Analysis of Influencing Factors and Treatments of Bipolar Disorder

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Abstract. Bipolar disorder, also known as BP, is a mental disease with a strong social burden. Previously, this disease, also known as manic depression, can induce patients to have extreme mood swings. At the same time, this disease can also lead to bad family and social relations. This article will focus on the impact of bipolar disorder and explore the factors that affect bipolar emotion. This article will discuss from the family and social aspects to explore the environmental and cultural problems that may affect the patients and study the congenital conditions of patients with bipolar disorder to determine whether the pathogenic factors of congenital bipolar disorder can be controlled. In addition, the article will also study the treatment methods of bipolar disorder, including the most commonly used cognitive behavioral therapy, drug therapy, and social humanistic therapy, to find the treatment methods suitable for bipolar disorder patients.

Keywords: Bipolar disorder; family factors; social factors; treatments.

1. Introduction

Bipolar disorder, as a common mental disease, is characterized by extreme emotions, which may be positive or negative. Because bipolar disorder is more susceptible to the influence of the person accompanying the patient. Most of these companions come from family and society.

Family and social factors have different effects on bipolar disorder. First of all, bipolar disorder is both a congenital and acquired disease, which leads to the profound influence of parents with bipolar disorder on their children. It can even be said that children have bipolar disorder has an inseparable relationship with their parents. Parents with bipolar disorder are unable to communicate normally within the family, which will lead to dissatisfaction with their children's demands and the failure of normal communication within the family. At this point, children's personalities will not be well shaped. This increases the chances of children suffering from bipolar disorder. In addition, for children with acquired bipolar disorder, communication problems and possible parental rejection will lead to their personality and personality not being shaped as a normal child should be. Then they may be abandoned by society, unable to be accepted by society, resulting in their inability to have a normal attribution throughout their life.

On the social level, people with bipolar disorder are often unable to communicate effectively, which leads to their inability to do well in many jobs. Although research shows that some patients with bipolar disorder have excellent performance at work, because they have the experience of fighting against extreme emotions and dealing with family problems, they are still unacceptable in mainstream society. However, it has been reported that when it comes to the treatment of the bipolar disorder, it will be easier to have close people join in. For patients with bipolar disorder, close people are not easy to appear because they are sensitive and unwilling to trust others. However, if there is such a person, the treatment efficiency will be significantly improved.

At present, the treatment of bipolar disorder mainly includes congenital treatment and acquired treatment. Congenital treatment means that genetic testing is used to pre rule out the genetic problems of both parents and let both parents decide whether to have children. Acquired treatment can be divided into drug therapy and social therapy. Drugs have little impact on bipolar disorder, but the use of a metal lithium accelerates the process of treatment for bipolar disorder. Social therapy is mainly reflected in the cultivation of nursing staff and the cultivation of patients' habits, which is a relatively efficient and practical treatment method.

Because bipolar disorder is a congenital disease and has a high social burden, people with bipolar disorder are often oppressed in society that they should not be. For example, in the workplace and in interpersonal relations, people with bipolar disorder are often discriminated against or alienated for various reasons. This article will analyze this disease from various angles. Despite the high social burden, bipolar disorder is still a mild mental disease. After proper treatment, bipolar disorder patients will not have extreme aggressiveness or autism similar to manic depressive disorder and depression but can play their unique strengths in some areas.

2. Family Factors

With regard to the family, bipolar disorder has a very important influence on the family. Whether parents suffer from bipolar disorder or children suffer from bipolar disorder, it can have a very significant impact on a family. Research shows that bipolar disorder is a genetic disease, but at the same time, this disease may affect children in the day after tomorrow. In this case, it is extremely important to explore the impact of family on bipolar disorder [1].

Family is not only a group but also a social structure composed of several people. The family is more of a state of life, a state of life in which several people maintain each other, help each other, and learn from each other. So, for the family, considering about bipolar disorder can make people influence each other in the family would be significant. To give a few examples, in the family, what parents do imperceptibly teach children to learn their practices and attitudes. The feedback given by children to parents can let parents know whether their actions are right or wrong. In addition, there is also a need for communication within the family, which may not be verbal, but also practical. For example, parents may teach their children not to do something, but children may tell their parents that they are capable of doing it by doing it well and perfectly. All these conditions show that bipolar disorder can be spread within the family. The article mentioned earlier that patients with bipolar disorder have extreme emotions. When parents with bipolar disorder show extreme excitement or aversion to something their children do, or vice versa, when children show extreme excitement or aversion to something their parents do, misunderstandings will occur. When such misunderstandings become more and more, communication and even the performance of the whole family will have problems. [2]

2.1 Parents with Bipolar Disorder

Through research, the family cohesion of parents with bipolar disorder is low. In addition, communication within the family will also be reduced. Normal families should have normal communication to reduce conflicts and maintain normal relationships. However, parents with bipolar disorder rarely communicate with their families, which leads to parents' failure to correctly and timely understand their children's current experiences or problems, which will also lead to family conflicts. Parents may feel that their children lose their temper for no reason, while children may feel that their parents do not care about them at all.

In addition, parents with bipolar disorder also have poor organizational ability and poor willingness to control their children, which leads to some children born in such families may have bad character, unpunctuality and stubbornness. These are problems if parents have bipolar disorder [3].

2.2 Children with Bipolar Disorder

From the perspective of children, children with bipolar disorder will also have an impact on the family. First, children with bipolar disorder are more likely to have conflicts with their families. This is because children themselves are young, and they lack the ability to communicate with others to a certain extent. When they suffer from bipolar disorder, their ability and desire to communicate with others will be further lost, and the relationship between children and parents will fall into a vicious circle. The children are unwilling to communicate and lack communication ability. The parents are

unable to communicate effectively with the children, and gradually become impatient. When the children see impatient parents, they will become more closed and unwilling to communicate with the parents.

In addition, in families with children with bipolar disorder, a large part of parents' disputes revolves around their children. These may be due to the disagreement between the two parties on the attitude and practice of the other party in educating children, or the contradiction in the assignment of the task of educating children. One party thinks that he is too tired, while the other party thinks that the other party is not responsible at all. For a long time, parents may think that children are the fuse of everything, and then they begin to hate this child. This is also a common problem in families of children with bipolar disorder. The problem itself is not children, but parents' attitude towards children. Tiredness is a very common problem, which should not be put on children.

In fact, the impact of bipolar disorder patients on their family environment has always been negative because most of these surveys are from the perspective of caregivers, and this negative impact is precise because the emotions generated by bipolar disorder patients will cause damage to the family environment. Research shows that most of the discomfort caused by caregivers is related to the patient's behavior, such as anxiety, irritability, hyperactivity and other behaviors. For children who are more wayward, some minor mistakes of their parents may lead to very serious consequences, because they magnify their parents' mistakes and feel that their parents have lost their love for themselves and are not enough to take care of themselves.

Finally, children with bipolar disorder have a high probability of violent behavior and suicide. In combination with the problems that may occur to children mentioned above, it is clear that the biggest problem faced by children with bipolar disorder is the lack of parental care, which will lead to cognitive deficiencies in children, such as moral education and cherishing life. These cognitive deficiencies will lead to a higher probability of violence and a higher suicide rate for children [4].

3. Social Factors

From a social perspective, the situation of patients with bipolar disorder is not optimistic. People with bipolar disorder often have some problems in dealing with social relations, including self-expression problems, family problems, work problems and other social relations problems. The social burden of this disease is actually very significant. In dealing with social relations, patients with bipolar disorder often need more care, but this will make the people they associate with feel pressure and give up. This has led to a vicious circle. People with bipolar disorder have poor communication skills, which leads to others not wanting to communicate with them, and then leads to fewer and fewer people they have contact with, and their communication skills become worse and worse [5].

Intimacy refers to that for two people, they can take care of each other, tell each other secrets, and give each other high trust. A close relationship is very important for people with bipolar disorder. This intimate relationship can be between family, friends, lovers, etc. Briefly speaking, giving an example about children. The people with whom children get along most when they are young are their parents, and the relationship between parents and them is very close. So, when children can trust their parents, they will go to school and enter society in the future, and their parents will be their dependent.

However, people with bipolar disorder are likely to fall into an insecure intimate relationship. That is, they lack a sense of security. Research shows that most of the patients with bipolar disorder, about 79%, said that their intimate relationship did not bring a sense of security, while this figure was only 32% for those who did not suffer from bipolar disorder. At the same time, compared with patients with other mental diseases, the proportion of patients with bipolar disorder reporting unsafe attachment is also higher. For manic patients, the proportion of unsafe attachment reported by them is also very low.

For the treatment of insecure patients with bipolar disorder, the treatment effect will be much better if they can be accompanied by a close person, or the person providing the treatment can provide

conditions similar to the environment they are familiar with. At the same time, when they receive treatment, their attitude towards the treatment and the therapist is closely related to their previous experience. These will affect the efficiency and quality of treatment [6].

Research shows that social support can help patients with bipolar disorder recover to a certain extent. There is also evidence that people with bipolar disorder may be paid more attention in some industries or fields, such as occupational and educational achievement. The article found that some aspects of the mental characteristics of patients with bipolar disorder give them unique advantages in some areas, and these advantages can make their work easier. First of all, patients with bipolar disorder have high emotions, which can make them more confident and communicate more effectively. Secondly, the experience of patients with bipolar disorder enables them to have unique views on family problems, which can easily solve problems between families, and also enable family members to clearly understand each other's and their own problems. Finally, patients with bipolar disorder have stronger resistance to negative social experiences. Encouraging these patients to give psychological counseling to those in need will help reduce the mental problems of patients with serious mental problems so as to reduce their probability of extreme behavior. When these patients feel that they can contribute to the society and have their own role, their symptoms will be relieved [7].

4. Treatment Methods

Treatment methods for bipolar disorder can be divided into congenital and acquired. Bipolar disorder is a congenital disease, so it is very important to block the pathogenic factors from birth. However, at the same time, problems caused by acquired bipolar disorder are also nonnegligible, so there are also solutions for acquired bipolar disorder.

4.1 Anticipatory Intervention

First of all, the congenital means to treat bipolar disorder is not strictly a means of treatment but a means of prevention. Genetic testing is used to test whether the parents should have children. The benefits of genetic testing to prevent bipolar disorder are obvious. On the one hand, genetic testing can help test the probability of offspring suffering from bipolar disorder so that the test taker can decide whether to have children or whether to have children with bipolar disorder. On the other hand, even if the parents decide to have children, genetic testing can also provide early intervention for children with bipolar disorder or provide a basis for customized drugs for specific mutations that may occur.

But for gene testing, there are also many disadvantages, leading to people may not be willing to do gene testing. Firstly, after gene testing, if there are bad results, people will be labeled. Such labels may be discriminated against by others. Then if genetic testing shows only probability, then people will live in uncertainty. If a child is born, there is a probability that the child will suffer from bipolar disorder, and there is also a probability that the child will be healthy. This is a very painful choice, and many people cannot figure out whether to gamble on the possibility that the child is healthy [8].

The survey results show that about half of the subjects decide to give up the chance of having children after considering their own situation or the situation of their spouses because they do not want to bring pain to their children and do not want to add too much burden to themselves. In addition, they also believe that even without children, their life can go on as usual. However, the remaining subjects remained optimistic about having children. They believe that bipolar disorder is not as serious as physical or mental disabilities, because they can lead to permanent physical defects and dysfunction. Another part of the subjects felt that they could consider having children because they already had a more appropriate treatment [9].

4.2 Drug Treatment

For the acquired treatment, the main method is to use antidepressants. However, it is undeniable that the progress of drug treatment is rather slow. Although psychotropic drugs can make effective progress in the emergency treatment of mania, the overall development of drugs is still not optimistic. In the current study, the researchers mainly consider the combination of drug therapy and psychotherapy to make the treatment effective and practical and improve the scalability and sustainability of the treatment.

However, there is still no breakthrough in treating bipolar disorder, especially in the choice of drugs. Early experiments showed that a placebo had less therapeutic effect than antipsychotic drugs in the treatment of bipolar disorder, and antipsychotic drugs also had less chance to trigger mania. However, later experiments showed that the experimental data of such antidepressants were quite different from the clinical data, so as far as the current situation is concerned, antidepressants are not very helpful for the treatment of bipolar disorder.

A metal, lithium, plays a role in the treatment of bipolar disorder instead of those drugs. Lithium is the most effective long-term treatment for bipolar disorder. It can reduce the risk of manic relapse by 38%, the risk of depression relapse by 28%, and the risk of suicide by more than 50%. However, the benefits of lithium are affected by low therapeutic efficacy and some side effects. Although there is no direct evidence that lithium use is associated with renal failure, the risk remains unclear. In addition, lithium use by pregnant women also has the risk of causing congenital fetal malformations [10].

4.3 Social Therapy

In addition to medication, social therapy is also a viable option for bipolar disorder. The first is family-centered therapy. This treatment will first train the patients' families to ensure that they have the ability and awareness to deal with various situations. In the experiment, the patients cared for by the family members who participated in the training had a longer stable period. In addition, these patients also showed fewer depressive symptoms, while a longer period of stability also meant that they had more time to receive treatment. This is a virtuous circle. However, family conditions, such as family culture or differences in personnel composition, may affect the effectiveness of treatment and the willingness of patients and their families to cooperate with treatment.

Next is cognitive behavioral therapy. The original intention of cognitive behavioral therapy is to help patients eliminate their own thoughts of illness, so as to actively face life and treatment. For patients with bipolar disorder, cognitive behavioral therapy can help them reduce their demands on themselves, stop worrying about small things and face each day more positively. Considering that most patients with bipolar disorder are related to their overly optimistic personalities, unlike drugs, most cognitive behavioral therapies for depression can be used for patients with bipolar disorder. The experimental results showed that patients with bipolar affective disorder who received 12-14 stages of cognitive behavioral therapy had fewer depressive symptoms than those who received 30 months of routine care and also had better social functions [10].

The last one is interpersonal and social rhythm therapy. This therapy is mainly used to make patients adjust their work and rest so that they can participate in normal interpersonal communication. This kind of therapy can make patients have a longer stable period and stronger occupational function. In addition, this kind of therapy has a more obvious effect on patients who can perfectly maintain normal work and rest.

5. Conclusion

Bipolar disorder, as a disease mainly transmitted through congenital channels, has two problems: high social burden and low treatment effect. But the good news is that with the efforts of generations, this disease is now preventable and controllable. As mentioned in the article, the treatment of bipolar disorder is now approaching maturity, making it no longer a highly socially harmful mental problem.

However, although the discrimination against bipolar disorder has gradually weakened, it cannot be completely avoided. As a less serious mental disease, people around should change their stereotype of bipolar disorder patients while actively seeking treatment. For this disease, while continuing to research treatment methods in the future, the public should also pay attention to the humanistic care for patients themselves, so that they can no longer think of themselves as people who have done nothing and give them a sense of achievement and social participation. For such patients, what the society needs most is not treatment, but acceptance.

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