Case Study of Psychological Dynamics of Bipolar Affective Disorder Patients at Menur Hospital

Altu Nurta Rifdah[1] and Nanda Audia Vrisaba[2]
[1]*Department of Psychology, Universitas Negeri Surabaya, Surabaya, Indonesia*
[2]*Department of Psychology, Universitas Negeri Surabaya, Surabaya, Indonesia*
altu.22147@mhs.unesa.ac.id; nandavrisaba@unesa.ac.id

Abstract: This clinical case study investigates the psychological profile of a 20-year-old female patient diagnosed with Bipolar Affective Disorder at Menur Mental Hospital, Surabaya, Indonesia. The objective of this study is to examine the patient's emotional and behavioral patterns and explore contributing psychosocial factors. Data were collected through interviews, structured observations, and document analysis over a seven-day clinical internship. The patient experienced severe depressive episodes with psychotic features, emotional dysregulation, auditory hallucinations, suicidal ideation, and aggressive behavior. These symptoms were associated with unresolved trauma, familial instability, and lack of secure attachment figures. Analysis was conducted using Adler's Individual Psychology framework, emphasizing inferiority feelings, maladaptive coping, and lack of social interest. The findings suggest that early trauma and inadequate support significantly impact the development and prognosis of bipolar disorder. This study highlights the importance of trauma-informed psychological interventions and contributes to the clinical understanding of mood disorders in young adults.

Keywords: Bipolar Affective Disorder, Case Study, Individual Psychology

1 INTRODUCTION

Mental health disorders remain a significant issue for all countries worldwide, including Indonesia. The Ministry of Health reports that one in five people experience mental health problems during their lifetime. Bipolar disorder is a serious mental disorder with a relatively high prevalence of 1%-2% and the sixth leading cause of disability worldwide. According to the World Health Organization (WHO, 2017), approximately 60 million people worldwide are diagnosed with bipolar affective disorder, making it one of the most common and disabling mental illnesses. The high prevalence of bipolar disorder indicates that this condition cannot be ignored.

While awareness of mental disorders and mental health is growing in society, some still consider mental disorders a disgrace, a lack of faith, and are associated with mysticism. Bipolar disorder is characterized by fluctuating mood swings over a period of time that interfere with a person's ability to function effectively in life. Sufferers experience periods of conflicting moods, ranging from depression to euphoria and feelings of unreality during mania (Sauran & Salewa, 2022). Individuals with bipolar disorder often experience extreme shifts in mood, energy, and activity levels, which can interfere with their ability to socialize and perform daily activities. During manic episodes, individuals may exhibit euphoria, grandiosity, or increased impulsivity, while depressive episodes are often characterized by persistent sadness, hopelessness, or suicidal ideation.

Many factors contribute to bipolar disorder. Research indicates that biological factors, including genetics, biochemical, neuroendocrinological, and neurophysiological factors, have been shown to influence a person's predisposition to depression and bipolar disorder (Hooley et al., 2018). However, psychosocial stressors and interpersonal events appear to trigger specific physiological and chemical changes in the brain Akiskal in (Videbeck, 2011). Psychological factors that trigger bipolar disorder, according to Beck et al. (Hooley et al., 2018), include a stressful life, the loss of a loved one, a tendency to hold a dependent life style, and negative cognitive patterns.

A study conducted by Wuryaningsih et al., 2023, used a case study method on bipolar patients in Probolinggo. Using the Stuart Stress Nursing Model approach, the study identified factors influencing the patients. The results showed that the subjects' risk factors for developing the disease were biological factors from first-degree relatives, authoritarian parenting, low self-esteem, negative cognitive abilities, and traumatic life events. This study suggests that the cause of bipolar disorder is a combination of biological and psychological factors. The limitation of this study lies in the chosen approach, which prevented the subjects' psychological dynamics from being fully elucidated due to theoretical limitations. Based on this explanation, the researchers were then interested in exploring the causes and deepening the personality dynamics of patients with bipolar disorder at Menur Hospital. The researchers also hope that

the results of this study can be used as a reference for further research and update research on the psychological dynamics of patients with bipolar disorder.

2 MATERIALS AND METHODS

This study employed a qualitative case study approach, conducted during a seven-day clinical internship at Menur Hospital, Surabaya, Indonesia. This study employed a qualitative case study method. A case study is an in-depth study of an individual, group, organization, program, and so on over a period of time with the aim of obtaining a comprehensive and in-depth description of an entity, generating data that is then analyzed to develop a theory (Abdussamad, 2021). Data collection techniques used in this study included semi-structured clinical interviews and observation. To support the clinical analysis, this study utilized Adler's Individual Psychology as the primary theoretical framework. This theory was chosen because of its focus on feelings of inferiority, the desire for superiority, and the impact of the early social environment on personality development. According to Adler, unresolved childhood trauma and a lack of social interest can lead to maladaptive lifestyles and psychological dysfunction (Alwisol, 2019). The use of this theory allows for a more in-depth exploration of patients' coping mechanisms and psychological conflicts in response to their life histories. This study is exempt from ethical clearance because it does not impact the respondents. The respondents were patients at Menur Mental Hospital diagnosed with bipolar disorder. The respondent was 20 years old and female. Researchers collected data over a 7-day period at the Flamboyan Ward. The researchers conducted the assessment using autoanamnesis and alloanamnesis.

Table 1. Participant Identity

Name	: Melati (pseudonym)
Gender	: Perempuan
Place, Date of Birth	: Nganjuk, 15 March 2004
Adress	: Nganjuk
Ethnicity	: Javanese
Agama	: Islam
Birth Order	: 1 of 3 siblings

3 RESULTS

Based on observations and interviews, subject M exhibited pathological symptoms. The subject met several criteria for Bipolar Disorder Type II as listed in the DSM V (American Psychiatric Association, 2013) with a tendency toward hypomania. The following are the results of the assessment conducted by the researcher.

Observation Results

Based on the researcher's observations, upon initial admission to the ward, the subject did not interact much with other patients. When approached, the patient exhibited anxious gestures, wringing his hands and a low voice. His facial expression was flat and his gaze was forward but blank. The subject was a quiet child who often daydreamed. His facial expression appeared sad and he rarely smiled. Initially withdrawn, after several days of meeting, the subject showed openness to the researcher. He answered questions, although sometimes hesitantly and appeared to be contemplating. The patient appeared awkward and lacked confidence. When asked about a topic, he diverted the conversation, appearing to be covering something up or losing focus. The subject reported feeling his hands tremble when talking. He appeared anxious and was unable to maintain prolonged eye contact with the researcher. Observations showed the subject frequently wringing his hands while speaking. He paced back and forth from the dining room to his room several times, appearing dazed. He frequently touched his left chest, feeling nervous and anxious when asked by the researcher. When asked about his family, the patient responded hesitantly and with disinterest. However, when asked about his romantic life, the patient was very enthusiastic, expressively talking about his ex-virtual girlfriend. He smiled shyly and his voice was louder than usual. The following day, the subject displayed a blank expression, but was ready to return to the ward.

Interview Results

1. *Auto-Anamnesis Results*

The researcher found that the subject's parents had divorced when he was 5 years old. His mother's unstable condition, which often caused her to cry due to her father's infidelity, affected his emotions. He felt sad and insecure in his

surroundings. He also developed feelings of dislike for his father, who had hurt him. After the divorce, his mother worked as a singer in cafes and karaoke rooms. The patient revealed that while his mother worked, he lived with his younger sibling and grandmother at home. His mother had had multiple boyfriends. The subject said he was saddened by his mother's behavior but hesitated to tell her at the time. Furthermore, the subject's family's unstable economic situation, due to his mother's debts to loan sharks, led him to develop feelings of anxiety and insecurity due to fear of loan sharks approaching him at any time. He grew up without a father figure until he was 13 years old, when his mother decided to remarry his stepfather. After his mother remarried, he lived with his mother, stepfather, and his younger siblings. His stepfather was often angry with him, his mother, and everyone else in the house. The subject stated that she couldn't get close to her stepfather, nor could she get close to her two younger brothers.

While in junior high school, the subject experienced a virtual relationship with a man she met on a dating app. She changed partners three times. When they broke up, she felt sad and very lonely. She also experienced sexual harassment from her juniors. She was teased as she walked in front of the class. They whistled and called her "Sun, sun." She said they also intentionally touched her hands and buttocks. She remained silent when her classmates teased her, but she was actually upset. M was also easily offended by her classmates' comments. Subject M vented her frustration by punching the walls of her room. She recounted being bullied by her classmates during high school. She felt inadequate in school and often asked her classmates for help. She said she was scolded by her classmates for cheating too often on assignments. She felt depressed, often daydreamed at school, and even contemplated suicide. After the incident, the subject decided to change schools. At the new school, the subject also felt unable to keep up with the lessons. This was because there was an Arabic language class he hadn't previously taken. The subject stated that he was naughty and didn't do his homework. He was scolded by his friends for not doing class duty, and since then, he felt like his friends were talking about him. He felt like the whole school was talking and mocking him.

After the incident, the subject decided to drop out of school. At the age of 18, the subject attempted suicide by cutting his hands and squeezing the screen of his cell phone. He did this because he felt hopeless and felt that nothing in his life had changed. The subject didn't go to school for a year, spending most of his time at home eating, sleeping, and playing with his cell phone. The subject stated that he was brought here because he was angry with his noisy neighbor, who threw stones at their house. The subject had difficulty sleeping for three consecutive days. About two and a half weeks before being admitted to the hospital, M frequently heard the sound of a man hitting him. M continued to hear the sound but couldn't see the person's face. M said the sound occurred every day before and after waking up and when he felt lonely. M was frightened by the voice and wanted to ask his parents for help. M asked his stepfather to help him escape the voice, but his father just laughed at him. Frustrated, M doused his stepfather with water taken from the refrigerator.

2. Alloanamnesis Results

- Subject's Mother (March 6, 2025)

The patient had been angry for the past three days before being admitted to Menur Hospital. Previously, the patient had also disturbed the community by throwing stones at the neighbor's roof tiles out of spite. The patient had attempted suicide with a knife due to feelings of despair, a heavy headache, and a feeling that life was going nowhere. In 2021, the patient had no friends at all during her second year of high school, then transferred schools and dropped out. The patient preferred to be alone in her room, as everyone else seemed indifferent. The subject frequently heard a woman's voice whispering, telling her to run, and had seen ghosts and ghosts for the past three days. The subject had been unable to sleep for the past three nights. The patient was on Facebook and was then told to send nude photos to a Facebook friend. The friend's motive was that she wanted to marry the person who sent the photos.

- Young Doctor (March 10, 2025)

An interview with a young doctor revealed that the reason the subject dropped out of school was because she couldn't keep up with Arabic language lessons at Muhammadiyah High School. The patient explained that she had been stubborn and had not been on cleaning duty, and was subsequently teased by all her classmates. She felt like she was being teased by all her classmates, and that her classmates' gazes were cynical and intimidating. However, this was only her perception, as no one else in the class had ever verbally teased her.

- Internship Nurse (March 6, 2025)

An interview with the intern nurse on duty revealed the reason for her suicide attempt. The patient told the nurse that she had attempted suicide because she was afraid of not being a virgin. The patient admitted to the intern that she was hypersex.

Psychological Dynamics of the Subject

The subject exhibited symptoms of hypomanic, manic, and mixed episodes in the past. The subject complained of being unable to sleep for three days, stating that she was preoccupied with thoughts. She exhibited impulsive behavior, throwing rocks at her neighbor's house and dousing her stepfather with water. The patient was easily distracted and easily distracted when interacting with others. The subject's angry and uncontrolled emotional state during the hypomanic phase stems from not being taught how to express and communicate their feelings since childhood. He was accustomed to remaining silent when upset and angry, resulting in a long-held psychological burden. He lost control because he had been suppressing his feelings of annoyance and anger for so long. Perhaps his annoying neighbor was the trigger for his anger. However, there were many other issues behind his anger that made him angry, but he was only just now able to express it.

The subject experienced depressive affect, loss of interest, and fatigue. He tired easily during simple activities like exercise, often daydreamed, and had a sad expression. He engaged in enjoyable activities in the ward. He preferred to sit alone and daydream. This was because his mother's unstable condition affected his mental state when he was a child. He also reported feeling easily sad and experiencing chest tightness. He recorded what he saw and learned to apply it to himself. He observed his mother's frequent sadness and crying. His cognitive abilities began to work and he began to interpret what he saw and felt. A mother who frequently expressed sadness in front of her child would lead the child to believe she was not in a safe environment, that someone she cared about would hurt her, and he would become consumed with feelings of excessive sadness.

He experienced auditory hallucinations in the form of a man's voice trying to hit him. He stated that he could clearly hear the voice but could not see the person's face. Two weeks before being admitted to the hospital, the subject reported hearing a man's voice trying to hit her and once saying, "I don't love you." The voice often occurred before and after waking up, as well as when she felt lonely. She felt deeply afraid of the man's voice. She grew up surrounded by anxiety, fear, and a reluctance to build good relationships with friends or those around her because those closest to her had disappointed her. She exhibited excessive anxiety influenced by subjective assessments of past experiences, possibly stemming from her biological father's treatment of her, her angry stepfather's behavior, and the attempts of another man to sexually abuse her. This led to her fear of men.

The subject also exhibited symptoms such as decreased concentration, reduced self-confidence, pessimism about life, and the emergence of self-harming thoughts. When conversing with the researcher, the subject seemed unfocused, looking left and right. She responded in a low voice and hesitated. The patient also appeared awkward and insecure. The patient had attempted suicide when he was 18 years old because he felt his life was always the same. The subject's excessive feelings of inferiority were due to a traumatic experience and a weak self-concept. In Adler's theory, throughout life, humans will continue to experience feelings of inferiority and give rise to efforts to become superior. In this case, subject M was unsuccessful in achieving superiority and was trapped in an inferiority complex and a superiority complex. The subject said he felt insecure with everyone, he felt he was not beautiful and had attempted suicide. The subject said he had no friends at school because he felt his friends were sometimes annoying so it was better to just know each other. The subject's behavior of viewing himself as weak and unskilled in facing tasks that had to be completed and attracting the attention of friends because they wanted to help him is a form of inferiority complex.

4 DISCUSSIONS

Based on the research results, researchers explored the causes and psychological dynamics of patients suffering from bipolar disorder at Menur Hospital. The results showed that the triggering factors for bipolar disorder in the subjects were multifactorial. The first factor was biological, this assumption arose because the subjects said that their mothers also experienced something similar to them when they were children. Consistent results were found in a study at Stanford University in (Jaya et al., 2013) which explored the genetic relationship of bipolar disorder, finding that children with one biological parent with bipolar I or bipolar II disorder were more likely to develop bipolar disorder. Bipolar disorder is often inherited, with genetic factors contributing to approximately 80% of the cause of the condition. If one parent has bipolar disorder, there is a 10% chance that their child will develop the disease. If both parents have bipolar disorder, the chance of their child developing the disease increases to 40%. Children whose parents have bipolar disorder are at higher risk for behavioral, emotional, and adjustment problems (Calam R et al., 2012). However, in this case, the researchers were limited in their ability to directly investigate whether the subject's mother had the diagnosis, necessitating a further review of the subject's family history. (Xu et al., 2012) showed that patients with bipolar disorder have cognitive dysfunction in processing speed

and visual memory, which may be a genetic trait. The researchers' assessments revealed that the subject's cognitive abilities were normal, but he sometimes experienced slow responses.

The second factor was traumatic events. In this case, the subject experienced several traumatic events, including his parents' divorce and verbal and sexual abuse. He was bullied at school and struggled with learning. These issues may not be significant for a psychologically healthy person. However, each person has their own way of understanding and viewing events, which can lead to different responses. Feelings of being unaccepted by his environment were a significant issue for the subject, leading to feelings of inadequacy and despair about his life. A study conducted by (Etain et al., 2010), of 206 bipolar disorder patients and 94 control subjects showed that bipolar patients experienced significantly more complex trauma during childhood (63%) than the control group (33%). Among the childhood events that may impact the incidence of bipolar disorder are the loss of a parent at an early age or prolonged separation from a parent. This research aligns with the condition of the study subject who experienced a prolonged separation from his biological father. According to Adler's theory in (Alwisol, 2019), a father is the second most important person in a child's social environment. A father should be a role model for good behavior towards his wife, his work, and the community. The subject's father failed to fulfill this. As a result, the subject grew up surrounded by anxiety and was reluctant to build good relationships with friends or those around him because those closest to him had disappointed him. The subject had difficulty socializing with others due to a lack of self-confidence and the assumption that others would hurt him. The subject developed negative cognitive attitudes towards himself and others. According to Adler's theory in (Alwisol, 2019), the subject's behavior of considering himself weak and unskilled is a form of inferiority complex.

Research conducted by (Syafarilla, 2023) showed a relationship between family parenting styles and the risk of bipolar disorder in adolescents in Banda Aceh City. Based on this study, adolescents are at risk of bipolar disorder due to the authoritarian parenting style most commonly used by parents. Adolescents with authoritarian parenting styles tend to suppress problems and feel restricted. This research is relevant to the case of the subjects, who experienced neglect as children and tended to be parented in authoritarian ways as adolescents. However, what distinguishes these two studies from the research conducted by the researcher is the differences in the study population and the methods used. Therefore, further examination is needed to determine whether the definition of authoritarian parenting is relevant and comparable.

According to Baumrind (in Hafiz & Almaudud, 2015), authoritarian parenting is applied to early childhood but is no longer suitable for children entering adolescence because children already have more mature abilities compared to childhood. People with bipolar disorder whose symptoms begin to appear during adolescence are likely to have an unpleasant childhood history, such as experiencing a lot of anxiety or depression, which can trigger the risk of bipolar disorder (Comer, 2013). The subject lived in an incomplete family situation and his mother was busy working, and low economic conditions were also factors in an unhappy childhood. According to Adler's Theory in Alwisol (2019), birth order also plays a role in the formation of a person's personality. In this case, the subject is the eldest child, he has one full sibling and one half-sibling. His sibling is 8 years younger than him. The eldest child is described as having good responsibility, protecting others and being a good organizer. However, there is a negative side, the eldest child may often feel anxious, insecure, angry, pessimistic and uncooperative. The first child is described as having a heavy burden, such as having to succeed, be a good role model for their younger siblings, and help ease their parents' burden. This pressure on the subject causes him to develop several traits, such as anxiety and anger.

The third factor is psychosocial. The subject reported not having close friends at school or at home. He also feels isolated from his mother and younger siblings. He has no outlet to talk about and express his feelings. According to Alloy et al. (2005), another important aspect of an individual's current environment that influences the course of bipolar disorder is supportive or unsupportive interpersonal relationships. Social support from family and friends can protect against the detrimental effects of stress or directly improve the functioning of individuals with bipolar disorder, while high levels of criticism and excessive emotional involvement from family members can add stress and worsen the course of bipolar disorder. A lack of supportive social support from family and friends can potentially worsen bipolar disorder. The limitations of this study are the short duration and the lack of varied assessment methods. Therefore, further research is needed to understand the psychological dynamics of bipolar individuals.

5 CONCLUSIONS

This research is a qualitative case study exploring the psychological dynamics of a 20-year-old female patient with Type II Bipolar Disorder at Menur Mental Hospital, Surabaya. Using the theoretical framework of Adlerian Individual Psychology, this 7-day study revealed that the patient’s bipolar disorder was triggered by multifactorial factors including biological predisposition (family history), complex childhood trauma (parental divorce, verbal and sexual abuse, bullying), and psychosocial factors such as social isolation and lack of family support. The patient exhibited clinical manifestations of major depressive episodes with psychotic features, auditory hallucinations, suicidal ideation, and aggressive behavior, analyzed through the perspective of an inferiority complex and maladaptive coping mechanisms. These findings emphasize the importance of a trauma-informed approach in psychological interventions for mood disorders in young adults.

This study has several significant limitations that affect the validity and generalizability of the findings. First, the theoretical approach limited to Adlerian Individual Psychology prevented a full elucidation of the subject's psychological dynamics, thus limiting a comprehensive understanding of the patient's condition. Second, the short duration of the study (7 days) and the use of inconsistent assessment methods limited the depth of analysis and understanding of the psychological dynamics of individuals with bipolar disorder. Third, the researchers' inability to directly confirm the bipolar diagnosis in the patient's mother diminished the strength of the argument for genetic predisposition. These limitations imply the need for further research with a more comprehensive theoretical approach, longer duration, diverse assessment methods, and more in-depth family history investigation to generate a more holistic understanding of the psychological dynamics of Bipolar Disorder and develop more effective interventions.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to Nanda Audia Vrisaba, S.Psi., M.Psi., Psychologist, for her invaluable guidance throughout this research. Her insightful feedback and expertise were instrumental in shaping this research. I also extend my appreciation to Menur Hospital for providing direct access to research subjects and invaluable experience during my internship. Finally, I appreciate the encouragement of my colleagues and family, whose support kept me motivated throughout the research process.

REFERENCES

Abdussamad, Z. (2021). *Metode Penelitian Kualitatif* (P. Rapanna, Ed.). Syakir Media Press.

Alloy, L. B., Abramson, L. Y., Urosevic, S., Walshaw, P. D., Nusslock, R., & Neeren, A. M. (2005). The psychosocial context of bipolar disorder: Environmental, cognitive, and developmental risk factors. *Clinical Psychology Review*, *25*(8), 1043–1075. https://doi.org/10.1016/j.cpr.2005.06.006

Alwisol. (2019). *PSIKOLOGI KEPRIBADIAN* (Revisi). Penerbit Universitas Muhammadiyah Malang.

American Psychiatric Association. (2013). *DIAGNOSTIC AND STATISTICAL MANUAL OF DSM-5 ™* (5th ed., Vol. 2). American Psychiatric Publishing

Astriliana, M., & Kustanti, E. R. (2024). PENGALAMAN SEBAGAI PASIEN DENGAN GANGGUAN BIPOLAR TIPE I (SEBUAH INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS). *Jurnal Empati*, *13*(1), 78–89.

Calam R, Jones S, Sanders MR, Dempsey R, & Sadhnani V. (2012). Parenting and the emotional and behavioural adjustment of young children in families with a parent with bipolar disorder. *Behav Cogn Psychother*, *37*, 40–425.

Etain, B., Mathieu, F., Henry, C., Raust, A., Roy, I., & Germain, A. (2010). Preferential association between childhood emotional abuse and bipolar disorder. *J. Trauma. Stress*, *23*(3), 376–383.

Hooley, J. M., Butcher, J. N., Nock, M. K., & Mineka, S. (2018). *PSIKOLOGI ABNORMAL* (D. E. Irawan & M. Masykur, Eds.; 17th ed.). Salemba Humanika.

Jaya, Y., Kumar, S. S., Lalit, S., Tanuja, S., & Deepa, C. (2013). BIPOLAR DISORDER IN ADULTS. *INTERNATIONAL RESEARCH JOURNAL OF PHARMACY*, *4*(6), 34–38. https://doi.org/10.7897/2230-8407.04608

Kartowagiran, B. (2015). Pendekatan Kualitatif dan Pendekatan Kuantitatif Dalam Penelitian Tindakan di Bidang Psikologi.

Sauran, A. R., & Salewa, W. (2022). TEKNIK COGNITIVE BEHAVIOR THERAPY (CBT) DALAM GANGGUAN KEPRIBADIAN BIPOLAR. *POIMEN : Jurnal Pastoral Konseling*, *3*(1), 74–91. https://scholar.google.co.id

Surayya, R. (2018). Pendekatan kualitatif dalam penelitian kesehatan. AVERROUS: Jurnal Kedokteran dan Kesehatan Malikussaleh, 1(2), 75-83.

Syafarilla, I. (2023). POLA ASUH KELUARGA TERHADAP RISIKO GANGGUAN BIPOLAR PADA REMAJA. *Indonesian Journal of Health Development*, *5*(2), 1–10.

Videbeck, S. L. (2011). Psychiatric Mental Health Nursing (L. Scott, Ed.; Fifth Edition). Wolters Kluwer Health|Lippincot Williams & Wilkins.

World Health Organization (2017). Mental disorders fact sheets. World Health Organization. http://www.who.int/mediacentre/factsheets/fs396/en/

Xu, G., Lin, K., Rao, D., Dang, Y., Ouyang, H., & Guo, Y. (2012). Neuropsychological performance in bipolar I, bipolar II and unipolar depression patients: a longitudinal, naturalistic study. *J Affect Disord*, *39*, 136–328.