Comprehensive Psychological Assessment of Individuals with Organic Mood (Affective) Disorder

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Abstract: Mental health is a crucial aspect of an individual's well-being, often influenced by biological, psychological, and social factors. This case study focuses on organic mood (affective) disorder in adolescents, with a focus on causal factors stemming from physical conditions, namely hyperthyroidism disorders and systemic brain damage. A qualitative case study method was used, involving in-depth interviews and observations over three months to collect comprehensive data on the patient's history and the variables influencing their condition. The results indicate that the patient's organic mood (affective) disorder is closely related to hyperthyroidism, which impacts emotional stability and behavior. Lack of knowledge about access to healthcare with a dysfunctional family background, significantly worsens the patient's condition. These results demonstrate that organic mental disorders are shaped by a complex interaction between biological, psychology, and social factors. These findings highlight the importance of increasing public and healthcare professional awareness of the importance of early detection of physical conditions that affect mental health, as well as the need for a comprehensive treatment approach to improve the quality of life of individuals with organic mood (affective) disorders.

Keywords: Organic Mental Disorder, Organic Mood (Affective) Disorder, Hyperthyroidism, Biopsychosocial

1 INTRODUCTION

According to the World Health Organization (2022), mental health is a state that enables individuals to manage life's stresses, learn, work, and participate in their communities. In fact, a significant number of individuals continue to experience mental health issues. Nowadays, mental health disorders worldwide are estimated to reach around 450 million people. It is estimated that at least one in four people will suffer from a mental disorder during their lifetime (Haryanti et al., 2024). Approximately six percent of the Indonesian population, equivalent to 14 million people, experience emotional mental disorders such as depression and anxiety. According to Riskesdas, in 2018, the incidence of schizophrenia in Indonesia was found to be 6.7 per 1,000 population, up from 1.7 per 1,000 population in 2013 (Glennasius & Ernawati, 2023). Meanwhile, there are no specific data on the percentage of organic mental disorders in Indonesia. Research examining organic mental disorders is also still limited. This indicates that organic mental disorders are still not widely recognized by the public. Organic mental disorders are mental disorders (with psychotic or non-psychotic signs and symptoms) associated with specific organic factors (systemic bodily diseases/disorders or brain disorders) (Cahyaningsih & Wahyuni, 2020). This indicates that patients with organic mental disorders, primarily focused on organic mood (affective) disorders, are a minority in the definition of psychological disorders in Indonesia. The ICD-10 also clarifies that F06 (organic mental disorders) can cover a broad spectrum of other conditions, which are causally linked to brain disorders resulting from primary brain disease, secondary brain complications of systemic diseases, exposure to toxic substances or external hormones, endocrine disorders, or other bodily diseases. Brain disease or brain damage can be caused by complications of labor and delivery in preterm pregnancies, which are associated with poor neonatal outcomes (Lockwood et al., 2023). In addition to brain damage, disorders of the endocrine system can influence these disorders. According to data from the Indonesian Ministry of Health, abnormalities or disorders found in the thyroid gland can affect both its function and shape. This disorder causes an imbalance in thyroid hormone production. Excessive thyroid hormone production can affect an individual's psychological state, contributing to mood swings and emotional instability. Furthermore, in Indonesia, this disorder is the second most common endocrine disorder after diabetes. Women are generally at higher risk of developing this disorder. It has been recorded that 300 million people worldwide suffer from thyroid dysfunction, and 50% of these people are not even aware of their disorder. The most common thyroid disorders include hyperthyroidism and hypothyroidism (Dewi & Budianti, 2024).

Further research and exposure to this disorder should be intensified. This is so that the public knows more about these disorders, and to avoid the possibility that these disorders have occurred but no one is aware of them. Based on this,

it is important to delve deeper into organic mental disorders, as they do not stem from just one aspect. It also means that these disorders limit the movement of the sufferer in various aspects. Further research and exposure related to this disorder will be able to open new insights for the community to be more concerned about this disorder and realize the importance of selective openness in receiving information. It is hoped that every individual has the same opportunity to achieve mental well-being.

2 MATERIALS AND METHODS

A case study involves an in-depth investigation of an individual, group, or phenomenon within a real-life context. For organic mood (affective) disorder, a case study may focus on the causal factors, including biological, psychological, and social factors, and then the development of the disorder to its current state. The case study employed various data collection methods, including in-depth interviews and observation, to triangulate the findings and build a holistic picture. Clinical interviews were conducted in three sessions: March 26, April 25, and May 26. The first session included a clinical interview assessment and a psychological assessment administered by a professional psychologist.

The participant used in this study was one person, a 17-year-old female with the initials FA. The participant, who was diagnosed with organic affective disorder, was interviewed and observed. The observation and interview methods, based on the official statements of individuals with organic affective disorder and occurring in daily life, were used to collect more accurate data. The clinical interviews conducted were autoanamnesis and alloanamnesis. The assessment was conducted in three sessions with the guidance of a clinical psychologist on March 26, April 25, and May 26. Autoanamnesis was conducted to directly explore the subject in question, while alloanamnesis was conducted to confirm information with the subject's family, in this case the grandmother. To support the assessment of FA, several psychological tests were administered, including the SCL-90 test, intelligence tests, and graphic tests. All psychological tests and interpretation of results were conducted by a clinical psychologist. The literature used as references in this study includes articles, journals, and books. These articles, journals, and books were accessed from official journal websites and selected to align with the study's theme. The literature reviewed is limited to the last decade to maintain the relevance of the theories discussed. Findings from these various literature sources will be used to draw conclusions and guide the previous method.

3 RESULTS

A clinical assessment was conducted on an individual with an organic mood (affective) disorder, referred to as patient FA, who was attending the psychiatry clinic of a hospital in Malang. Patient FA is a 17-year-old vocational high school student at a school in Malang and the second of three children. She is the child of her third spouse's union. FA's father had been married twice before marrying FA's mother, who subsequently divorced and then entered a fourth marriage, with which they remain married. The data and assessments collected for patient FA were obtained during the author's internship program, and the use of these data and assessment results has been approved by patient FA. The assessment included three in-person interviews with the patient FA and observations of her behavior. These three interviews provided insight into the origins of patient FA's problems, her family situation, the progression of her condition, and other relevant information disclosed by the patient.

FA currently lives with several family members in a private home. These family members included her grandmother, mother, older brother, and younger sister. Her aunt and uncle reside locally. FA's mother works from morning to night as a domestic helper. Consequently, her time at home is very limited. FA's grandmother is no longer working; she worked as a domestic helper in 2004. FA's grandfather used to work as a pedicab driver, but he has since passed away. Currently, FA's mother covers the costs of her education. Meanwhile, FA's grandmother is responsible for her food needs. The family receives food assistance from donations from those around them. FA's grandmother also receives monthly government assistance in the form of rice and 500,000 Rupiah in cash. FA's older brother, who is still in college, also works as a cook at a restaurant in Malang. Her uncle and aunt also helped care for FA.

FA's mother and father separated when FA was in the fourth grade. FA stated that her relationship with her mother was not close, as they often disagreed, even in their daily lives. Her relationship with her father was also strained, as he never cared for her as a child. When her mother was only two months pregnant, FA's father left. It was then discovered that FA's father was also in a secret marriage with another woman who was pregnant with a baby of the same age as FA. This caused FA's mother to experience emotional instability, often crying and then laughing. Consequently, after FA was born prematurely, her mother left to work as a migrant worker in Hong Kong. After leaving FA, her father did not return until she was five years old, which was the first time she saw him in-person. Then, FA's younger sibling was born, and her

father left the family again. Based on this, FA's mother realized she was being exploited by him and decided to file for divorce in 2017, the second time FA had seen him. After that, FA rarely saw her father, except occasionally visiting him when she missed him. However, FA's father never approached her first.

FA's relationship with her mother was also strained because FA's mother worked late at night, so she rarely communicated or interacted with her at home. Disagreements also frequently arose, such as when FA was going for a checkup at the hospital, when FA's mother was wearing her clothes without prior permission, even though she had limited clothing. This sparked an argument between the two. FA admitted that this would not have happened if her mother had asked her permission first. She also felt that her mother tended to be harsher toward her, saying that her mother was more submissive toward her older sibling and seemed to love her younger sibling. Meanwhile, her mother often entered into arguments with FA. According to FA's grandmother, her younger sibling was cared for and raised directly by her mother because after birth, her sibling was not recognized as her biological child by her father. Therefore, her younger sibling was more pampered by her mother.

According to the analysis of autoanamnesis, alloanamnesis, observation, and psychological assessments, it was discovered that the personality dynamics, development, brain damage, and the intricacy of problems experienced by individuals with FA led to complaints and symptoms indicative of organic mood (affective) disorders. In more detail, this is proven by the causes of FA complaints, which include psychological and physical symptoms, including emotional instability, inability to manage impulses, and brain damage and dysfunction triggered by biological factors such as physiological system disorders and possibly genetic factors. In addition, the results of the psychological assessments and observations also indicate an imbalance in personality structure and unresolved internal conflicts, which strengthen the picture of a psychological or personality disorder that affects the client's emotional state and behavior. Furthermore, environmental factors and past experiences also contribute to the current condition, especially related to family dynamics and traumatic experiences such as parental absence and conflict within the family during the developmental period. Other psychological factors such as low self-confidence and feelings of being unappreciated also strengthen the psychodynamic problems experienced by FA.

4 DISCUSSIONS

Based on FA's case, it can be seen that her organic mood (affective) disorder, a condition that can occur due to brain damage or systemic disease, physical illness, or other conditions such as hyperthyroidism, is a common cause. This further demonstrates the strong role of biological factors in the disorder. However, other factors can also influence or intensify the condition. This is consistent with the George Engel's biopsychosocial model, which assesses a disorder as influenced or influenced by several factors, including biological, psychological, and social factors. This theory considers a person's life history to play a role in a disorder. In this case, FA's biological factors can be traced back to the FA's mother's pregnancy. The assessment revealed that FA experienced bleeding in the first trimester due to the use of herbal abortion pills given by her father. Vaginal bleeding during the first trimester is a well-known risk factor for premature rupture of membranes and premature birth (Lockwood et.al., 2023).

FA was subsequently born prematurely at eight months of gestation. Preterm birth is officially defined as delivery occurring before 37 completed weeks from the first day of the last menstrual period. After birth, the baby's birth weight was below the normal birth weight, which was only 1 kg 7 oz. The term "low birth weight" is used to describe babies weighing less than 2500 g at birth. This includes neonates born after 37 weeks of gestation, of which approximately one-third are classified as having "growth restriction." Fetuses growing at a rate lower than their innate growth potential have Intrauterine Growth Restriction (IUGR). These babies, especially those with severe IUGR, are likely to experience significant problems later in life, with structural and functional neurodevelopmental impairments. Labor and delivery complications in preterm pregnancies have been associated with poor neonatal outcomes. Traditionally, "brain damage" has been attributed to intrapartum events resulting in "birth asphyxia" and subsequent neurological impairment. FA also had a physical disability, with two fingers on her right hand. Based on this, a history of bleeding, premature birth, and low birth weight are factors that increase the risk of future disorders.

FA also has hyperthyroidism. Hyperthyroidism is a condition resulting from a sustained increase in the biosynthesis and secretion of thyroid hormones by the thyroid gland (Wolkowitz & Rothschild, 2003). This disease often presents with Hyperthyroidism is characterized by confusion, anxiety, and agitated depression (Marian et al., 2009). Patients may also complain of fatigue and a general feeling of weakness. Insomnia, weight loss despite an increased appetite, tremors, palpitations, and excessive sweating are also common symptoms. Serious psychiatric symptoms include disturbances in memory, orientation, and judgment, manic excitement, delusions, and hallucinations (Joffe et al., 1993). These biological factors contribute to FA's diagnosis of organic mood (affective) disorder. According to the biopsychosocial model, hyperthyroidism is impacted by three key factors: biological (excessive production of the thyroid gland), psychological

(loss of motivation to adhere to medication regimens due to overmedication), and these factors combined result in increased thyroid gland production due to irregular medication schedules. On the other hand, hyperthyroidism also affects the FA's psychological well-being. Furthermore, from a social perspective, FA's refusal to take medication was due to some of her schoolmates insulting her and accusing her of seeking attention. This factor also influences FA's motivation to take her medication. This demonstrates that these three factors each plays a role in influencing and being influenced by a disorder.

Furthermore, psychological factors also play a role in FA disorders. Psychological factors are always present in humans. There are three main psychological factors: cognition, emotion, and motivation. Based on the assessment that has been conducted, information was obtained, one of which is in the cognition section, FA took the Standard Progressive Matrices (SPM) psychological test and received a low score. According to Aaron Beck, the founder of cognitive therapy, cognition directly influences individual's emotions and behavior (Campbell & Rohrbaugh, 2006). Early experiences during an individual's developmental stages, as well as authoritative figures such as parents or caregivers, shape psychological themes that later develop into "core beliefs". From this perspective, cognitive plays a role in how individuals view the world and solve problems. If there is a problem in this section, it will also affect the individual's search for solutions. This can also worsen an individual's disorder. FA has a high motivation to continue her studies, so he has a high spirit to recover from her illness. However, sometimes this motivation is lost when other external factors interfere. For example, arguments and problems that occur in her family make it difficult to think clearly, which also proves that environmental factors play a role. FA also has a mood that tends to be sad, FA is also known to often laugh immediately after crying and talk to herself. Furthermore, it is also known that while still pregnant with FA, her mother also did the same thing repeatedly, this could be evidence of a pathological characteristic that is inherited. This is also related to the environmental factors that exacerbate FA's condition.

Environmental factors originate external to the individual, including the environment, community, and family (Sarafino & Smith, 2011). Looking back to before FA was born, another external factor contributing to FA's current condition was the administration of herbal medicine to abort the pregnancy by her father to FA's mother. This herbal medicine affected FA development in the womb. The process of administering the herbal medicine from FA's father to her mother is an external factor. However, the content of the herbal medicine and the process by which it affects the development of the FA fetus are biological processes. This can be examined starting from the smallest unit of the community, the family. In FA's family, it was discovered that from an early age, she lost both her father and mother as caregivers, which undoubtedly impacted her development. Parents are the primary caregivers who should offer socialization and guidance on what is and what is not acceptable in society. Consequently, the loss of parental figures can leave a child disoriented and confused about adapting to social environments. This also plays a role in the development of the FA's introverted personality. Furthermore, FA did not receive affection from her parents, although her grandmother provided it. However, the role of parents is crucial, especially in the first five years of a child's development. This lack of attachment led to frequent disagreements with her mother.

Meanwhile, FA only met very rarely with her father, the first meeting when FA was five years old. After that, FA admitted to often imagining if her family lived a complete and harmonious life. Then the second meeting was when FA was nine years old, namely when her parents divorced, and the third meeting was when FA was at the end of elementary school about to enter the MTS level. The fourth meeting was when FA was looking for her father's address, namely when FA was about to enter the vocational high school level, and currently FA is in the first year of vocational school, said she visits her father once a month. FA always took the initiative to approach her father, there was never any prior effort from her father to meet FA. Based on this, FA grew up lacking affection and figures from both parents. This made FA seek affection elsewhere. When she was in MTS, she had a close friend. She told her friend about her family problems that happened to her friend, but it turned out that her friend betrayed her and spread the story, resulting in FA experiencing bullying. Then, this bullying also became a factor that strengthened the disorder in FA. She became anxious and had difficulty trusting others, which also influenced FA to cancel her intention to tell others. When FA entered vocational school, she was also seen busying herself and searching for affection and other figures to fulfill her need for a father figure. It was later discovered that when she was in the flag-raising and pencak silat extracurricular activities, she was often yelled at and it turned out that this triggered tremors in FA. This can then be connected to a series of events that occurred to FA until the climax of the yelling from the senior mentor sparked the disorder to appear in FA. During her time in vocational school, FA was also known to have had several interests with seniors of the opposite gender. However, she admitted that the man was actually only using her, but FA could not let go of him because she felt she had found a father figure in him. She also admitted to have an interest in another person, namely the health teacher who helped her when she had tremors. This indicates that the natural treatment of helping between humans has a valuable meaning because FA rarely received such affection.

When FA experienced tremors, her mother became suspicious, so she was taken to the hospital and diagnosed with hyperthyroidism. During her 13-day hospitalization, her grandmother always accompanied her, but her mother rarely

accompanied FA. Even when he was ill, her mother was still seen scolding her for not bringing her ID card, blaming the FA for it. The absence of her mother's support exacerbated FA's condition, with FA frequently crying, experiencing hallucinations, and engaging in self-directed conversation; she would often talk to the monitor, which she believed was attempting to communicate with her. This was attributed to FA's loneliness, and her cat had recently died, so she also hallucinated that the cat was accompanying her.

Based on all of this, it can be concluded that biological, psychological, and social factors play a role in an individual's disorder. They are interconnected, influencing and being influenced by each other. Biological factors contribute to psychological and social factors, just as psychological factors contribute to biological and social factors. Similarly, social factors also influence and are influenced by biological and psychological factors. Factors like bleeding in the womb, premature birth, and family dynamics, which are present from conception, along with emotional, motivational, and cognitive influences, have contributed to FA's current state of disorder

5 CONCLUSIONS

Based on the analysis of the entire assessment process, observations, and psychological tests on client FA, it can be concluded that FA was diagnosed with an organic mood (affective) disorder. This is manifested in FA's history, namely a history of premature birth and her mother having experienced bleeding when FA was only three months in the womb. Furthermore, FA also has hyperthyroidism, which affects her mood instability. Furthermore, environmental factors also shape and intensify FA's disorders, starting from dysfunctional parental figures and bullying that occurred to FA. All of this also occurs due to an imbalance in personality structure and organic mood (affective) disorder, which is also influenced by biological, psychological, and social factors. The FA's behavior and characteristics show a tendency toward borderline, avoidant, and paranoid personality types.

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