 29)

Also, it was emphasized that working as a doctor would not be a good idea with the disorder in his opinion.

Being a doctor is also compelling for me based on standard working hours and does not care about… Let's say especially when a surgery needs to be performed. It wants a stable mentality, and bipolarity is something that makes it pretty difficult. If the patient is dying, he is dying. Or if the bleeding does not stop, it does not stop. This situation does not care whether the doctor is manic and depressed. So it can cause trouble. and at least if bipolar periods were 3-5 hours, maybe it wouldn't be a problem. Maybe it does not cause trouble for type 1 again, but it creates a lot of trouble for someone who is in manic for 3 months and 4 months like type 2. (Participant 1, Pos. 145)

Participant 4 who is a chemical engineer said that he thinks his job is very appropriate for his condition.

Why should not it (the job) be suitable? Those with bipolar disorder are just… experiencing mood swings and for me it creates no problem. On the contrary, it has an advantage for me because I don't always have to talk to others. For example, when I don't want to talk to anyone, I can lock myself in the lab and quietly do my research. (Participant 4, Pos. 25)

He also gave a few other job options that he thinks would be appropriate for a person going though a depressive episode.

Sales could be challenging. During a manic episode it is good but not when you are depressed. (Participant 4, Pos. 159)

Let's say I went from a manic to a depressive episode, at this time, I can highlight a single point in the project I am working on, such as focusing on the marketing part - you can switch to marketing during the depressive episode. This gives you a little more opportunity to think in more detail. So okay, there is a project, the project works very well or something in a depressive episode. In other words, I am more negative when depressed and I ask questions such as "why does this work or why wouldn't it work" and get their answers. (Participant 4, Pos. 149)

For participant 5 being social and busy when depressed is a burden too. She also describes the depressive episode being more difficult.

But in harder times - that is, in depressive episodes - all of this (people and business) become a burden. In such cases, I used to usually quit before. That is before I received treatment. (Participant 5, Pos. 27)

3.2 How Flexible?

One of the strongest main themes in the research supported the emphasis given to the importance of flexibility at work for diagnosed employees. Each participant said that they are more productive when they do not have to get up early and focus on the task to be done instead of fulfilling long working hours.

3.2.1. The Importance of Working Hours Starting Late

According to what they say, one of the big factors impacting the wellbeing at work of the participants is sleep. People with bipolar disorder do not have stable sleep regimes. Therefore, sometimes when they are sleep-deprived, they would prefer to go to work a few hours later than usual.

Participant 3, 4 & 5:
For her, getting up early and working in shifts is so hard and demotivating that she thinks getting used to such schedule would be impossible for her.

We shouldn't get up early in the morning. I think that such jobs (with strict schedules) and shift systems do not fit us. My boyfriend is bipolar, for example, he works in shifts and his regime is disrupted and he is constantly trying to adapt his brain to something different (a new schedule), he having a hard time. I would never get used to the shift system, and I could never do it. I would not be able to do anything in a different order every time. (Participant 3, Pos 338)

She repeats a few times that public offices are not suitable for people with such disorder mostly because of the working hours.
The participant 4 has very flexible hours and he says that this is one of the reasons why he does not the factory where he works.

The civil service is not very suitable for bipolar disorder in terms of hours. The biggest problem is the schedule in civil service. (Participant 3, Pos. 79)

They should not tell us "Be there at 8 am sharp!" Because I do not sleep at all, since I take drugs, it is not exactly the same as when I did not take them. I don't feel as energized. If it is 8 am, I think it can be pulled to 9 o'clock. Or, I know, this is a big loss for the employer, but for example, he can add 1 hour to the end of the work day. (Participant 5, Pos 63)

3.2.2. Flexible "Routine"

The participants stated that although strict schedules are not good for them, they still need some routine in order to stay intact. Routine helps them to stay connected to life and gives them structure in order to complete their work-related tasks. However, they added that the routine needs to be somewhat flexible.

Participant 3, 4 & 5

The routine was important to participant 3 in order to stop her drug and alcohol abuse and to get used to sleep a bit more in order to be more productive the next day.
The forth participant who has flexible hours already said that too much lack of structure would decrease his functioning, he needed some of it to get the work done on time.

I wouldn't look for more flexible hours because, if I switch to more flexible hours, it will cause me to relax therefore, it would cause me to lose control. This way, I

feel a little more serious about my job so I can control myself more or less. (Participant 4, Pos 32)

For the fifth participant the routine is one of the important tools to stay connected to life and be productive at work. After being diagnosed, she purposefully started organizing her day even more as a way of dealing with her mood swings. Routine means control to her. When she knows how to control a situation, she knows how to deal with the problems.

The routine is important to me. It is important that my office is a place where there is a daily routine. That routine has to be completed, in every sense, this routine means control for me. I prefer not to be in a place that I cannot control. (Participant 5, Pos. 51)

Participants 1 , 3, 4 and 5 said that they would be very unhappy to work with a strict schedule. Instead, they prefer more flexibility.

Those (jobs) that are relevant to the order, monotony are not appropriate for bipolar people. For example, civil service. Because you can be manic as you want, you may jump from the 20th floor and survive.
But to going to the office and working 9-5 at is a mind-blowing job for me, for a bipolar person.
(Participant 1, Pos. 142)

If you can complete your task from home, go on a vacation for 2 months. Especially if it is something that can be done from the outside. What is the big deal? (Participant 1, Pos. 148)

Translation is something that can be done from home But if it is said that you need to come regularly every day between 9 and 5 and only translate in that room and even if you can translate perfectly and speak Italian perfectly, you are no good for them. (Participant 1, Pos 142-143)

Works that require being the same every day… You have to have the same mindset every day, you have to be in the same mood every day. For example, it can make sales work difficult. Okay, it's a good job during the manic episode, but not at all for the depressive episode. Frankly, I cannot think of many different jobs that are not appropriate. Just too much routine, you have to be in the same mind every day. You always have to go out at the same time. These kinds of jobs can make things difficult for us. (Participant 4, Pos 159)

The first participant also spoke about his experience as a lab worker and said that he expected more flexibility in terms of absenteeism.

So it cannot be said that it is very convenient. Well, even if you are sick, you can call in sick for a maximum of two weeks. It (the absence) cannot be maintained for more than two weeks if a manic period depressive period is entered and it is in a position where you cannot come to work or. Start and finish times are clear. Therefore, it becomes very difficult to go to work in the manic period, especially when the sleep pattern is disturbed. There is no flexibility in this regard. It creates a lot of trouble in terms of that. (Participant 1, Pos. 29)

The second participant shared his views by speaking up about her experience as a freelancer and how happy it made her. The interview of the fourth participant supported these ideas.

I think it was more convenient for me to work from home. Because when there is a certain working time, a certain schedule, that is not suitable for a bipolar person. Not appropriate. That's why it's nice to be away, working from home and schedule your own hours. I prefer to work home office rather than working from 6 in the morning and to 8 in the evening. (Participant 2, Pos. 41)

I arrive to the factory at about 10-11 am. I can also get out when I'm done. The work ends at 6 o'clock, but I am at home at about 4-5 o'clock. (Participant 4, Pos 27)

For participant 4, who believes to be a successful engineer, the flexibility given to him is one of the biggest factors that keeps him loyal to his factory.

I don't ever have problems there. In fact, since I like this flexibility, I am used to the flexibility, I can apply elsewhere, get hired by bigger companies, have higher positions. My experience and knowledge allow this, but I know that my working hours will not be that flexible. That's why I'm not applying anywhere. I prefer to stay here. For flexibility.

I can work with strict hours, but after a certain point, it can have very would consequences for me. (Participant 4, Pos 73)

3.3 Relationships at Work

The importance of relationships was also a strong topic discussed among all of the interviews. The sub-themes reached in this study are Support in the Workplace and The Negative Impact of the Disorder on Relationships.

3.3.1 Support in the Workplace

All participants agreed that mental support by their superiors at work increase their motivation and helps to decrease their performance-related anxiety levels.
Participant 1, 3, 4 & 5 :
Participants shared episodes of their relationships with their managers at work. They expressed the importance of the support that they received when they were going through difficulties caused by their disorder.
At work… My supervisor at work has been supportive. You know, if I needed anything, or support, she was there. (Participant 1, Pos 120)

My old managers were very understanding. They were really overly supportive. I loved them so much. When I said I was going to Cambodia and said I was going to resign, "Girl, stop! You can't go." They stopped me. Normally, if you insulted a manager and yelled at him, he wouldn't take it. That manager, for example, was a very fatherly manager. But our current manager is not like that. (Participant 3, Pos 162)

I was able to work whenever I wanted, I could take care of people. When my boss saw that I was depressed, he let take a few days off, for a day or two. (Participant 4, Pos 87)

He was the one who found me a doctor. (Participant 5, Pos 171)

3.3.2 The Negative Impact of the Disorder on Relationships

This sub-theme is another significant variable under the main theme and in this research in general. According to the participants, mood swings, depression and mania create unstable behavioral patterns in communication. Being diagnosed with such disorder also creates stigma and lots of prejudices, which affects the way the participants are perceived by others, especially by their colleagues and managers. Several participants mentioned that they prefer to hide their disease at work, because they believe that such disorder will create many prejudices about their mental state and will lower the expectations of their colleagues and managers in terms of productivity, therefore, will lower the possibility of being hired or promoted. (See theme 4.1). Hiding the disorder is another factor that contributes to damaging communication patterns at work and in personal life.

Participant 1 expressed how hard it is for him to communicate at work because of his depressive episode.

It (communication) can be quite challenging while in a depressive period. Perhaps I am overly dramatizing or misperceiving what people are saying. For this reason, often there were problems between me and these people. (Participant 1, Pos 33)

Participant 2:
For her, the diagnosis brought her isolation. She did not contact her friends, all the number were gone and most importantly, people around here were hesitant in being honest with her.

When I got out of the hospital, I made a fresh start and everyone I loved was around me. But nobody could touch me. Nobody could tell anything to me. (Participant 2, Pos 109)

Participant 3:
For the third participant the communication problems lead to misunderstanding, intolerance and loneliness.

No one cares when I have a psychological problem or get hospitalized. Nobody visits me.
I have been hospitalized four times. Nobody visited me. Nobody called.

You don't feel supported in general. Especially if you are sick, you are excluded. They do not understand the illness in any way. Everyone knows that I am sick because there are periods when take sick days. There were periods when I used sick days for a long time. There were periods when I was hospitalized. Everybody understands it somehow. Everybody says "We understand you dear" or something, but they never do. They never use Google and never look up what is the bipolar disorder. (Participant 3, Pos 83)

Her colleagues with whom she had friendly relationships stopped speaking to her, because she did not listen and do what her colleague was telling her to do.

There was a very close colleague there (at work), with whom I met constantly (outside). She was a person I could call my friend. Even she stopped talking to me because of my illness, after a while, she did not speak to me anymore, because, her reason was; "You won't listen to me while you are in the manic period." Things like not listening to the "big sister", something like that. (Participant 3, Pos 160)

You stop trusting people. (Participant 3, Pos 208)

One of the biggest challenges for her at work is not being understood. She believes to be misunderstood and disrespected because she has a psychological disease.

The most difficult thing in the office environment; they do not understand you if you have psychological disease. Let alone understanding, they don't have to understand you, I know that. But they don't respect me either. Not being respected is the worst. (Participant 3, Pos 122)

Being tired of the negative interactions with her colleagues, she decides to avoid them.

Being alone in the professional environment, not talking to anyone is actually a big problem. Everyone is chatting with each other, they are in communication. However, you have to avoid it because of the next-day consequences. Because when you open yourself to the other side, this time you face negative reactions or you generally see negative reactions. You know, when the reactions are not positive but only negative you are disconnect from people. (Participant 3, Pos 166)

She said that after being excluded and misunderstood for so long, she decided to keep silent.
Although they wanted to speak with me afterwards, this time I did not want to. I was the side who was not open to communication. (Participant 3, Pos. 164)

3.4 Disclosing or not Disclosing? That's the question!

Both during the interviewing and coding processes the dilemma of mentioning or hiding the disease both in personal and professional setting was emphasized. While some participants were very open about talking openly about their disease to the ones who may understand them, some participants stated that they did not feel comfortable telling their disease to anyone because they are afraid of being stigmatized. The stigmatization could lead to them not being promoted or being fired, according to what they think.

3.4.1 Choosing to Disclose

All five participants stated that they prefer to reveal the diagnosis in at least one or two cases. Some of them are very open about it while some think that it is best not to talk about the condition with the people who might not understand it.

Participant 1:
When I start working for a lab or a university I do not mention my condition during the interview or in the 5-6 months after I get hired. Because first impressions are very important. The first thing that people know about the condition is the unbalanced side of the bipolar disease. Or that it switches. (Participant 1, pos 127)

Therefore, when I apply to work with such a diagnosis in a system based on order, the interviewer may be in the opinion that s/he should not hire me in this case. Although I do the job much better, it will be considered a negative point in their eyes. That's why I am not talking about the disease when I start the job. At least until I get positive feedback from the boss or the professor saying that s/he is very pleased to work with me. (Decipher participant 1, Pos. 128)

In this segment we see how the participant waits before revealing his disease to his colleagues and professors. The reason behind it could be interpreted as the desire to overcome the prejudices about the disorder. He believes that, when people know that he is diagnosed with such illness, they will expect him to perform poorly and be inconsistent in his work.

So sum um, the participant prefers to mention his disease but only when he thinks the time is right. When he was asked why he starts talking about it all of a sudden after hiding it for so long, he gave the following response:

After a while, we begin to become close (with the colleagues) and an additional lie becomes a burden on me. It is very unnecessary to live a double life. So at least, I want them to think "This guy may be bipolar, yes, but he does his job, what we want from him. When I know that I prevent even a little bias from occurring in their minds, I throw this burden off myself. So it's actually about me more than anything else, because it's a burden on me for 4 months. For example, if I talk about an activity that I normally do, it may sound strange to someone who does not suffer from depressive and manic episodes and they might think that I am weird. I do not usually mention these activity, trying to show a very normal life. (Participant 1, pos 136)

Participant 2:
The second participant stressed the importance of speaking about her disease to others, saying that there is nothing to be embarrassed about in this matter.

I openly confess it. Confession is not the right word either. I say that openly. Anyway, if this is something that I should be ashamed of, I something I should be embarrassed about… (Participant 2, Pos 115)

Having said it, she added that although she thinks that it is something she is comfortable talking about, she would not mention it randomly as a way of self-tagging. She also compares her condition to fever, saying that it is no different in terms of being a disease that can be spoken about.

I don't say "Hello, I am bipolar" all of a sudden, for no reason at all. But if it comes to that, I will share it if I find it necessary. Just like people say, "I got a fever last night, I was feeling so bad or I had a heart condition. ", just like they are sharing their conditions with each, I will also share my condition. (Participant 2, Pos 81)

When she was asked whether she would tell her disease to the interviewer during an interview, she said that she most definitely would, adding that she would feel responsible about notifying her boss, since her disease my give her ups and downs.

I would. Because I can go through different periods. I can experience ups and downs. I think the employer should know about it. First of all, the employer needs to know, and then his superior. (Participant 2, Pos 141)

Since she is a writer and a freelancer, one of the questions was if she has ever shared this information any of her clients. She responded that she was never asked about it, however, she might have told it to a few of her clients after they became closes. She did not share it as a big secret, she just mentioned it casually.

No one has ever asked. But I was mentioning it. I would talk about it to people if I believe that they can understand it. I don't talk about it with people who I don't believe would understand. If friendship is established over time, this may be the case when I say it… When talking about how the life goes in general. I do not

remember clearly at the moment, but this has not been a big deal to me. I am not concerned with advertising this issue, nor am I concerned with hiding it. (Participant 2, Pos 49)

Participant 3:

Our third participant is not concerned about loosing her job. Nevertheless, she stated that she waited for a long time before openly speaking about her disease.

I disclosed it after a long time. As I said, I don't trust people's perception very much. Also, when you have to use sick days for a certain period of time, you have to make an explanation. Since we all work in human resources, they (my colleagues) are at a level to know everything. You explain everything, you say it somehow. They ask you, 'What is it? " (Participant 3, Pos 83)

Participant 5:

The last participant also preferred to share it with some of her colleagues and her boss. She even described the boss's positive reaction and support in this matter.

Actually, I had shared it with him before, and then he found the doctor. So when a nurse I know, working at the Community Mental Health Center told me that I might have this disorder, I shared this with him. He also found me a doctor. (Participant 5, Pos 171)

3.4.2 Choosing not to Disclose

Although all of the five participants stated that they preferred disclosing their condition to others in some cases, in other cases they preferred to keep it to

themselves. The importance of sharing it with the ones would actually understand and not stigmatize them was stressed.

Participants 1, 2 & 3

As mentioned in the previous section, participant 1 prefers to wait a little bit to overcome possible stigmas before disclosing his illness. The second participant on the other hand, said that she shares such an information if only she feels like she will be understood.

The third participant did not mention anything about this matter, since she does not find it necessary hiding it by sharing her condition with the others.

Participant 4:

For him, there is no reason to disclose it to people who are not his potential dates. Arranging his episodes according to the meetings with his friends is the solution that works for him. He also does not like asked disturbing questions about his disorder.

I don't want people to look at me differently. So okay, I'm bipolar but I'm not different. I am functional like everyone, I can do my job like everyone else. It doesn't make me higher or lower than anybody. Also; I don't want people to treat me differently, it would make me feel bad.
I'm not talking about it. Let me tell you this: If I say "I am bipolar to my friends, so I have a mood disorder", I will have to elaborate on this more. They will ask disturbing questions like, "How is this happening?" Or something else. (Participant 4, Pos 143)

When it comes to work, he told that he has never disclosed it in professional setting and would never do that.

Participant 5:
She said that, although at her old office her colleagues new about her disease, she would never tell it if she starts working again.

I won't tell it because it changes the way people see you, so if you are using a psychiatric medicine - it can be a simple pill - serotonin or something else, it changes the way you look. I understand this just now. I realize something new. I wouldn't share it if I go to a new job now. (Participant 5, Pos. 185)

3.5 Stigmatization Experiences

Another significant theme of the research was found based on the stigmatization and exclusion experiences of the participants who took part in our study. "Stigma" is a concept introduced and firstly explored by Èmile Durkheim (1895) by noting how criminality and social norms are actually ideas created by society. The concept was further explored by Goffman in 1963 in organizational management context and described as a response to "strangers" entering our lives. This response includes labeling people as different and excluding them. Being stigmatized is very common with the disorder, therefore, the expectation of being stigmatized is based purely on experience for all our participants.
For them, people with this disorder are seen as "crazy", "unstable" and "dodger", so that some of the participants reported that their colleagues believed they were "enjoying" their time at home because they could take as many sick days as they wanted to. Participants said such behavior was hurtful and isolating for them. Some participants (4 and 5) decided not to share their condition at work with

anyone to avoid any possible stigma, while some (1 and 3) would prefer to wait before revealing their illness to give time before stigma formation.

Four out of five participants shared that they have been or are afraid of being stigmatized at work based on their illness.
Participant 1 noted that he refrains from sharing his disorder at work the first a few months because he does not want to be stigmatized as "unstable".

Therefore, when a person applies (for a job) with such diagnosis in a system based on order, this person is considered to be unstable, and in this case, they (managers) can prefer to not hire this person. Although I do someone else's job much better, it will remain a negative point in their eyes. ... The characteristic of Bipolar Disorder is known by people it being "unstable". (Participant 1, Pos. 128)

For the second participant such disorder comes with too many responsibilities.
You are held responsible for so many things you did not do (Participant 2, Pos. 109).

Participant 3 elaborates on the perception of her by her colleagues:
I have a disease, therefore, I am a problematic type in their eyes. (Participant 3, Pos. 192)
I felt very excluded (Participant 3, Pos. 164).

They don't see it (bipolar disorder) as a real disease, so you are excluded from social and office environment. You feel excluded… You're already excluded. You are aware that you are different. When you realize that, communication with other people worsens. You do not approach them again because you know that they do not understand you, and since you know that they will not understand you,

because you know that your behavior will not be tolerated. And you're going to be alone again. (Participant 3, Pos 101)

She also added the words she heard for her colleagues that were very hurtful to her, as she describes as "ignorant".
"Don't worry, don't think too much about it (the illness)." (Participant 3, Pos. 168)

In this office I heard "I wish I was bipolar, how convenient, I would stay home all the time." ... And I responded "Then I hope your kid will have it." (Participant 3, Pos. 105; 107)

Participant 5:
"It was obvious that there was something going on with you" ... them saying that hurts me, because I have always kept this disorder inside me… (Participant 5, Pos. 177; 179)

They look at me a little bit like yeah , "crazy". They say that. (Participant 5, Pos. 129)

IV Discussion and Conclusion

4.1- Discussion

The impact of bipolar disorder on occupational functioning and the experiences of individuals diagnosed with the disorder were examined in this research. Nine sub-themes were listed under five main themes. Although more themes and sub-themes could have been added, they were excluded from the results section because their significance in terms of the number of participants who mentioned them was low. The themes and sub-themes that were not mentioned by at least three participants were not listed in the Results section but are discussed in this section.

The first main theme assembled with IPA is "Working Life Experiences Related With Bipolar Episodes", which indicated that the levels of occupational functioning among individuals diagnosed with bipolar disorder varies depending on their current episode. The main theme was divided in two sub-themes which are Depressive Episode and Manic Episode. During the depressive episode participants reported having lower levels of energy and motivation and no desire to go to work. Participants who claimed to be functional despite the episode were functional at jobs that they claimed to be appropriate for manic episode. This findings are confirming the results of the research done by Michalak et al., 2007.

An important factor to be highlighted is persistence. Lack of persistence does not allow the participants to conclude their studies and projects the way they expect. Persistence is a key factor for them to achieve their education and career goals, which is disrupted by depressive episodes. A longitudinal study focusing on the relationship between poor mental health and dropouts has shown that, people who suffer from various disorder, including but not limited to bipolar disorder, are more likely to dropout from their educational institutions (Hjorth et al., 2016).

They also talk about jobs that are suitable and not suitable for this episode. All participants state that they prefer to work from home and be in contact with less people during the Depressive Episode. The jobs that they find appropriate are related to arts. The literature has shown that when it comes to occupational choice, bipolar disorder patients tend to prefer jobs that are more artistic and less structured (Tremblay, Grosskopf, & Yang, 2010). People diagnosed with bipolar disorder are found to be more artistic, therefore, they are better at arts. Their creativity depends on their mood (Taylor, Fletcher, & Lobban, 2015). It is no surprise that they prefer to create arts during this episode.

Three participants find doing arts (writing and drawing) ideal not only for the depressive episode but also for the manic one because of its adaptable nature to their moods. Two of the participants noted that they find working in a lab and having no human contact very southing. The findings regarding the relationship between episodes and preferred, more suitable jobs can be seen under the sub-themes 3.1.1.3; 3.1.2.4 and the Main Theme 3.2 How Flexible?. Job preference was an important issue while describing experiences related to depressive episodes.

Communication problems is another argument to be discussed, since participants reported having them mostly during the depressive episode. All participants stated that they prefer less human contact because they feel more irritable when depressed. Some of them prefer to avoid people. For the ones who do not have this option, constant misunderstandings and unpleasant conversations become an inseparable part of their occupational communications. As the literature suggests, communication problems can be caused not only by mood-swings, but also by the exclusion that comes with stigmatization caused by the disclosure of the disorder. (O'Donnell, 2016)

As the literature shows, functioning does not necessarily depend on energy levels, therefore, should not be studied as two similar concepts (Trombly, 1993).

Appropriate and inappropriate occupations were described for manic episodes by the participants. All participants reported that boring, isolating jobs where they have to follow a strict routine are not appropriate for the episode. Arts and project management were among the jobs recommended for that period. The jobs that were found very difficult and even risky to perform are the ones that require taking responsibilities of others. The most prominent one is being a doctor, followed by being a lawyer, banker and other money-related jobs, because of the possible increase in the prevalence of making very risky decisions during the manic episodes. Excessive risk taking is one of the characteristics of the manic episode in bipolar disorder (American Psychiatric Association, 2013).

Flexibility was one of the most commonly discussed arguments in all interviews. All participants mentioned that they would prefer with more flexible schedules and to start working at a later time. Forth participant who already has a flexible schedule and can go to work after 10 a.m. expressed that this is the reason he stay loyal to his company and why he would not want to change his job. While less flexibility can have bad outcomes on his general performance and well-being, even more flexibility could cause him to lose all the structure and be less functional at work. The fifth participant supported this idea by highlighting the importance of a routine, as long as it is kept *flexible*. The literature agrees with these findings, stating that people diagnosed with bipolar disorder may need more flexibility both for job satisfaction and for lower absenteeism rates (Rau & Hyland, 2002; Totterdell, 2005; Cirino, 2020). However, too much flexibility can also be dangerous, considering that patients diagnosed with the disorder also need some routines and structures for the health of their sleeping schedules and to cope better with depression (Tartakovsky, 2018).

The preference of going to work at a later hour is related to malfunctioning biological clocks during manic episodes which give them excessive energy levels at night and the desire to sleep in the morning. Although working for less hours is an expectation, they do not necessarily want to arrive late and leave early. Arriving and leaving late is on of the options for the participants.

"Working from home should be allowed when possible" was another idea voiced by the participants. Especially in freelance jobs or task that can be performed distantly the physical location should not be important. Working from home should be allowed as long as it does not interfere with task-completion, in order to increase job satisfaction.

Relationships and their importance at work were also highlighted for all five participants. Communication is a keystone in most occupations. In almost all occupations, corporate and not only, the importance of the communication and its impact on work quality has been shown (Salvo & Larsen, 1987). Participants spoke about the importance of support that they receive at work and how it impacts their overall functioning. Being given the option to stay isolated when depressed and the permission to go outside and walk for an hour when in mania was reported to improve participants' perception of their workplace. We can conclude that managers and HR departments should be informed about such disorders, since we see that for one of our participants, it was her manager who found her the doctor that diagnosed her.

The opposite side of support was bad communication in our study. The participants reported having poor communications during depressive episodes. Also, since the perceived support was increasing their feeling of belongingness and overall well-being, lack of support and presence of poor communication and not being understood was doing the opposite for them.

The experiences of the third participant were the most visible. She reported being excluded by her co-workers and feeling alone because of her unexpected behaviors during the manic episode. Noting that she had received negative reactions from her co-workers before, she decided to keep her thoughts and feelings to herself and became isolated at workplace. The prevalence of these findings can be questionable since they were found only in one interview.
Since communication is such an important factor for almost any occupation, (Gast & Bailey, 2014), more interventions should be done for improvement of communication that contributes to the organizational climate's quality.

Speaking of communication and support, disclosing or not disclosing the illness at work is another dilemma that may have different outcomes in different scenarios. While most participants said that they would not disclose their illness during a job interview, participant 3 told that she most definitely would share it because she feels responsible in notifying the management in case of her mood swings that will cause her to be absent sometimes. Not mentioning the illness was more common in the interviews because of possible prejudices such as lower performance, higher absenteeism and unstable performance that interviewers may have. The participants concluded that they would not share it just with anyone; they would tell it only to people who may understand them and will not judge them. Stigmatization is their biggest fear when disclosing their disorder. As mentioned previously in this section, stigmatization leads to lower quality in communication, therefore, lower functioning if their occupations require some sort of contact with other co-workers (Combs, & Heaton, 2016).

4.2 - Limitations of this study

One and the biggest limitation of this study is the researcher being not very experienced as a researcher. After re-reading and coding the interviews, it was realized that the researcher could have asked more questions to better understand to that the responses were referring to. The researcher could not include some of the important segments because it was not clear whether they were related to personal or professional life. More questions should have been asked regarding occupational life.

Although five participants responded to our questions perfectly and are sufficient for the IPA technique (Reid, Flowers, Larkin, 2005) , with more participants the study could have reached better saturation point.
The changes that came after the diagnosis was not clear, therefore, were not included as a separate theme.

4.3. Further research

It was seen that, while participants from other sectors had relatively different experiences. More in-depth interviews should be done and the study can be extended. A second research could be done comparing experiences of people with bipolar disorder in different sectors. Also, the research showed that women had deeper and more negative experiences compared to men. A research looking from women's and men's perspectives separately could also be done.
There are notable works such as Brief Quality of Life in Bipolar Disorder Scale has been translated into Turkish (Gümüş , Çakır , Kesebir , Michalak & Murray, 2018) and some other measurement tools' translations into Turkish for validity and reliability (İnce, Cansiz, Ulusoy, Yavuz, Kurt, Altınbaş, 2019 & Aydemir, Öztekin, Akdeniz, 2018; Maçkalı, Akkaya, Aydemir, 2016), which could be used

for further research done with Mixed methods in order to understand the relationship between the quality of life's role as a moderator in understanding the occupational functioning in individuals with the disorder.

4.4 Conclusion

This study focuses on occupational functioning in individuals diagnosed with bipolar disorder. It can be concluded that these individuals want to be included in the working life, however, they often feel excluded because of the lack of communication skills that are affected by their mood-swings and due to the exclusion caused by stigmatization that comes after the disclosure of their condition. They also report having lower functioning during the episodes, especially, if their occupations do not fit manic and depressive episodes. While the exclusion, stigmatization, bad communication and the physical and psychological implications of the illness decrease their functioning, factors such as support from their colleagues and management, and more flexible working hours may increase their occupational functioning.

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APPENDIX A

Gönüllü Katılım Formu

Bu çalışmanın amacı, bipolar bozukluk tanısı almış yetişkin bireylerin iş hayatındaki deneyimlerini anlamaktır.

Araştırma İstanbul Bilgi Üniversitesi Örgütsel Psikoloji Yüksek Lisans Programı'ndan Sultan Muradov tarafından yürütülmektedir. Bu araştırmada Bipolar bozukluk tanısı almış olan katılımcıların iş hayatında yaşadıkları zorluklar ve bu süreçteki deneyimlerini anlamak için katılımcılara açık uçlu sorular sorulmaktadır.

Konuşmaların daha kolay bir şekilde yazıya aktarılması ve hiçbir detayın atlanmaması amacıyla ses kayıtları alınmaktadır. Konuşmalar ses kayıt cihazı ile kaydedilmektedir. Bu ses kayıtları sadece araştırmacı Sultan Muradov'un şifreli kişisel bilgisayarında tutulacak ve talep edilmesi durumunda anonim bir şekilde bu çalışmayı yürüten ve denetleyen diğer üniversite hocaları ile paylaşılacaktır. Ses kayıtları ve diğer hiçbir dosyada katılımcının adı, soyadı, çalıştığı yer veya kimliğini ifşa edebilecek hiçbir bilgi saklı tutulmayacak, üçüncü şahıslarla paylaşılmayacak ve yayınlanacak olan çalışmada kullanılmayacaktır.

Görüşmeler yaklaşık 45 dakika sürmektedir. Katılımcıların kişisel bilgileri gizli tutulacak ve elde edilen bulgular sadece bilimsel amaçla kullanılacaktır.

Katılımınız tamamen gönüllülük üzerine kuruludur. Çalışma sırasında sebep bildirmeksizin konuşmayı yarıda kesebilir ve kayıtların silinmesini talep edebilirsiniz.

Araştırmaya katıldıktan sonra herhangi bir sorunuz olduğu takdirde ya da araştırma sonuçlarını elde etmek için Sultan Muradov ile irtibata geçebilirsiniz.

Yukarıdaki çalışmanın amacını ve içeriğini belirten bildiriyi okudum, anladım ve araştırmaya katılmayı kabul ediyorum. Lütfen aşağıdaki boşluğa kendi el yazınızla **"Bu araştırmaya kendi isteğimle katılıyorum"** yazınız. _____	İletişim: Sultan Muradov İstanbul Bilgi Üniversitesi asmuradov@gmail.com

İsim: Tarih:
Soyisim: İmza:

APPENDIX B

Informed Consent Form

The aim of this study is to understand the experiences of adult individuals diagnosed with bipolar disorder in their working life and their experiences during work-related processes.

The research is carried out by Sultan Muradov from Istanbul Bilgi University, Department of Organizational Psychology.
In this research, open-ended questions are asked to the participants in order to understand the difficulties that people with Bipolar Disorder Diagnosis face and their experiences at work. Conversations are recorded by voice recording device in order to facilitate the research process and not miss on any details. The recordings will not be shared by anyone. The recordings will be kept on researcher Sultan Muradov's password protected personal computer under anonymous file names. The recordings may only be shared with other researchers and university professors involved in this study. The names, last names, work places and any other personal information that may expose participants' identity will not be kept on voice recordings or any other documents nor will be published in the study or shared with any other third parties.

Interviews last approximately 45 minutes. Personal information of the participants will be kept confidential and the findings will be used for scientific purposes only.

Your participation is entirely voluntary. During the interviewing process, you can stop participating without giving any reason and may ask the researcher to delete the audio recording. You can contact Sultan Muradov after participating in the research if you have any questions or if you want to be informed about the results of the research.

"I have read and understood the informed consent form that outlines the purpose and content of the research and agree to participate in this study. Please write your own handwriting in the space below: "I voluntarily participate in this research." _____ _____	Contact: Sultan Muradov İstanbul Bilgi Üniversitesi asmuradov@gmail.com

Name: Date:
Lastname:
Signature:

APPENDIX C

Mülakat Soruları:

1.Kendinizden bahsedebilir misiniz? Yaşınız, mesleğiniz nedir? Nerede oturuyorsunuz?

2.Eğitim durumunuz nedir? Hangi mesleği icra etmek için eğitim aldınız?

3.Şu anda çalıştığınız işyerinde göreviniz ve yaptığınız iş nedir?

4.Yaptığınız işin kişisel becerilenize ne kadar uygun olduğunu düşünüyorsunuz?

5.İş pozisyonunuz ve çalıştığınız yerin fiziksel koşulları bipolar bozukluk tanısı almış biri için sizce ne kadar uygun ? Saatlerle ilgili ne yapilabilir?

6.Çalışma koşullarınız nasıl? Ofis ortamı nasıl? Orada çalışmak size kendinizi nasıl hissettiriyor?

7.Beraber çalıştığınız kaç kişi var? / Size bağlı kaç kişi çalışıyor?

8.Ne kadar zamandır bu işyerinde / projede çalışıyorsunuz? Hiç pozisyon değişikliği yaşadınız mı ?

9.Yöneticilerinizle ilişkileriniz nasıl? Size davranışları nasıl? Davranışları size kendinizi nasıl hissettiriyor?

10.Çalışma arkadaşlarınızla ilişkileriniz nasıl ? Hastalığınızı biliyorlar mı? Buna tepkileri nasıl? Bu tepkileri nasıl yorumluyorsunuz?

11.Burada çalışmayı neden tercih ettiniz? Burayı seçmenizdeki neden neydi? Seçiminizden memnun musunuz? Neden?

12.Bundan önce ne iş yapıyordunuz?

13.Daha önce yaptığınız işler size kişisel olarak ne kadar uygundu? O işleri hangi nedenlerden ötürü tercih ettiniz?

14.Bu işler, Bipolar bozukluğunuz göz önünde bulundurulduğunda, koşullarınıza ne kadar uygundu ?

15.Meslek ve iş seçiminde kişisel becerilerinizin rolü neydi?

16.Bipolar bozukluk tanısına sahip olmanız meslek seçiminizi nasıl etkiledi?

17. Tanınız ne zaman kondu? O andaki hisleriniz nelerdi?
18. Tanı almadan önce hayatınızı anlatır mısınız ?
19. Bipolar bozukluk tanısı aldıktan sonra hayatınız nasıl değişti? Neleri değiştirmeniz gerekti?
20. Ailenizin, çevrenizin ve iş arkadaşlarınızın tutumu nasıldı? Nasıl tepki verdiler?
21. Verdikleri bu tepkiler size nasıl geldi?
22. Bipolar bozukluk tanısına sahip olmanız çalışma yaşamınızı nasıl etkiliyor? Bu durum ilk tanı aldığınızda ve ondan daha önce nasıldı?
23. İşe giriş sürecinde bipolar bozukluk tanısı almış olduğunuzdan bahsetmiş miydiniz? Nasıl bir tepkiyle karşılaştınız? Bahsetmeme sebebiniz neydi? Bahsetme sebebiniz neydi?
24. İş yerinde yöneticilerinize ve iş arkadaşlarınıza bipolar bozukluk tanısına sahip olduğunuzu açıkça söylüyor musunuz? Neden?
25. Bipolar bozukluk tanısı almış olmak hangi meslekleri yapmayı kolaylaştırır sizce? Peki hangilerini zorlaştırır? Neden?
26. Bana sormak istediğiniz bir şeyler var mı?

APPENDIX D

Interview Questions:

1. Can you tell me about yourself? How old are you and what is your profession? Where do you live?
2. What is your educational status? What are you trained to do?
3. What is your current job and position in your current workplace?
4. How well do you think your work is suitable for your personal skills?
5. How suitable do you think your job position and the physical conditions of your workplace are for someone diagnosed with bipolar disorder?
6. How are your work conditions? How is the climate in the office?How does it feel like to work there?
7. How many people do you worked with? / How many people do work under you?
8. How long have you been working there?
9. How are your relationships with your managers? How do they treat you? How does it make you feel?
10. How are your relationships with your colleagues? Do they know your illness? How do they react to it? How do you interpret these reactions?
11. Why did you choose to work here? What was the main factor that made you choose this workplace? Are you satisfied with your decision? Why?
12. What did you use to do before that?
13. How appropriate were these conditions to your personal skills? Why did you choose them?
14. How appropriate were these conditions to your circumstances, given your disorder?
15. What was the role of your personal skills in choosing your profession and your job?
16. How important do you think your disease was when making this choice?

17. When did you receive your diagnosis? How did you feel when you heard it?
18. Can you tell me more about your life before the diagnosis?
19. How did your life change after you found out you had bipolar disorder? What did you have to change?
20. What was the attitude of your family, your environment and your colleagues?
21. How did you perceive these reactions and their attitude?
22. How does your disorder affect your working life? How was this situation before?
23. Did you mention your disorder during the recruitment process? What was the reason you did / did not do it? How did the interviewers react?
24. Do you openly speak to your managers and colleagues about your disorder? Why?
25. What are the professions that someone with bipolar diagnosis can do more easily or with more difficulty? Why?
26. Do you have any questions for me?

APPENDIX E

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

Başvuru Sahibi / Applicant: Sultan Muradov

Proje Başlığı / Project Title: Work Experiences and Challenges of Employees With Bipolar Disorder

Proje No. / Project Number: 2020- 20024-39

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 20 Şubat 2020

Kurul Başkanı / Committee Chair
Doç. Dr. Itır Erhart

Üye / Committee Member
Prof. Dr. Aslı Tunç (izinli)

Üye / Committee Member
Prof. Dr. Turgut Tarhanlı

Üye / Committee Member
Prof. Dr. Hale Bolak Boratav

Üye / Committee Member
Prof. Dr. Koray Akay