

Expressed Emotion in a Woman with Bipolar Disorder: A Case Report from Deli Serdang

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Abstract

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BACKGROUND: Aretaeus of Cappadocia first described the bipolar disorder in 30 Masehi. Falret separated this disorder and called it folie circulaire in 1854. A bipolar patient had a change in mood from depression to mania and vice versa while having normal (euthymic) mood period in between. She experienced mood fluctuations that were typical of bipolar disorder. This case report was aimed to understand the personal experience of a bipolar patient confronting her mood changes and expressing their emotions.

CASE REPORT: We presented a case of a 25-year-old bipolar woman, makeup artist, unmarried, from Batak tribe. She came alone to seek treatment from a psychiatrist for her mood changes that she could not comprehend.

CONCLUSION: We provided psychoeducation to help her recognise her bipolar disorder and direct her emotional expression to more positive things, in her case, makeup and writing.

Introduction

The bipolar disorder is well known as the manic-depressive disorder. It is a mood disorder identified by extreme mood fluctuations ranging from euphoria to severe depression and having a normal (euthymic) mood period in between [1]. Bipolar comes from two words: bi and polar. Bi means two and polar means pole. Bipolar literal means as a disturbance of feeling with two opposite poles, depression and mania [2]. Depression defines as an emotional state characterised by intense sadness, feeling of worthlessness and a sense of guilt, self-withdrawing, and losing interest in usual daily activities. Depressive episodes tend to last longer (around six months) but rarely exceed a year.

Mania defines as an emotional state with grandiosity, irritability, hyperactivity, excessive talking,

and thought and attention distractibility. Mania can occur unexpectedly and lasts between 2 weeks to four-five months. People with bipolar disorder experience these phases of feeling in their lives [3], [4], [5].

Bipolar disorder is a significant mental health problem in 2-4% of the population. This may be due to frequent recurrence and many adverse effects. It has a severe impact on patients, families, and society [6]. Bipolar disorder is difficult to be established, considering its overlapping symptoms with other psychiatric disorders like schizophrenia and schizoaffective. This overlapping leads to the different prevalence of the schizoaffective disorder, schizophrenia, and bipolar disorder in each study [7].

The essential difference between bipolar and non-bipolar people is that bipolar patients have excessive sadness or elevated mood without a logical reason. A simple trigger could cause extreme

sadness, and prolonged depression and the patients find it difficult to escape those feelings [2].

Mood changes experienced by bipolar patients create personal suffering. Their emotion explodes in manic episodes. This causes some problem to maintain their relationships. They have markedly diminished interest, including in social activities during the depressive period. Bipolar people were uncertain about how to overcome the mood changes they cannot comprehend. Life of bipolar patients with fluctuating mood attracted author to have a better understanding of how the person with bipolar disorder accepts her condition and diagnosis and their attempts to direct her emotional expression to more positive things [2], [7], [8].

Case Report

A 25-year-old female unmarried makeup artist from Batak tribe presented herself to the Psychiatric Department of Lubuk Pakam Hospital. Her face was appropriate for her age, with neatly-combed-black hair. During the interview, the patient appeared calm, her verbal and visual contact was sufficient, and she was cooperative.

She could correctly mention her name, address, age, and current whereabouts. Her chief complaint has been difficult to sleep at night since last month. Her usual sleep routine was from 9 PM till the morning. Nowadays, she would wake up around 11 PM because her head was full of fast-changing ideas, making her difficult to go back to sleep. The idea was to set up a large cosmetics company recruiting many employees and collaborate with other companies. Another idea was that she wanted to be an active and dominant spokesperson in her community and became a chief executive officer. She identified this overflowing feeling for at least a year, but the last month was so disturbing, she had difficulty sleeping. On the other hand, she had a prior feeling of intense sadness when she was nostalgic or failing to get to university and growing up in a dysfunctional family. She had those feelings of sadness throughout the year and confessed that she had several suicidal thoughts on multiple occasions.

Parents raised her with a modest socioeconomic life. The patient said her family was dysfunctional. Her father assaulted her mother and repeatedly said disrespectful words when scolding her and her siblings. The patient lived with her parents until she graduated from junior high school. She did not complete her education because of her low income. She moved to the city to earn some money and maintained several jobs, including; a restaurant waiter, a household assistant, a cleaning staff at a publishing company, and currently a makeup artist in

a beauty salon. She enjoyed her current job because she could express herself eloquently. Both her boss and customers were satisfied and appreciated her work. Writing books was another hobby of hers to pour her mind and perspective of life. She felt more comfortable writing her feeling into books than discussing it directly with others. She intended publishing the book in the future.

The patient stated she never told her family about her current condition and the need to seek the help of a psychiatrist. She felt her family would hate her if they knew her current condition and overburden her even more. The patient confined herself in her room and chose not to go anywhere, including work, whenever she experienced extreme sadness. This condition could happen for several days. Her boss would worry about her for not call in sick. When the boss confronted her, she only apologised without telling her actual condition. She would gain back her confidence after her boss told her some customers were asking her specifically to do their make-up.

The patient was evaluated at 11 AM, and she was well-oriented of place, time and person. She had expansive with appropriate effect. No hallucination and illusion were found. Grandiose ideas were found. Nevertheless, they did not fulfil the criteria of delusion. Long-, medium-, short-term and immediate memories were good. There was a minor miscalculation. The examiner found no *deja vu*, *jamais vu*, or other paramnesia disorders, and no nightmare was found. She provided honest insight into her condition (level V). She denied any history of using psychoactive substances and alcohol, confirmed by a urine examination. There was no prior head trauma.

After a discussion, she was diagnosed with bipolar affective disorder, current episode manic without psychotic symptoms (F31.1). We recommended her to have daily routine light exercise and pray and provided psychoeducation. Psychoeducation was aimed to help her recognise the disorder and direct her emotion to the more positive things, in this case, makeup and writing.

Discussion

The concept of mental disorders cited from International Statistical Classification of Disease and Related Health Problems 10th Revision (ICD-10) referring to the DSM-IV is a syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning [5], [8].

Bipolar disorder, based on the International

Statistical Classification of Disease and Related Health Problems 10th Revision (ICD-10), had repetition on how patients show how they feel. There will be an increase in thought, activity, behaviour (mania) and at another time; there will be a decreased effect and diminished energy and activity (depression). After each episode, there will be a normal period and total healing. Manic episodes could occur unexpectedly and last at least for the two weeks until five months, while depression could last longer. Manic episodes have 3 degrees of severity (1) Hypomania (2) Manic with psychotic symptoms and (3) Manic without psychotic symptoms [5], [8].

Based on the Diagnostic and Statistical Manual (DSM) V, bipolar disorder is divided into two parts: (1) bipolar I and (2) bipolar II. Bipolar I disorder is characterised by two different episodes, manic episodes, and depressions, while a bipolar II is characterised by hypomanic and depression. The ICD-10 has different classifications involving current episodes experienced by the patients [5], [9]. Bipolar disorders consist of repeated episodes (at least two) focused on the patient has disrupted mood and activity, mood swings at a particular time, taking form as a decreased mood or increased activity, energy and behaviour (mania or hypomania), and reduced energy and activity (depression) in another time. The healing between episodes would confirm it. Manic episodes typically start unexpectedly and last for two weeks to five months. These episodes frequently follow a certain period of frustrating and traumatic part of life [9].

Our patient displayed symptoms mentioned above: increased affective state, irritability, increased activity, fast-changing ideas, and reduced the need for sleep. These symptoms had occurred for a long time and have become more severe since last month. On mental status evaluation, no auditory and visual hallucination was found. There were no significant symptoms or additional symptoms of schizophrenia either fleeting delusion, or persistent over-valued ideas, or "negative" symptoms such apathy, the paucity of speech, and blunting or incongruity of emotional responses, usually resulting in social withdrawal and lowering of social performance. This could exclude schizophrenic disorders (F20) [9].

She was preferably diagnosed with bipolar affective disorder, current episode manic without psychotic symptoms (F31.1) than the schizoaffective disorder. No psychotic symptoms leading to schizophrenia excluding schizoaffective disorder diagnosis, considering the fundamental difference in the two diagnoses is whether or not the mood is congruent.

Following the diagnosis, the next critical thing to be highlighted is how patients face their mood fluctuations and direct these experiences to positive and beneficial things regarding its emergency due to its significant suicidal tendency. This was associated

with an episode of worthlessness, withdraw them from social interaction, and have no clear life purpose. Pharmacotherapy alone will not be enough. Gentle approaches, therapies are needed for people with bipolar disorder, like psychoeducation. Psychoeducation is a therapy using human uniqueness such as self-actualisation, health, hope, love, creativity, the nature of individuality and friendship to develop or recover the psychological state of human beings [9], [10].

By giving good psychoeducation, it will provide the patient with sufficient information about her illness. It also helps to direct her emotional expression to the positive things, which in this case, makeup and writing, that boost her confidence up. She frequently was praised for her makeup skills. In the future, she aspires to become a professional makeup artist. Writing books was another hobby of hers to pour her mind and perspective of life whenever she endured a depressive period. She preferred writing her feeling into books than discussing it directly with others [11].

In conclusion, bipolar disorder is a disorder characterised by mood instability and high intensity of emotion. Managing their emotion could support patients to improve their social functions. The hobby is one way to express emotions in bipolar patients that enhance positive emotions.

The essential difference between bipolar and non-bipolar people is that bipolar patients have excessive sadness or elevated mood without a logical reason. A simple trigger could cause extreme sadness, and prolonged depression and the patients find it difficult to escape those feelings.

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