

Developing Empathy for BD-I

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Gaining a better understanding towards an individual that has a mental illness can create a safe and secure environment. Displaying empathy towards a person can create a balance towards the illness and towards the individual. The individual with a mental illness can develop new support systems if a person is understanding towards their illness. Also the individual may feel more connected to society by having more individuals empathize with their mental illness. As a social worker one must know how to empathize with their clients to demonstrate the social work value of the dignity and worth of the person.

Bipolar Disorder I

Definition and Characteristics

According to the DSM-V bipolar Disorder I (BP I) are separated from depressive disorders and schizophrenia spectrum due to mending the gap between the differences of those categories. Bipolar disorder consist of experiencing two different states in the extreme and they are major depressive state and mania. The criteria for bipolar disorder I is determined through the manic episode which consist of an abnormal and persistent elevated, expansive, or irritable mood that last for at least 1 week. A person must have persistent behavior such as decreased need for sleep, more talkative than usual or pressure to keep talking, and increase in goal-directed activity or psychomotor agitation (American Psychiatric Association, 2022). According to American Psychiatric Association, 2022 the diagnosis of BD consist of having five or more of the following symptoms in a major depressive episode which some are being in a depressed mood majority of the day, nearly every day, the inability to start anything such as the day and having no interest to do anything.

Prevalence and Demographics

Many individuals living with this mental illness experience major depression and mania which comes at different times. The researchers studied the ability to “live the life they want” with the illness as in having no manic or major depressive states with no medication. The article states that if an individual is not on medication then they are in recovery. They are qualitative studies that state 60% do not relapse within 2 years and 40% of people go on with their prior engagements such as work and social commitments. However there are no studies indicating the longevity of the recovery period (Warwick et al. 2019). The study used ground theory methodology to interpret the interviews to deepen the understanding of the recovery period (Warwick et al. 2019).

According to new research there was a sample of 158 records of patients that were admitted to the hospital between the years of 2016 and 2017 that were diagnosed with acute mania. The study aims to assess the other physical factors related to BD patients that cause them to relapsed for a 1 year period. Different studies have shown that the hospital has increased the amount of BD patients of 60% in the first few months and 40% of patients have relapsed within the first year (Haddad et al. 2019).

Course, Prognosis, and Etiology of BD-I

Course and Prognosis

BD is treated with drug therapy with some patients to manage their mania and usually are prescribed with mood stabilizers and antipsychotics. The manic states are sometimes categorized by long episodes which cause for hospitalization for some patients. The long-term clinical management of mania is provided by a practitioner and a psychiatrist which gives the patients stability. The practitioner and psychiatrist have to understand the constant battle the patients

undergo with their manic state and depressive which causes them to work collaboratively with treating the patient (Haddad et al. 2019).

Etiology

According to additional studies, it is determined that offspring can develop a mental illness due to the parent having a mental illness. The researchers conducted an observation and noticed that 62.8% of offspring of parents with bipolar disorder were diagnosed with a mood disorder (de la Serna et al. 2020). This relates to the biological perspective since there is evidence of genetic transmission.

BPSS Perspective

Taking a look at the biological perspective of a person that has BD one has to take a look at their physical behaviors in each state that they are in; such as sleep patterns, eating habits, and other necessities for basic life function. If the person is sleeping less during their manic states or sleeping more during their depressive states. One has to look at the family history to see if the illness is hereditary or genetic. By focusing on the eating habits one can see if the person is eating poorly which can cause other health concerns such as diabetes or hypertension.

Taking a look at the psychological perspective of a person that has BD one has to take a look at their behaviors and patterns in each state they are in; such as reactions, habits, and the extent of each state. Paying attention to the extent of each the states rises a concern for suicidal ideation as well as productivity. One has to determine the person's baseline to make sure they are not over exceeding or under their baseline of brain functioning.

Taking a look at the social aspect of a person that has BD one has to pay attention to the support systems they may have. A support system can be a person's friend or family member

which can help them socially. A person with BD can also struggle with obtaining a job and one has to know how they handle obtaining and securing a job. Another social aspect can be their love life as well which can relate to their psychological aspect to see if the person can project their emotions.

Taking a look at the spiritual perspective of a person that has BD one has to pay attention to the concrete characteristics that give the person purpose. Some of the characteristics consist of knowing their personality and how it can benefit them socially. Depending on the ethnic background of a person their culture may think differently on mental illness which can affect the person's overall understanding of the illness and where they fit in.

Developing Empathy

Having a mental illness can affect an individual in different aspects from BPSS perspective, understanding how bipolar disorder I can impact a person's life enhances the ability to show empathy. The symptoms of this disorder would be overwhelming and frightening to experience and hard to manage without proper treatment. For a person to experience having more episodes in the depressive state can be draining and one could feel hopeless. For a person experiencing their mania can be more productive and have creative ideas but it could also be self-harming which can also make one feel hopeless. One can develop empathy towards a person with BD due to seeing them through both of the states. Some of the ethical considerations would be the employer giving accommodations to the BD employee and still make sure each employee is treated fairly. The employer has to determine how many days can the person miss in the calendar year and will it be fair to the other employees. Also looking from the person with a mental illness are there policies in place that protect their rights as an individual in the workforce.

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