

recognized in society. Therefore, this research is a pioneering study in this regard. Concerning this matter, [13] conducted a study on a sample of 1000 adults. They stated that 43% of the participants could identify some of the characteristics of bipolar disorder, whereas 53% of the participants could identify some of the symptoms of schizophrenia.

In our study, in the awareness items concerning the symptoms of the illness, the symptoms correctly recognized by 75% and more of the participants shows that the majority of our sample group knew that bipolar disorder progressed with manic and/or depression episodes, patients had problems focusing, patients were active and experienced difficulty in controlling themselves, they tended to argue and fight, and they could not get out of this condition on their own. The fact that more than 75% of the participants correctly knew that patients could not get out of the episode on their own and could not control themselves if they wanted to contradicts the study results by [13] reporting that the belief that the course of bipolar disorder might be positive even if it was untreated was dominant among the participants. The symptom that patients were more interested in sexuality than normal during the episodes was found to be the least recognized symptom among the participants at a rate of 51.1%. Less social awareness of sexual symptoms may suggest that sexuality is seen as taboo in society.

In our study, the symptoms that less than 75% of the participants knew correctly, indicates that there is less social awareness of the fact that tolerance for sleeplessness, excessive and fast speech, increased social extroversion, being extremely self-confident and overjoyed are among the clinical symptoms of bipolar disorder. People who have not been acquainted with mental illnesses emphasize that familial, social, and psychological causes play a role in the occurrence of illnesses and may overlook the possibility that an academically possible biological and genetic origin may be among the causes of the illness [12]. In support of this finding, it was observed in this study that the participants who were/whose acquaintances were diagnosed with bipolar disorder knew the awareness items related to the causes of the disease (the disease is genetically based), more correctly than the participants who were not/whose acquaintances were not diagnosed with bipolar disorder. Accordingly, it was found that the participants who were/whose acquaintances were diagnosed with bipolar disorder knew that the disease was hereditary and did not occur due to psychological reasons more correctly than the participants who were not/whose acquaintances were not diagnosed with bipolar disease. In the awareness items concerning the symptoms of the disorder, it was determined that the participants who were/whose acquaintances were diagnosed with bipolar disorder knew the symptoms of feeling very good and overjoyed during the manic episodes, feeling more self-confident, sleeping less but not suffering from insomnia, and talking much more

and faster than before, not being able to control themselves voluntarily, being much more active, nervous, and energetic, being much more social, going out frequently and making night plans, and being more interested in sexuality than usual more correctly compared to those who were not/whose acquaintances were not diagnosed with bipolar disorder. Reviewing the general analyses, it is a remarkable aspect of this study that these items related to the awareness of bipolar disorder were known by less than 75% of the sample group, whereas they were more known by the participants who were/whose acquaintances were diagnosed with bipolar disorder compared to those who were not. Accordingly, it was revealed that people who had previously been acquainted with bipolar disorder had a higher level of awareness of the tolerance for sleeplessness, excessive and fast speech, increased social extroversion, being extremely self-confident and overjoyed, and the tendency to be more interested in sexuality than usual. Moreover, the finding that individuals who had previously been acquainted with bipolar disorder knew more correctly that bipolar patients could not control themselves if they wanted to compared to individuals who had not been acquainted with the disorder is parallel with the study results by [18]; showing that individuals who neither had been diagnosed with bipolar disorder nor had an acquaintance diagnosed sought belief-based recovery rather than professional therapy.

It was suggested that information-based opinions about the nature, causes, and treatment methods of mental illnesses are widely attributed to reading, academic education, and/or close contact with individuals with mental illnesses [20]. The results of this study also support these data, as stated above. This study elucidated that the participants who did research to obtain information in the field of psychology/psychiatry knew that the disorder was hereditary and did not arise due to psychological reasons more correctly than the participants who did not do any research. In general, these results of the study are in parallel with the results obtained by [20]. This study revealed that the participants who did research to obtain information in the field of psychology/psychiatry regarding bipolar disorder knew all the awareness items concerning the symptoms of the disorder more correctly than the participants who did not do any research, except for the item "not knowing that patients cannot easily get out of depression and manic episodes themselves." Individuals working in the field knew the item "Individuals with bipolar disorder can start a fight or argument very quickly during the illness period." significantly more correctly than other individuals (lay individuals). This result suggests that the dysphoric face of manic episodes is generally less known in society, and the awareness on this matter is better known by people who conduct academic studies on this subject and indicates the need for education to increase social awareness of "dysphoric manic episodes"

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