

In-Depth Assessment of Individuals with Bipolar Affective Disorder

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Abstract: Bipolar Affective Disorder is a type of severe mental illness characterized by extreme mood fluctuations, ranging from deep depressive phases to highly manic episodes. This study aims to gain a deeper understanding of the characteristics of Bipolar Affective Disorder through a case study of a patient treated at a psychiatric clinic in Surabaya. The research employs observational methods, interviews, and a literature review to collect relevant data with a case study approach. The assessment results indicate that the patient experiences significant mood changes, from profound sadness to extreme euphoria, influenced by traumatic childhood experiences. Through analysis using Erikson's Psychosocial Development Theory, the study finds that unresolved psychosocial conflicts from the past can exacerbate the patient's condition. These findings highlight the importance of in-depth assessments to understand the severity and type of disorder in patients with Bipolar Affective Disorder, as well as the appropriate interventions needed to improve their quality of life.

Keywords: Bipolar Affective Disorder, Psychosocial Development

1 INTRODUCTION

Mental health issues become a widely discussed topic and have rapidly spread throughout society in the modern era. This has led to increased awareness of mental health among individuals across various forms and social strata. With this rise in awareness, various personality disorders affecting an individual's mental health are being recognized by society, primarily through different media, including the internet. Among these personality disorders is Bipolar Affective Disorder.

Bipolar Affective Disorder is a type or form of emotional mental disorder characterized by extreme mood swings (Pratiwi & Herdaetha, 2022). These extreme mood fluctuations can be explained through the different levels of mood experienced by individuals with Bipolar Affective Disorder. As outlined in PPDGJ-III, mood changes in individuals with Bipolar Affective Disorder range from the lowest point, known as depression, to the highest point, known as mania. A manic episode may be marked by euphoria, increased energy levels, and other symptoms. In contrast, during a depressive episode, individuals with Bipolar Affective Disorder tend to feel sadness, emptiness, irritability, and a loss of interest in certain activities. According to PPDGJ-III, both manic and depressive episodes can be triggered by negative experiences or events that individuals with Bipolar Affective Disorder have endured. These events or experiences can be classified as mental trauma or situations causing excessive stress.

Bipolar Affective Disorder is also classified as a serious personality or mental disorder. By definition, this disorder is characterized by significant fluctuations in a person's mood, which tend to be reflected in the activities undertaken by individuals with Bipolar Affective Disorder. This is because during extreme emotional upheaval, the energy or vitality of the individual with Bipolar Affective Disorder also tends to increase (Wardani & Tiastiningsih, 2023). PPDGJ-III also states that Bipolar Affective Disorder affects both the patient's affect and activities.

According to DSM-5-TR, Bipolar Affective Disorder can also be observed in certain episodes within the spectrum of schizophrenia, depressive personality disorder, and other psychotic personality disorders. The DSM-5-TR provides several examples of behaviors that can be considered manic episodes in individuals with Bipolar Affective Disorder, such as a sudden and rapid increase in self-confidence. This heightened confidence may emerge during manic episodes regardless of the situation or context, even when the individual lacks specific skills, indicating a manic episode in individuals with Bipolar Affective Disorder.

Based on the explanations above, it can be concluded that Bipolar Affective Disorder is a personality disorder that causes significant suffering for those affected and poses a danger to others. Therefore, in addressing Bipolar Affective Disorder in an individual, a comprehensive assessment is necessary to obtain a thorough understanding of the severity and type of disorder to be treated, thereby providing the affected individual with a better and more peaceful life.

2 MATERIALS AND METHODS

In this study, participants with a diagnosis of bipolar affective disorder are interviewed and observed. Since observation and interview methods are based on the official statements of individuals with bipolar affective disorder and are conducted in their everyday lives, the goal of using these methods is to obtain more accurate data. The literature used as references in this study includes articles, journals, and books. These articles, journals, and books were accessed online from official journal websites and selected to align with the study's theme. The literature reviewed is limited to the last ten years to maintain the relevance of the theories discussed. The findings from these various literature sources will be used to draw conclusions and provide guidelines for the previous methods.

3 RESULTS

A clinical assessment was conducted on an individual with Bipolar Affective Disorder, referred to as patient NIR, who is a patient at the Psychiatry Clinic of a hospital in Surabaya. Patient NIR is a 22-year-old female student at a public university in Surabaya, and she is the third child in a family of three siblings. She has step-siblings because her mother remarried after her biological father passed away. The data and assessments gathered for patient NIR were obtained during the author's internship program, and the use of this data and the results of the assessment were authorized by patient NIR. The assessment included four direct interviews with patient NIR and five observations of her behavior. The four interviews provided insights into the origin of patient NIR's issues, her family situation, her condition's development, and other relevant information disclosed by the patient. Patient NIR reported experiencing frequent mood changes at certain times. She stated that she could feel very sad and at her lowest point at times, but soon after, those feelings would completely disappear and be replaced by an intense sense of happiness and cheerfulness.

Patient NIR began noticing symptoms of her complaints while she was in high school. She believes these symptoms emerged due to a traumatic childhood and an unstable family environment. She recounted that during her elementary school years, she witnessed domestic violence (DV) by her late father. Patient NIR also often became the target of her father's emotional outbursts, being blamed for incidents or issues unrelated to her. She acknowledged that the symptoms might have appeared in her childhood, but she only became aware of the personality disorder or her complaints during her high school years. Nevertheless, she later admitted that it is possible that the symptoms were present as early as elementary school, even if she was not fully aware of them then.

Initially, patient NIR conducted a self-diagnosis of her condition, but it was not until after she graduated from high school that she sought professional help. In 2023, patient NIR consulted a psychologist. However, after the counseling sessions, she felt the treatment was ineffective, prompting her to seek help from a psychiatrist. Patient NIR described significant improvement after her second visit to the psychiatric clinic. She noted that her mood had stabilized consistently since starting medication prescribed at the psychiatric clinic, where she was diagnosed with F31.4, Bipolar Affective Disorder, Currently Severe Depressive Episode without Psychotic Symptoms.

Patient NIR also discussed her manic episodes. Due to her research on her condition, she could easily identify behaviors associated with these manic episodes. She listed behaviors she considered manic, such as laughing spontaneously, wanting to sing, and engaging in reckless driving on a motorcycle. Patient NIR felt these behaviors were not overly destructive to herself or those around her. The five observations of patient NIR revealed that she could function normally in society. Her communication style and interactions with others showed no apparent barriers, except during the first meeting with the researcher, when she appeared withdrawn and spoke softly. It is assumed that the stability she experiences during activities results from the medication prescribed by the psychiatrist to stabilize her mood.

Interviews were also conducted with patient NIR's mother, Ms. M, and the medical professional treating her symptoms. These interviews were carried out to enhance the accuracy of the data collected and to verify the truth of what patient NIR shared during her interviews with the researcher.

4 DISCUSSIONS

Based on the results of observations and interviews conducted with patient NIR, the researcher will use a theoretical framework to analyze the Bipolar Affective Disorder experienced by patient NIR. The theory applied in this study is Erik Erikson's Psychosocial Development Theory. Erikson's theory outlines several developmental stages, each characterized by distinct psychosocial conflicts, including Trust vs. Mistrust, Autonomy vs. Shame, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Ego Integrity vs. Despair (Feist, et al., 2014). However, in this study, the analysis will focus only up to the stage of Intimacy vs. Isolation, given that patient NIR is 22 years old.

In the Trust vs. Mistrust stage (ages 0-1 year), patient NIR naturally has no recollection of events that occurred during infancy, and thus, there is no evidence of the development of mistrust. However, the development of trust was likely facilitated by the mother's frequent provision of positive stimuli to patient NIR, serving as a catalyst for healthy development.

During the Early Childhood stage (ages 2-3 years), characterized by the conflict of Autonomy vs. Shame, no specific data were found regarding the personality development of patient NIR at this stage. However, it can be assumed that patient NIR experienced both aspects of this conflict. It is known that patient NIR's mother was strict and disciplined in raising her children. This strictness often made patient NIR feel offended. From these events, it can be inferred that at certain points, patient NIR attempted to express herself autonomously, but this was often dismissed by her mother, leading to feelings of shame.

In the Initiative vs. Guilt stage (ages 3-5 years), patient NIR reported having no recollection of any specific goals that were hindered or obstructed by family environment or cultural factors. During this period, she stated that she lived like any other child, without thinking of anything beyond having fun.

Entering the fourth stage of Erikson's theory, Industry vs. Inferiority (ages 6-12 years), patient NIR's personality development leaned more towards Inferiority than Industry. Many adverse events occurred during patient NIR's school years. She acknowledged witnessing domestic violence perpetrated by her late father against her mother and that she was also a victim of this violence on several occasions. During this period, patient NIR's family also faced other issues, leading to her parents' divorce when she was 10 years old. Given these experiences, patient NIR failed to achieve the tasks expected of her at this stage, resulting in her personality development leaning more towards inferiority.

Patient NIR's search for self-identity began during adolescence (ages 12-19 years), a stage closely associated with the psychosocial conflict of Identity vs. Role Confusion. Adolescents typically strive to establish the truth about their personal identity. At this stage, patient NIR began to recognize the symptoms of the issues she was experiencing. This awareness developed over time until she eventually reached a peak in her identity search. During this stage, patient NIR's identity remained uncertain and undefined, leading to Role Confusion, where she felt unclear about what was happening to her.

After moving beyond adolescence, patient NIR ultimately reached a clearer sense of identity, aided by professional assistance from psychologists and psychiatrists who addressed the symptoms of her condition. However, despite achieving this identity, patient NIR experienced increased isolation from those around her. She expressed that, despite having many people who care about her, she often feels lonely and alone. It can be concluded that patient NIR withdraws from potential intimacy with others, which intensifies her sense of isolation.

5 CONCLUSIONS

The conclusion drawn from the psychological evaluation and assessment of patient NIR is that numerous significant events have occurred throughout the various stages of her personality development. Various traumatic experiences have acted as triggers for the emergence of her complaints, specifically Bipolar Affective Disorder. Regarding the management of her condition, patient NIR demonstrates a high level of self-awareness about her state, which led her to seek professional help in the hope of improving her condition.

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