

CASE STUDY OF THE PSYCHOLOGICAL TREATMENT OF BIPOLAR DISORDER

Mia is a 32-year-old research scientist who has experienced numerous admissions to public hospitals for mania and depression. In a recent interview, she described her first manic episode. She thought at the time that her doctor was involved with a secret intelligence organisation and that her hospitalisation for a mental illness was a conspiracy to imprison her. She subsequently felt trapped and that she was being given injections against her wishes. Mia described problems dealing with these distressing experiences long after the acute manic symptoms had subsided. She was plagued with constant ruminations about what had happened and was constantly trying to piece together the jigsaw puzzle in order to work out why these episodes had occurred.

Ever since her hospitalisation, she has experienced severe anxiety at the first signs of depression or elevated mood. Fears of losing control and having her current life destroyed are never far from her mind. She described how her illness has affected her relationship with her boyfriend and his reluctance to get married or have children with her. He shares her fears that she would be unable to cope with the stresses of parenthood and the genetic risks associated with bipolar disorder.

Adjustment issues, including dealing with the traumatic and frightening nature of her episodes and the chronic issues associated with managing her mental illness even when not experiencing acute symptoms of depression or mania, featured in Mia's therapy. Part of this therapy also entailed teaching Mia to notice the early signs of relapse so that she can take immediate action to prevent a full episode from developing. She was able to identify a number of signs suggesting her mood was becoming elevated including a rise in blood pressure, feeling wired and not being able to sit long enough to watch television, being flooded with ideas, and becoming irritable if anyone tried to stop her carrying out her ideas. Together with mood stabilisers and practising the techniques she learned in therapy, her episodes of both depression and hypomania became less frequent.