



Psychological aspects present in romantic relationships with a person with bipolar affective disorder in the phases of mania and Hypomania

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ABSTRACT

Bipolar Affective Disorder is typified by mood swings, actively bringing instability in their relationships and consequently generating frustrations and difficulties for individuals to remain in their social cycle. In the case of romantic relationships, it is possible to observe more accurately the behaviors of the hypomanic and manic phase of the affected person when the person involved is already aware of his repertoire of relapses and his repetitive models. In summary, the objectives of the current TCC are based on analyzing the psychological aspects present in romantic relationships with a person with Bipolar Affective Disorder (BAD) during the phases of mania and hypomania, exploring the environment of the relationship, the consequences and the circumstances surrounding this theme, an approach that will be dispersed through a systematic review. qualitative and bibliographic. The outcome summarizes that romantic relationships with people with Bipolar Affective Disorder (BAD) can be challenging due to symptoms such as increased self-esteem, arrogant and compulsive behaviors, lack of empathy and distrust. Lack of understanding and prejudice towards BAD can also affect communication and emotional stability in relationships. However, by taking a welcoming approach, seeking professional support, and understanding the different stages of the disorder, it is possible to build healthier, longer-lasting relationships.

Keywords: Bipolar disorder, Hypomanic Phase, Manic Phase, Affective Relationships.

1 INTRODUCTION

Bipolar affective disorder (BAD) is a neurological and chronic condition that is characterized by mood fluctuation, manifesting difficulties in the various cognitive, behavioral and psychosocial domains, associated with a high propensity for physical damage. In addition to affecting the individual's life and social relationships, BAD also has a direct impact on interpersonal, affective and professional relationships. (BERK, 2011).

According to the DSM-V (APA, 2014), bipolar affective disorder is defined as Type I, characterized by the occurrence of at least one episode of mania throughout life. In the diagnosis of bipolar II disorder, the presence of recurrent mood episodes, including one or more major depressive episodes and at least one episode of hypomania, is required. In Cyclothymia, on the other hand, there are abrupt oscillations between depressive and euphoric moments for at least two years, without completely meeting the criteria of hypomania and major depression (APA, 2014).



Rising beyond the limits of normality is a characteristic of the self-esteem of the individual affected by BD during the manic phase. Suddenly, your self-esteem is catapulted to a higher level, and a sense of superiority. In this context, the subject experiences a state of ecstatic elation, in which his own existence is tinged by an imposing aura, surpassing the limits of daily experience. (XAVIER et al., 2011)

Moreover, during the manic phase, speech, which is the bearer of human ideas and expressions, is profoundly affected. Loquacity takes over the discourse, which unfolds at breakneck speed, leaving behind logic and coherence. (Ibid.) The torrent of words flows uninterrupted, fueled by an irresistible pressure to keep talking.

Attention succumbs to the overwhelming presence of mania. Distractibility prevails, drawing the eye and mind to multiple stimuli that present themselves simultaneously, while voluntary attention is suppressed by the spontaneous emergence of other sensory elements. (MELO, 2018). This perceptual disorientation, often present in the manic phase, leads the individual into a chaotic universe of fleeting sensations.

The psychomotor aspect becomes the scene of intense agitation during the manic phase. The gestures acquire an extreme liveliness, oscillating between intensity and frenzy. This psychomotor manifestation reflects the individual's inner turmoil. Emotionally, irritability takes unpredictable forms. Fluctuating between different levels of exasperation, the individual becomes sensitive to the subtlest disturbances, reacting disproportionately. Irritation becomes an emotional burden that is difficult to bear for both those who manifest it and those who witness it. (VARGAS, 2020)

During the manic phase, social and sexual disinhibition becomes constant, leading the individual to act inappropriately towards society. This phase can also arouse an exaggerated tendency to consume, either through unbridled purchases or the indiscriminate donation of personal belongings. Finally, the manic phase can involve ideas of grandeur, power, and social importance, transcending the boundaries of reality. (VARGAS, 2020)

In view of the symptoms presented, it is possible to extend these behaviors to relationships, in which there are possibilities of wear and tear due to the mood fluctuations of the bipolar individual. Often, the lack of empathy in the face of persistent phases makes it difficult to establish lasting bonds. The bipolar individual may manifest feelings similar to persecution and distrust in relation to the partner, which generates conflicts and friction. In this sense, it is even more challenging to establish a differentiated and welcoming approach to the suffering individual, which is one of the reasons why people with BAD are reluctant to verbalize their condition, for fear of being trivialized and judged negatively. (MONEDERO, 1975)

Prejudice against the disorder is still present and has a significant impact on people diagnosed with this pathology. Therefore, the objective of this project is to demystify Bipolar Affective Disorder and examine its behavior in relationships, in the justification of trying to elucidate to the reader a larger field of



perspective on the disorder and its dispersion within the individual's relationships, examining the environment, the condition and the consequences generated in the relationship, in order to attribute contributions to the theoretical field of study of the theme through a methodology that is summarized in a review research. This is a systematic study with general objectives to analyze the psychological aspects in romantic relationships with people diagnosed with BD during the manic and hypomanic phase, with specific objectives to address the circumstances of a romantic relationship dispersing over an individual with BAD, accentuating the implications of a relationship with a person with BAD and differing in the behavior in the relationship of a person with BAD in the phase of mania and hypomania.

2 A WAY TO GO

2.1 HISTORICAL CONCEPT

The origin of bipolar affective disorder dates back to the fifth century B.C., when Hippocrates, recognized as the progenitor of medicine, introduced characteristics associated with mania and melancholy. In the nineteenth century, the physician Jean-Pierre Falret presented considerations about BAD, synthesizing it as a "manic-depressive illness" due to the fluctuations between episodes of mania and depression. (VARGAS, 2020)

Subsequently, psychiatrist Emil Kraepelin refined the definition proposed by Jean-Pierre Falret, dissociating it from schizophrenia and establishing subtypes, resulting in the bipolar classification that covers two forms of the disorder: unipolar bipolar (cyclothymia), characterized by depressive and hypomanic episodes, and bipolarity, which involves episodes of mania and depression. (SALVATORE et al., 2002)

Based on the concept of melancholia, Esquirol in 1838 considered mania as an alternation to melancholia, describing it as a continuum, with phases of interruption and remission, but did not classify it as part of the same pathology. (ANGST, 2002) Mania was looked upon as a delusion, while monomania was founded on a joyful expansion. On the other hand, melancholy lost its importance in relation to other denominations, such as the monomania of sadness and lipomania, which characterized it as a sad and oppressive passion.

In this way, a consensus was reached that mania and melancholy were components of each other. The symptoms of sadness or euphoria were not classified into categories or highlighted over the other symptoms, and in the nineteenth century, foundations were established to understand the considerations about mania and melancholy. (BERRIOS, 2011).



2.2 MANIA, HYPOMANIA, AND LOVE RELATIONSHIPS

In the characterization of the state of hypomania, the individual manifests an activation of all mental processes, including that of the sexual drive, resulting in an increase in sexual desire and the search for satisfaction, although not necessarily in a prolonged period. However, when this condition lasts for a specific period, it can cause damage to the couple's relationship. Individuals with Bipolar Affective Disorder have an approximately 40% propensity to abuse alcohol, making them prone to substance use. Due to the symptoms, a person with bipolar disorder in hypomania may experience an elevated mood, racing thoughts, and difficulty understanding on the part of the partner due to the increase in often disconnected verbalizations. This difficulty can also be attributed to the increase in distractions and the presence of a mixed mood, which generates irritability, especially when there is no demonstration of empathy on the part of the partner (MELO, 2018).

When the individual is in an episode of mania, he is expected to behave in a euphoric and agitated manner, and conflicts may occur in his affective relationships due to the impulsivity and expansive mood characteristic of bipolar disorder. These conflicts can lead to increased irritability, aggressive behaviors, and a greater expression of sexuality (MONEDERO, 1975).

The conceptions that illustrate the love conflicts in a relationship with a person with bipolar disorder in a state of mania include fights, which arise as a result of the high level of irritability due to mood swings. In addition, energetic fluctuations and impulsivity can cause difficulties in planning, resulting in constant changes in opinions and desires, which can jeopardize the construction of a stable future. One of the factors that can aggravate the losses and implications is the lack of understanding and empathy towards the person suffering from Bipolar Affective Disorder. The search for psychological education and the demystification of the disorder can bring relief to the partner of the individual with BAD, proving to be effective during times of crisis and helping to prevent or reduce the intensity of the symptoms present, with the aim of developing a healthy and solid relationship (BERK, 2011)

Another cause of conflict arises when the disorder is delayed or covered up, which can surprise the partner in the face of episodes of mood swings and make it difficult to understand these behaviors. It is essential that the person with Bipolar Affective Disorder follow the therapeutic plan of both the physician and the psychologist, as this approach represents one of the best ways to reduce irritability in the relationship, in addition to minimizing the symptoms of mood fluctuations (PARDOEN et al., 1996).

2.3 CHALLENGES AND PATHS TO MUTUAL UNDERSTANDING

Psychological aspects present in romantic relationships with a person with Bipolar Affective Disorder (BAD) in the phases of mania and hypomania constitute a theme of unique relevance, which calls for an in-depth analysis of the intricate intricacies that permeate such interpersonal dynamics. The impact



of BD on affective relationships is undeniable, considering, holistically, both the perspective of the person with the disorder and that of the partner. In this context, it is imperative to thoroughly explore the communication difficulties, the emotional challenges and the harmful consequences of mood fluctuations in the fabric of the relationship, as a way to unveil the challenges inherent to this scenario.

First, it is essential to understand the intertwined panorama experienced by those who relate to individuals with BD in the phases of mania and hypomania. Communication, in this context, emerges as a delicate terrain, with subtly rooted thorns. The ephemerality of affection manifested by mood swings characterized by excessive euphoria and impulsivity can shake the emotional stability of the partner. It is in this context that empathy and mutual understanding emerge as essential bulwarks, capable of building a firm and resilient bridge between both parties involved in the relationship. (MENEZES, 2019)

Empathy, as a complex and multifaceted exercise, plays a major role in building a solid foundation for a romantic relationship. The ability to put oneself in the other's shoes, understanding their internal experiences and anxieties inherent to BAD, enables the partner to glimpse the subtle nuances of the emotional oscillations that characterize the disorder. In addition, mutual understanding is vital, as it allows the partner to see the individual beyond their symptomatic manifestations, glimpsing the essence that subsists in the deepest layers of their personality. (HISATUGO et al., 2009)

Effective communication emerges as an indispensable tool for building a resilient and lasting relationship. In this context, the partner who proposes to deal with the mania and hypomania phases of BD must acquire specific communication skills in order to convey their concerns and needs in an assertive and compassionate manner. Such a posture implies the use of clear and objective language, free of judgments and stigmas, establishing an authentic and welcoming channel of dialogue. (Ibid.)

From another point of view, the partner's self-care emerges as a topic of undoubted relevance, deserving to be contemplated in the framework of understanding BD and its implications in affective relationships. The exhausting and tumultuous nature of the mood fluctuations inherent in the disorder can trigger emotional stress and exacerbated demands on the partner. This scenario provides a reflection on the importance of establishing self-care strategies that can safeguard the partner's mental and physical health, strengthening their resilience and providing a solid basis for coping with the challenges imposed by living with BAD.

It should also be noted that the complexity of BD transcends the individual dimension and refers to the broader social sphere, permeated by stigmas and prejudices that reverberate in the life of affective relationships. The stigma associated with the disorder can generate feelings of shame and isolation, both for the person with BD and for the partner. Coping with this reality requires a deep awareness of the disorder, as well as a proactive attitude in deconstructing stereotypes and promoting an environment of mutual understanding and acceptance. (TONELLI, 2011)



As part of the list of intervention strategies, several therapeutic approaches have been shown to be beneficial for couples who face the vicissitudes of the relationship with one of the partners with BAD. Cognitive-behavioral therapy, for example, is an approach with a solid scientific basis, aimed at the development of coping skills and managing the disorder. In addition, family therapy emerges as a space of acceptance and mutual understanding, in which relational dynamics can be explored and potentially transformed into a scenario of resilience and growth. (HISATUGO et al., 2009)

There is also a need to devise management and adaptation strategies capable of mitigating the impacts of mood fluctuations in the phases of mania and hypomania. The creation of stable and predictable routines proves to be a valuable tool, contributing to emotional stability and stress reduction for both the partner and the person with BAD. At the same time, the construction of a crisis plan, based on the prevention and management of acute episodes, can offer a sense of security and support to both involved.

It should also be noted that the impact of BAD is not restricted to the couple's sphere, but can extend to children and the family as a whole. Family dynamics can be affected by mood fluctuations, requiring special attention to support mechanisms and emotional support for children. In this context, it is of paramount importance to provide a safe and welcoming environment, in addition to offering adequate information and resources so that all family members can understand and deal with the particularities of BAD. (Ibid.)

In summary, the analysis of the psychological aspects present in romantic relationships with a person with Bipolar Affective Disorder in the phases of mania and hypomania reveals a complex and multifaceted scenario, permeated by emotional and communicational challenges. Empathy and mutual understanding are essential pillars for the construction of a healthy relationship, in which the person with BAD is fully welcomed. Partner self-care, in turn, should be cultivated as an indispensable practice in order to ensure balance and emotional health for both. Understanding and addressing the challenges of BAD requires dedication, information, and mutual support, allowing the relationship to become a space for growth, learning, and resilience.

2.4 CHALLENGES AND STRATEGIES

BAD, in the scrutiny of society, often incurs stigmatization. This stigma, underpinned by misconceptions and deep-seated prejudices, culminates in an atmosphere of marginalization and exclusion for those who face this condition. In this way, both the person with the disorder and his or her romantic partner are afflicted by an additional psychological burden, in which the feeling of being judged and misunderstood is exacerbated. Overcoming this stigma requires collective efforts, through awareness and education campaigns, in order to demystify BAD and dispel prejudices. (HISATUGO et al., 2009)



In the search for management and adaptation strategies that allow couples to deal with the mood fluctuations resulting from the phases of mania and hypomania, the construction of solid and predictable routines emerges as a fundamental element. The stability provided by a coherent structure contributes to mitigating the impacts of these phases, offering emotional security and minimizing possible conflicts. In addition, the creation of a jointly developed crisis plan provides clear and previously established guidelines for situations of greater intensity, ensuring an adequate response and reducing the associated distress. (TONELLI, 2011)

In addition, seeking support from support groups and specialized organizations is a valuable tool in coping with the challenges imposed by BD in affective relationships. In these instances, individuals who share similar experiences find a space conducive to the exchange of experiences, mutual learning and mutual support. This enriching interaction enables the construction of solid support networks, capable of providing emotional support and sharing effective management and adaptation strategies. (GOMES; LAFER, 2007)

In the family context, it is essential to address the impact of BD on parental relationships and children's well-being. The disorder affects family dynamics, challenging stability and harmony within the home. Children, in particular, may experience emotional and cognitive difficulties stemming from the parent's mood swings. It is, therefore, essential to implement specific support strategies for children, such as family therapy and psychoeducational guidance, in order to minimize adverse effects and provide an environment of understanding and support. (SOUZA, 2008)

In summary, BD in the phases of mania and hypomania imposes intricate challenges to love relationships. The stigma and prejudice involved give rise to an aura of marginalisation and misunderstanding that needs to be tackled. To this end, it is imperative to promote awareness and education about the disorder, in order to dispel the misconceptions that permeate society. In addition, the establishment of management and adaptation strategies, along with the support of specialized groups, are crucial resources to deal with mood fluctuations and promote emotional stability in relationships affected by BAD. Finally, when considering the impact on family relationships and children's well-being, it is essential to implement support and therapy measures. in order to minimize negative effects and build a healthy and understanding environment.

3 METHOD

This work had a qualitative, expository approach and was carried out as a systematic review of the literature, according to the principles defended by Donato, Donato (2019). Systematic literature review is a methodology that seeks to identify, evaluate, and synthesize the available evidence in relation to a given topic. Through a systematic review, it is possible to critically examine existing studies, analyze their results, and identify gaps in knowledge. (DONATO; DONATO, 2019)



The systematic review process followed the standard steps, including the formulation of the research question, the search for relevant articles in academic databases, the selection of studies that meet the pre-defined inclusion and exclusion criteria, the extraction and synthesis of data from the selected studies, and the analysis of the results:

The process reached studies in Portuguese of complete documents in order to analyze, investigate and synthesize results already existing in the Scielo and eBESCO databases, during the period of 2012 and 2022, through the search for the descriptors "bipolar affective disorder". In the Ebesco database, a lexicon of 16 items was formed, with 07 productions when the Portuguese language filter was applied and in the Scielo database, there were a total of 20 initial results by the cited descriptor within the defined time period, however, 09 productions in Portuguese language will go to thematic selection.

Of these 16 previously identified results, 02 were excluded, because it was repeated among the databases, totaling 14 productions that were analyzed and 5 studies selected only from the Scielo database.

Being used as a specific inclusion criterion, studies that address the psychological aspects of romantic relationships with individuals with Bipolar Affective Disorder, seeking to verify the behavioral variations in the phases of mania and hypomania, the selection of each base is configured according to the chronological list:

Database	Year	Title	Authors
Scielo	2012	Bipolar affective disorder: pharmacotherapeutic profile and medication adherence	Miasso, Adriana Inocenti; Carmo, Bruna Paiva do; Tirapelli, Carlos Renato.
Scielo	2012	Implications of a Psychoeducation group in the daily lives of patients with Bipolar Affective Disorder	Menezes, Sarita Lopes; Souza, Maria Conceição Bernardo de Mello
Scielo	2017	Adherence to treatment in Bipolar Affective Disorder: perception of the user and the health professional	Mazzaia, Maria Cristina; Souza, Mariana Akemi de Souza.
Scielo	2018	Bipolar disorder as an experience: the children's perspective	Campos, Lia Keuchguerian Silveira; Seidinger-Leibovitz, Flávia Machado; Santos Junior, Amilton dos; Turato, Egberto Ribeiro
Scielo	2019	Bipolar affective disorder: social determinants of health, treatment adherence, and spatial distribution	Elias, Ana Flávia Diniz; Fagueiro, Camila de Oliveira; Silveira, Edilene Aparecida Araújo da; Pinto, Jeizziane Aparecida Ferreira; Aleluia Júnior, José Arimatéa de; Machado, Richardson Miranda.

Source: Author's construction (2023)

Due to the high number of productions found in the google scholar database, this search required an additional delimiter, using the boolean "bipolar affective disorder" "amorous relationships", configured as follows: 86 results initially found, of which 55 were published in the defined period, resulting in the same amount when the Portuguese language filter was applied. Of the 55 results found, 01 was excluded because



it was repeated in the list between the Scielo and Ebesco databases, and 49 productions were excluded for not applying to the theme, totaling 5 items that will go to the thematic selection.

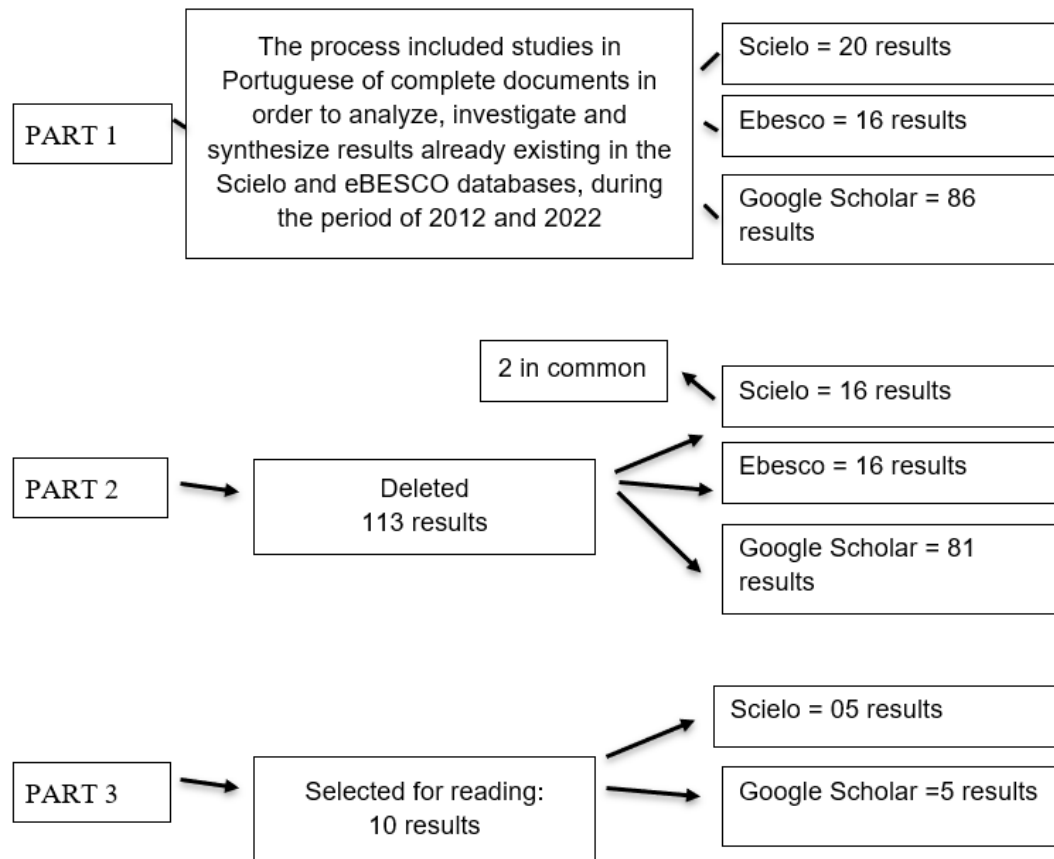
Year	Title	Authors
2012	Bipolar affective disorder and drug therapy: adherence, knowledge and difficulties of patients and families.	PEDRILIO, Livia Sanches.
2017	Bipolar disorder in adolescence and the consequences of late diagnosis: a case study.	CORRÊA, Jessica Brenda; BARBOSA, Claudia Waltrick Machado.
2021	Bipolar Disorder, Interpersonal Relationships and Affectivity of Individuals Affected by the Disease.	DUARTE, Ana Louise; CARDIM, Matheus Martins.
2013	Demand and perceptions of psychological distress among users of the Family Health Strategy.	TAVARES, André Luis Bezerra.
2015	Self-organization and mental health: investigating personal autonomy in the therapeutic process.	FERREIRA, Maria Solange de Castro.

Source: prepared by the author (2023)

Data analysis was carried out through critical reading and analysis of the selected articles, in which the main information related to the psychological aspects present in love relationships in these phases of Bipolar Affective Disorder were identified, such as mood swings, communication difficulties, emotional and behavioral impact, among others. Data analysis followed an inductive approach, in which emerging patterns and themes were identified and categorized. (Ibid.) A narrative synthesis of the findings was carried out, highlighting the main trends, gaps and recommendations for future research.

The limitation of this study is related to the availability and quality of scientific articles found in the literature. Reliable and peer-reviewed databases were used to minimize selection bias, and a rigorous selection and evaluation process was carried out for the studies included in the systematic review.

Figure 1: Systematic review phases



4 DATA EXTRACTION

4.1 MANIA

Authors	Year	Type of study	Theme Title	Summary of the study
Miasso, Adriana Inocenti; Carmo, Bruna Paiva do; Tirapelli, Carlos Renato.	2012	Journal Article	Bipolar affective disorder: pharmacotherapeutic profile and medication adherence	This is a descriptive cross-sectional study that refers to the importance of medication in the treatment of BAD. Pointing to the disorder as a causative agent of divorce, high employment rate and lack of proper maintenance of medications.
Menezes, Sarita Lopes; Souza, Maria Conceição Bernardo de Mello.	2012	Journal Article	Implications of a Psychoeducation group in the daily lives of patients with Bipolar Affective Disorder	This is a qualitative case study with the objective of designating psychoeducation and the daily difficulties of the group. Presenting lectures with a diversity of professionals and themes that followed the patterns



				of questioning about the daily life of the group and the evolution of knowledge of the pathology, adherence to treatment, changes in behavior and the individual as support to those who remained in the group.
Mazzaia, Maria Cristina; Souza, Mariana Akemi de Souza.	2017	Journal Article	Adherence to treatment in Bipolar Affective Disorder: perception of the user and the health professional	This is a qualitative and descriptive research that seeks a methodology of analysis technique through the interviewees' comments about their view of the professional who accompanies them. The study shows the importance of the bond between patient and professional, which can bring advances to treatment and family inclusion as a support network.
Campos, Lia Keuchguerian Silveira; Seidinger-Leibovitz, Flávia Machado; Santos Junior, Amilton dos; Turato, Egberto Ribeiro.	2018	Journal Article	Bipolar disorder as an experience: the children's perspective	Qualitative research through semi-structured interviews with open questions related to childhood to adulthood of children who witnessed manic and depressive crises of their mothers, emphasizing the construction of personality and perception of children through pathology.
Elias, Ana Flávia Diniz; Fagueiro, Camila de Oliveira; Silveira, Edilene Aparecida Araújo da; Pinto, Jeizziane Aparecida Ferreira; Aleluia Júnior, José Arimatéa de; Machado, Richardson Miranda.	2019	Journal Article	Bipolar affective disorder: social determinants of health, treatment adherence, and spatial distribution.	This is a descriptive and cross-sectional study with non-probabilistic sampling characterized environmental and social determinants in individuals with BAD, in addition to scoring the states of mania and depression present, taking into account socioeconomic factors, age group, marital status and number of children.
DUARTE, Ana Louise; CARDIM, Matheus Martins.	2021	Article	Bipolar Disorder, Interpersonal Relationships and Affectivity of Individuals Affected by the Disease.	Methodology of analysis of the televised series Modern love of the episode Take Me As I Am, Whoever I Am punctuating the stages of mania and depression of the character diagnosed with Bipolar Affective



				Disorder. Attributing the maintenance difficulties to interpersonal and affective relationships, the work environment and hygienic care.
TAVARES, André Luis Bezerra.	2013	Published Article	Demand and perceptions of psychological distress among users of the Family Health Strategy.	This is a cross-sectional study with a quantitative approach related to mental distress and its implications in the face of prejudice among individuals participating in the Family Health Strategy.
FERREIRA, Maria Solange de Castro.	2015	Published study	Self-organization and mental health: investigating personal autonomy in the therapeutic process.	This is a qualitative research approach with semi-structured interviews with individuals affected by mental disorders who had psychiatric hospitalizations.

Source: mentioned authors.

4.2 IPOMANIA

Authors	Year	Type of study	Theme Title	Summary of the study
PEDRILIO, Livia Sanches.	2012	Study published in a journal	Bipolar affective disorder and drug therapy: adherence, knowledge and difficulties of patients and families.	This is a cross-sectional, descriptive, qualitative-quantitative study aimed at the degree of knowledge of the person diagnosed with BAD, adherence to drug and therapeutic treatment, and family participation.
CORRÊA, Jessica Brenda; BARBOSA, Claudia Waltrick Machado.	2017	Article published in a magazine	Bipolar disorder in adolescence and the consequences of late diagnosis: a case study.	This is a qualitative study of a case study method, analyzing the behaviors and experiences of a person with BAD in relationships.

Source: mentioned authors.



5 RESULTS AND DISCUSSIONS

The purpose of this research was to identify the psychological aspects present in romantic relationships in a person with BD in the manic and hypomanic phases, observing the behaviors and how the relationships will be affected. It obtained the study of 10 publications that brought answers related to the hypotheses, having in greater evidence investigations and searches for mania.

5.1 MANIA

After analyzing data on the behaviors and symptoms of a person with Bipolar Affective Disorder, it was pointed out in the literature for irritability, elevations in mood and/or mood swings, with possibilities to generate conflicts or break cycles. It is pointed out in the study that there is a high number of women diagnosed with BD in relation to the male gender, in addition to social rejection with the individual when the symptoms of the disorder are indicated, consequently generating divorces when the crisis manifests. (Miasso, Carmo, Tirapelli, 2012).

In uniformity with the above study, Menezes and Souza (2012) point out the bond between the professional and the patient and family as an effective method for good adherence to drug treatment and emphasizing the possible relapses and instabilities if the individual is not benefited from humanized treatment in the professional network and the lack of family participation. In summary of the studies found, it is evident the importance of psychoeducation not only of the person in suffering affected by Bipolar Affective Disorder, the presence and understanding of partners in the process is crucial as a source of motivation, rejecting any type of prejudice.

The descriptive qualitative research carried out by Mazzaia and Souza (2017) enabled the dissertation of patients who attend the outpatient service regarding the management of specialists, characterizing the difficulties present and the means to improve intervention with the patient, thus enabling encouragement to individuals with BAD in their therapeutic and medication resources.

The relationship between mother and child may be interrupted or affected due to the impulsive and aggressive behaviors of the mother with BAD when in the mania phase, being confused and given to feelings of guilt at the beginning of the child's life. The research was applied to the progeny, specifying their experiences from childhood to adulthood with mothers diagnosed with BAD, obtaining reports of frustration, feelings of rejection, fear, shame of the clinical condition until reaching understanding, which occurs mostly in adulthood, when there is an improvement in the relationship. (Campos et al., 2018).

The non-probabilistic sampling of the data specified in Minas Gerais found that people who have a report of the disorder with a positive prediction of treatment are mostly single (52%) and have children (76%), while individuals who have a negative prediction have a higher percentage of being single (90%) and a lower number in relation to having children (50%). The study also found that patients who have



partners and children are more likely to adhere to treatment well, unlike individuals who do not have this family network, and may have higher levels of seizures and give up medications. (Elias et al., 2019).

Another type of methodology used to identify behavior in affective relationships was the analysis of the series *Modern Love*, which seeks to bring real stories to the televised context. The research presents the behaviors that occur due to pathology and minimalist acts for the non-perception of others about their psychological condition and bringing even more suffering to the individual, in addition to the lack of acceptance and care of the self presented. (Duarte; Cardim, 2021).

On the other hand, in the study published by Ferreira (2015), it classifies a worsening in the clinical condition of people with mental disorders when there is a breakup or a sick family structure or neglect, reinforcing the active participation in the social and family cycle and love relationships as a source of support and security. Research shows that the greater the degree of vulnerability and instability of the person with mental pathologies, the greater the propensity to abandonment and psychophobia.

The qualitative research brought significant results to the discussions emphasized regarding the treatment of professionals in relation to people with some mental disorder, with the need for reception and improved listening to the suffering of those who seek help, entering into the early care of common pathologies to avoid the development of chronic disorders and emphasizing family involvement as a stressful or therapeutic factor. In both cases, it is an influencer on the patient's journey. (Tavares, 2012).

5.2 IPOMANIA

In this center, there was a minimum number of studies that dealt with hypomania, symptoms and influences on relationships, with most of them mentioning this energetic phase of the person with a BAD report.

In the descriptive cross-sectional study, there was an emphasis on the hypomanic phase, which is predominant in some individuals with BD containing at least one major depressive episode. Hypomania has its similarities to mania, but it appears with symptoms in lower elevation and duration of time, in the graphs when the gender and participation of the caregiver of the person with BAD were verified, there was a higher percentage of women (88.2%) and married (58.8%) and when the level of kinship of the person providing care was specified, mothers had a high number of participants (41.2%) and wives (29.4%) with evidence of the absence of mostly romantic partners, in addition to reports given in the face of prejudice due to conditions and symptoms. (Pedrílio, 2012).

Through the case study it was possible to have a clear and apparent specification of people who show the signs of the disorder from youth to adulthood, enabling a report of behavior in love relationships and that even due to instabilities and high mood causes the rupture of affective relationships, when there is no



diagnosis and treatment of the pathology. making it more complicated to maintain healthy and long-lasting relationships. (Corrêa; Barbosa, 2017)

6 FINAL THOUGHTS

In the project, the hypothesis was raised about the symptoms that generate suffering both to the person diagnosed with BD and to the conflicts that can occur in love and family relationships, with the evidence presented. Other striking factors found in the research was the diagnosis prevalent mainly in women, most of whom were single or divorced. The studies also had a greater focus when dealing with mania and depression, not considering hypomania as one of the consequences and phases of Bipolar Affective Disorder beyond the aforementioned findings.

Studies and humanized treatment are essential for good adherence to treatment for individuals with Bipolar Affective Disorder. The professional's orientation to bring the diagnosis to the management interferes in the stages of the patient's evolution, hence the reason for the inclusion of more assertive and empathetic methodologies. In addition to listening and welcoming, the professional should include individuals who are in the social cycle in the treatment so that there is a greater increase in care and identification in relation to mood fluctuations and alert symptoms.



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