PREVALENCE OF BIPOLAR MOOD DISORDER RELATED SYMPTOMS AMONG A SELECTED GROUP OF STUDENTS AT THE UNIVERSITY OF ESWATINI

***Mabuza Dumisa Celumusa; Makhanya Bukisile. P & Simelane Nomphumelelo. Z**.

University of Eswatini

ABSTRACT

Teacher training institutions and the education policy embrace inclusive education merely defined by physical and visual impairments. However, learners with hidden impairments such as bipolar mood disorder have not been given attention. This study sought to determine the prevalence and traits of bipolar mood disorder in students, challenges faced by students and to compare the nature of challenges faced by students of different demographic characteristics. The study employed mixed methods to collect data from a sample of 108 students of the University of Eswatini. Quantitative data were analyzed using both descriptive and inferential statistics in SPSS while qualitative data were analyzed using Framework Analysis. Findings revealed that bipolar mood disorder exists among students as 48% presented symptoms related to bipolar. This impairment is found to have been inherited or caused by stress, mostly from family issues. Depression from school work pressure triggers it. The students advocate for awareness about bipolar mood disorder and academic accommodation. However, they fail to disclose their condition because educators may think they are not academically fit. They face challenges of accommodation, low self-esteem, poor social interaction and non-disclosure; female students are more academically accommodated but severely faced with self-esteem problems. It can therefore be recommended that the Eswatini higher education council needs to ensure that the curriculum for teacher training institutions should effectively train teachers to identify students with bipolar mood disorder and further accommodate them. Lecturers should also be trained on how to teach and support students with hidden impairments.

KEYWORDS: Hidden Impairment, Academic Accommodation, Bipolar, Disabilities

CORRESPONDING AUTHOR: Dumisa C. Mabuza, University of Eswatini, P.O. Luyengo, Eswatini, dumisamabuza@gmail.com Tel.: (+268)76806349

INTRODUCTION

Booth and Gerard (2011) asserted that there cannot be teacher training without thorough consideration and understanding of the diverse needs and backgrounds of each student. They emphasized that educators must allow all learners an equal opportunity by learning from experimentation with academic innovation to re-imagine residential learning and create inclusive learning environments where every student can thrive. This, however, presents a difficult goal for the teacher in the face of hidden impairments such as bipolar mood swings. Bipolar mood disorder (BMD) is a brain disorder causing severe fluctuations in mood, energy, thinking and behaviour (Grier, Wilkins & Pender, 2007). It causes mood swings between depression and mania thus other scholars refer to it as manic depression.

Even though BMD is prevalent in both adults and children, it presents a serious challenge in the classroom as it is chronic and can cause major disruption in schooling for children and adolescents. The challenges of BMD in the classroom can be categorised into four main issues. First, BMD normally overlaps with other psychiatric disorders. Children with BMD are more likely to have attention deficit/hyperactivity disorder (ADHD) elevated mood, flight of ideas, and decreased need for sleep yet a combination of ADHD with BMD normally lead to severe impairment with increased classroom disturbances (Biederman, Mick & Faraone, 2004).

Secondly, students with BMD are often uncommonly bright or creative. While that sounds good, they often suffer learning disabilities both at their low and highs due to challenges in categorising and organising information. Thirdly, bipolar mood disorder students become a nuisance in the classroom. In a study by Pavuluri, Grayczyk, Carbray, Heidenreich, Henry and Miklowitz (2004), it was observed that these students are at most times impulsive, talkative, distractible, withdrawn, unmotivated, and or difficult to engage. Lastly, the treatment used to control the illnesses associated with bipolar mood disorder causes cognitive dulling, sleepiness, slurring of speech, memory recall difficulties, and physical discomfort (Fristad, Goldberg-Arnold & Gavazzi, 2003).

Even though studies (Aschbrenner, Greenberg & Seltzer, 2009; Grier & Wilkins, Pender, 2007) note that parents and teachers can manage a child with bipolar, there are challenges identifying the child. These challenges in a school and classroom setting are confounded by the fact that bipolar mood symptoms are rather hidden or mistaken with other symptoms of general depression and misbehaviour (Kerlek, 2009). Teachers may lack the expertise to understand both visible and invisible learner characteristics.

Educational institutions till today are trying means to accommodate every learner in the classroom through inclusive education. For instance, the word ‘disabled learners’ is hardly used as it contains discriminatory sentiments and defeats the whole purpose of encouraging universal education. However, impairment is prevalent in educational institutions (Limaye, 2016). Mahaffy (2008) states that when most people think of impairment, they picture a person with a visible, obvious impairment while other impairments such as bipolar are difficult to identify among students. This suggests that the society is visually oriented and thus may not take time to look beyond physical appearances.

Various researchers (Dube, Ncube, Mapuvire, Ndlovu, Ncube & Mlotshwa, 2021; Ahmand, 2012) posit that most learners with hidden impairments at tertiary level of education receive no special support during the teaching and learning process as compared to those with visual impairments. It is a common assumption that most, if not all, learners with impairments drop out of school before reaching tertiary institutions; thus, one can assume that there are no learners living with impairments at the university (Thurlow & Johnson, 2011).

While the academia prides itself on the awareness of inclusivity and diversity in higher educational institutions, Negash (2017) declares that even today, educators convey the impression of not understanding that disability is divergent into two types (visible and hidden impairments). Mariga (2014) further states that most teachers perceive impairment with a picture of a person in their minds with a visible, obvious impairment like a person on a wheelchair. This makes academia in other countries to be unaware of hidden impairments like bipolar.

Bipolar Mood depression becomes a challenge by its nature, because as it is a mental disorder, students may not come up clearly and express their feelings. Eswatini higher education institutions are silent on bringing awareness in the existence of bipolar mood depression among students in higher education level. Students therefore, may receive no special support during the teaching and learning process compared to those with visual and physical impairments where government have constructed special schools to accommodate them.

Currently, Eswatini educators focus much on visible impairments, yet students with bipolar confront a wide range of barriers that affect learning from pre-school to tertiary level. Miles et al. (2010) allude to that there is more to students than meets the eye. Their impairments may not be visible at a glance but they are so real and they make their learning process difficult at times (Polman et al., 2011). With increased knowledge, college and universities could improve the academic and social experiences of students with hidden or invisible impairments.

The purpose of this study is to explore the prevalence of symptoms associated with bipolar mood disorder among a selected group of students in the University of Eswatini, Luyengo campus. The objectives of the study were to:

1. Determine the prevalence and traits of bipolar mood disorder among a selected group of students in the University of Eswatini.
2. Explore the challenges faced by students with bipolar mood disorder in their interaction with the curricula
3. Compare the nature of challenges faced by the learners with regards to their different demographic characteristics

McLeod (2007) alludes to that many students with hidden impairments such as bipolar in higher education express their fear of disclosing their long term illnesses to their peers due to stigmatization. He further suggests that it is important that these unfounded beliefs and assumptions are addressed to ensure that negative attitudes and prejudices do not prevent inclusion for students with hidden impairments at tertiary level. Cronin (2004) added that academia needs to be reassured that students with psychological problems such as bipolar, depression and autism can be and are valuable students, and that within an inclusive cultural environment those students with hidden impairments can perform to a high standard; realizing their full potential. However, Reid (2002) notes that it may be difficult for educators to identify cases of bi-polar, personality disorder, depression and anxiety. Even though all can be easily explained by the victim if an opportunity avails, bipolar mood disorder is a mental case; thus, making it a serious issue among students. Teachers normally find it hard to

differentiate emotional and psychological illnesses such as anxiety, depression, and bipolar. However, symptoms of bipolar are severe. They are different from the normal mood swings that everyone goes through from time to time. Bipolar symptoms can result in damaged relationships, poor job or school performance, and even suicide.

METHODOLOGY

The research is a descriptive research design which adopted a case study design (single subject research). The research used both qualitative and quantitative approaches. The case study employed an in-depth data to help researchers learn more about situations about students presenting bipolar disorder related symptoms that are otherwise poorly understood (Leedy & Ormrod, 2010). Case study research involves "the study of an issue explored through one or more cases within a bounded system (i.e., a setting, a context)" (Creswell, 2007, p.73). This was a case study targeting University of Eswatini students.

Participants

Population is an aggregate or totality of all subjects that conform to a set of specifications. Levy and Lemeshow (2013) see the meaning of the term population as not limited to a number of people the study wants to cover, but a word that explains the total quantity of cases of the type which are the subject of the study. The study was conducted at the University of Eswatini, Luyengo campus. The target population was all the 108 students enrolled in the selected study programme from year 1 to year 4, aged between 18- 30. The study adopted a mixed method approach of data collection. For quantitative data, this study was conducted by census method. A study of everyone or every unit, or everything in a population which means a complete count was used. All members of the targeted group were included (Maxwell, 2004). This helped to draw conclusions about populations. And, for qualitative data, ten (10) students were selected purposively, on the basis that they were presenting bipolar disorder related symptoms. To reach theoretical saturation, information power was used and participants exceeding 10 was deemed unnecessary owing to the contextual and homogeneity of the participant characteristics (Malterud, Siersma, Guassora, 2016). Further, Boddy (2016) who conducted qualitative research for 31 years noted that there is no clear guide to adequate sample size for qualitative studies but the aim of the study, sample specificity, use of established theory and homogeneity informs the size to the point that even as low as 3 participants is acceptable where the depth of data is required.

Data generation

Prior to the interview, the researcher invited participants and consent forms were signed. The purpose of the study was also explained. Permission to schedule an interview was then sought. Each interview lasted for 45 minutes and an audio recorder was used to assist in transcription. The researcher also emailed the transcripts to the participants to give them the opportunity to check the transcripts for accuracy. The participants in this study were therefore asked the first principal open question. Other questions emerged as the interview progressed, and as the researcher probed for more information. Other questions may emerge from the responses by the interviewees. This is in agreement with Reid, Greaves and Kirby (2017), who state that interview questions may build from one another.

For quantitative data, a self-administered questionnaire was designed. The questionnaire had five sections. Section A had 35 questions on prevalence and traits of bipolar mood disorder, Section B had 44 questions on challenges faced by students with bipolar mood disorder and section C had demographic characteristics (age range, gender, year of study). To analyse the prevalence of symptoms related to bipolar mood disorder among learners, the Statistical Package for Social Sciences (SPSS) version 24.4 was used to compute means, standard deviation and to make comparisons using T-test. Quantitative data from the questionnaires was classified, tabulated and analyzed according to the objectives of the study. For qualitative data from the interviews, a Framework analysis guided the familiarization, formulation of themes, mapping, and interpretation of findings.

RESULTS AND DISCUSSION

Depression and Bipolar Mood Disorder

A group of students at Luyengo Campus were investigated to find out if they present symptoms of depression and bipolar mood disorder. About forty eight per cent (48.1%) of the learners were found to be having depression and bipolar mood disorder symptoms. The results indicate that the learners persistently have an empty mood, no longer have interests with hobbies; their concentration level becomes low day by day and often overeats.

Table 1: *Depression and Bipolar Mood Disorder (n=108)*

Traits	$\bar{x}$	SD	DE
I. Persistently have an empty mood	5.02	0.60	A
2. I frequently feel hopeless	3.49	0.80	SLD
3. No longer have interests with my hobbies	4.00	0.85	SLA
4. My slow down keeps increasing	4.51	0.67	A
5. My concentration level becomes low day by day	4.85	0.77	A
6. I overeat always	3.81	0.99	SLA
7. Am gaining weight	3.67	0.58	SLA
8. I over sleep	5.23	0.87	A
9. I easily get irritated	4.65	0.68	A
10.I am overconfident	3.49	0.49	SLD
Total	**4.27**	**0.73**	**SLA**

Legend: Scale limit	Descriptive Equivalent	(DE)
5.5 – 6.4	Strongly Agree	(SA)
4.5 – 5.4	Agree	(A)
3.5 – 4.4	Slightly Agree	(SLA)
2.5 – 3.4	Slightly Disagree	(SLD)
1.5 – 2.4	Disagree	(D)
0.5 – 1.4	Strongly Disagree	(SD

The results concur with the qualitative findings in substantiating the existence of hidden impairments such as bipolar mood disorder among students in higher education. During the one- on- one interviews, one student confessed of living with bipolar mood disorder, the participant said;

> *"I am famously known as a shy and down to earth person. The moment my mother passed away, I got so stressed such that my character drastically changed. Sometimes I had to absent myself from school due to oversleeping. I began talking a lot, frequently shouting at people who provoke me. At times I felt extremely excited and over confident*

and at times I felt depressed. My family members noticed some strange actions. One pointed out I had bipolar mood disorder like my biological mother. Is it hereditable? I asked myself in disbelief. My family members sent me to a certain clinical psychologists. Bipolar mood disorder was diagnosed. I was then prescribed medication which helped me a lot. Since then I knew that I am a bipolar mood disordered person like my biological mother" (Student 1 narrated).

The results provide evidence that bipolar mood disorder exists among university students. One respondent voiced out that, *"At times I felt extremely excited and over confident and at times I felt depressed"* (Student 10 explained). The statement intertwine with Cagliostro's (2019) findings that a mood of a person with bipolar mood disorder alternate between the "poles'' of mania (high, elevated mood) and depression (low, depressed mood). In addition, Wise et al. (2017) states that other potential symptoms of bipolar mood disorder may include excessive worry, feeling trapped, lack of concentration and over-eating, like student 1 noted *"I began talking a lot, frequently shouting at people who trespass against me without stopping*". The findings also coincide with Grande, Berk, Birmaher and Vieta's (2016) observation that students with bipolar mood disorder have severe mood swings, an exaggerated sense of wellbeing and self-confidence (euphoria),unusual talkativeness, distractibility and poor decision making and sleeping too much.

On the other hand, Rian and Hammer (2013) point out that factors which may increase the risk of bipolar mood disorder include: periods of high stress, such as the death of a loved one or other traumatic event and school pressure. The findings suggest that cognition in students with bipolar mood disorder is adversely impacted when one is acutely depressed. This means that the student's alacrity and sharpness of their cognition feels like it's been dialled down a few notches. Recall of written or spoken words can also become compromised (Rian & Hammer, 2013).

Consider a student who is trying to complete a reading assignment the night before class. He/she reaches the end of the chapter and realises he/she is unable to recall most of what he has just read. The same can apply to the retention of material that was conveyed during a class lecture. The student truly attempts to track what is being said, but the material conveyed in the lecture does not stick. Student 1 mentioned that, *"one pointed out I had bipolar mood disorder like my biological mother. Is it hereditable? I asked myself in disbelief".* The response suggests that depression and bipolar mood disorder can be inherited and is common among people living with bipolar disorder. Student 8 expressed a shared view that parents must be vigilant in their efforts to monitor and discern emerging signs of mental illness in their children.

Further, Student 6 insinuated that she may have developed the disorder from depression emanating from rejection by biological parents, *"I was rejected by my parents yet both of them are alive. A lot of personal questions crossed my mind and nobody would answer my questions. I was bitter since my primary level. I developed stress which later manifested as depression at high school till today".* This coincides with McIntyre and O'Donovan (2004) who maintain that depression is a common and medical illness that negatively affects how one feels, the way one thinks, and the way one acts. For instance, student 4 noted that "*I hated school. Suicide thoughts crossed my mind daily. I became less interested in playing net ball, reading books and writing poems".* Similarly, Grande, Berk, Birmaher and Vieta (2016) posit that depression may lead to anger outbursts, irritability or frustration, trouble thinking, lack of concentration, sometimes refusing to go to school; especially teenagers and also poor performance. Teenagers with depression often find themselves struggling in school since the symptoms of depression can directly interfere with learning and work completion (Wise et al., 2017).

Challenges Faced by Bipolar Mood Disorder Students

The findings of this study revealed that students with bipolar mood disorder are faced with self-esteem problems. It was discovered that both low mood and low self-esteem would prompt rumination at a subsequent time , whilst positive mood and high self-esteem might trigger risky behaviours. Student 9 confessed of having depression and bipolar mood disorder in that she normally feels big as if she owns the world and that presents itself as a sign of the impairment. *"I became over-confident, and I behaved as if I own the whole world such that people may easily notice the change [in attitude]. In class I became too interruptive. My close friends tried to call me into order but sometimes I became stubborn and got irritated"*

This result suggests that bipolar mood disorder can increase high failure rate as it affects students' thinking and memory loss, making it harder to study consistently, think, reason and to remember learnt concepts. This may occur as students go through different phases which include; changes in attention span and focus, difficulty remembering things, anxiety, etc. Grande et.al. (2016) indicate that, compared to non- impaired students, hidden impairements among university students result to lower self-esteem, higher rates of failure, and lower college graduation rates. This matched with the depressed student's declaration that, "*at the university, my colleagues used to laugh at me whenever I said something such that I became scared to do anything in front of my colleagues". Other students also registered that their greatest fear was that other learners laugh at them and that negatively affect their confidence* (Student 3 lamented).

Secondly, students with bipolar mood disorder perceived that they are unfairly treated during the teaching and learning process. Cagliostro (2019) discussed fairness as the quality of treating people equally or in a way that is right or reasonable. He further states that it is an issue of concern that education provided to students must be fair. This is not just something educators must work with but it should be something they feel very passionate about. Cagliostro (2019) mentioned that fairness is a character trait that all students need to learn. Students with depression and bipolar mood disorder expressed that they felt unfairly treated in mostly practical lessons, *"My condition is always triggered when am doing practicals in the Biology laboratory. It becomes worse in the textile apparel design and management laboratory whereby I have to cut different fabrics and paint them"* (Student 4 expressed). Fairness can mean many things, including taking turns, sharing with others, playing by the rules, listening to others without judging them, and being open-minded to the different perspectives of others.

Student 3 pointed out that, *"In my second year, I became sick. It was hard to concentrate in class such that I failed three courses".* This suggests that the students expected attention and fair treatment when they are on skill-oriented activities. This is an eye opener for educators to review their daily teaching instructions. Gills (2004) researched and constructed a handbook for students with hidden impairments. The hand book concludes that many hidden impaired students may sometimes be wrongly diagnosed about their academic levels; thus, educators must treat non- impaired students and hidden impaired students fairly.

According to Gills (2004), bipolar students may require extensions on assignments or even leave-of-absence for medical treatment. It is difficult for students with hidden impairments to cope with their medical conditions and their college experience. However, when the students were asked if their educators are aware of their impairments, the students admitted that the educators had not been informed. Yet, they expected the educators to understand their condition. This suggests that educators need to be capacitated to identify students with such impairments. They should also be competent in discussing sensitive physical and mental ailments; thus, creating a positive environment that allows students to disclose

their hidden impairments. Interestingly, these students mentioned that their former primary and secondary school teachers identified their challenges. This suggests that primary and secondary school educators are more vigilant to student needs. If proper training can be done on inclusion and awareness of the existence of hidden impairments, learners with different impairments may be accommodated. This finding concurred with an observation from other studies (Frieden, 2004; Stodden et al, 2001) that notwithstanding accessibility of university on-campus impairment support services, students with hidden impairments experience mediocre consequences when compared to those without hidden impairments.

Students with depression and bipolar mood disorder also narrated challenges related to disclosure. The students admitted to have received impairment related accommodations in high school but often face a difficult transition from high school to college. A depressed Student 5 noted that she doesn't have anybody that she can socialise with, *"I had no friend at university, nobody knew I had depression"* and yet Student 3 noted that she tries to observe silence as others would laugh at her. *"I preferred to keep quiet in most cases because my peers always laugh at me since my voice is always high when talking"*.

The students' responses indicate that students with hidden impairments have challenges when it comes to disclosing their hidden impairments. Seemingly, most of the students seemed not to disclose their hidden impairments to friends and academia. On the other hand, student 8 who had a bipolar mood disorder noted that, *"In class I became too interruptive. My close friends tried to call me into order but sometimes I became stubborn and got irritated to take instruction".* This means that the student must self-advocate though it may be extremely difficult and intimidating at times. Negash (2017) states that once in college, students often choose not to disclose or ask for accommodations, hoping to make it on their own. This is a cause for concern for academia in order to be enlightened about the wellbeing of each student. Students often fear that if they disclose their disability they will not be seen as capable learners. Frequently, students wait until they find themselves in academic trouble before they disclose hidden impairments (Cagliostro, 2019).

Comparison of Students' Responses with Regard to their Demographic Characteristics

A t-test was run to compare the responses of male and female students concerning accommodation, social interaction, disclosure, and self- esteem challenges faced. Results presented in Table 2 indicate that there is a significant difference with which male and female students are faced with accommodation problem $T_{1,51} = 4.56$, $p < 0.05$. This means that female students are more academically accommodated ($\bar{x} = 3.47$) than male students ($\bar{x} = 2.80$). Moreover, there is a significant difference with which male and female students are faced with the self-esteem problem $T_{1,51} = 3.40$, $p < 0.05$. This means that female students face more esteem challenges ($\bar{x} = 4.00$) than male students ($\bar{x} = 3.40$).

Furthermore, the results indicate that there is no significant difference with which male and female students are faced with social interaction $T_{1,51} = 0.03$, $p > 0.05$ and disclosure $T_{1,51} = 1.06$, $p > 0.05$. This means that male and female students are faced with disclosure and social interaction in the same way. This result is consistent with Mahaffy (2008) who observed that female students tend to have low-self-esteem if they have some kind of impairment. Similarly, Booth and Gerard (2011) studied the self-esteem of girls and boys and discovered that girls are very observant of their appearance thus leading to low self-esteem. This self-judgement therefore makes them hate their body images (Khraybani, 2008). These female students, therefore, according to Joshi and Srivastava (2009) are more likely to be affected academically.

Table 2: *Comparison of Accommodation, Adaptation, Disclosure and Self-esteem Challenges According to Gender of Students (n = 52)*

Variables		n	$\bar{x}$	t	p
Accommodation	Female	40	3.47	4.56	0.021*
	Male	12	2.80		
Social Interaction	Female	40	3.91	0.03	0.67
	Male	12	3.71		
Disclosure	Female	40	3.41	1.06	0.12
	Male	12	3.50		
Self-Esteem	Female	40	4.00	3.402	0.038*
		12	3.40		

*Significant at 0.05 level of significance

** Significant at 0.01 level of significance

CONCLUSION AND RECOMMENDATIONS

Regarding the findings, the research results show that from pre-school to institutions of higher learning, students are totally not aware about hidden impairments, let alone its effects of on students. This indicates that teacher training institutions do not effectively train teachers about the existence of hidden impairments. The objectives of this study was to explore the prevalence of bipolar mood disorder at UNESWA and challenges faced by the students during their learning. About 48% of the studied population were found to be living with depression, and presented symptoms of bipolar mood disorder. Generally, these students fight in their space seeking dignity and equality, just like all other human beings. Not only that, but they are seeking to be believed about their condition. Wanting to be understood is a problem not only with bipolar but the whole population of students living with hidden impairments. This is a problem that can sneak even into the friends and family circles. This feeling of not being believed adds to the stress, anxiety and turmoil to a student with hidden impairment.

The findings show that even educators are not aware of hidden impairments. As a result, curriculum is not inclusive or designed with the consideration of learners with hidden impairment disabilities. Consequently, students with bipolar related symptoms lack academic accommodation due to instructional materials that are not based on an inclusive curriculum, a curriculum that allows for diversity of content, material, ideas and methods of assessment. This curriculum according to Cronin (2004), involves purposefully integrating perspectives that expand and enhance the canon, both within individual papers and across the whole course. It further recognises that students come from a range of different backgrounds and differ by age, gender, class, ethnicity, sexual orientation, disability and faith who bring with them a diverse set of learning styles, educational experience and cultural capital, as well as differing levels of confidence and self-esteem. Though some of the respondents pointed out that they adapt to the curriculum findings indicated that their curricular needs are not met. Their situation also lead to lowered self-esteem that put more pressure on the student who already have mood swings which are caused by stressing situations at home and further triggered by pressure from school work. As bipolar mood disorder students face challenges of accommodation, low self-esteem, poor social interaction and non-disclosure; female students are more academically accommodated yet they are severely faced with self-esteem problems.

It can therefore be recommended that the Eswatini Higher Education Council needs to verify that curriculum for teacher training institutions effectively train teachers to identify students with bipolar mood disorder and further accommodate them in their classrooms. Lecturers should be trained on how to teach and support students with hidden impairments as this would enhance the quality of teaching and learning for students with disabilities. This suggests that a more integrated approach to teaching and learning methodologies and approaches are necessary in post-secondary education. Greater awareness on impairments should be on the capacity of teaching staff to address disability at all levels of post-school institutions. Also, the programme of inclusive education needs to take into consideration the needs of students with hidden impairments, particularly females. It is also recommended that impairments and diversity awareness should be included in the university calendar, in order to create a more inclusive environment.

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