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## Shared Experiences of the Families of Female Patients Suffering from the Manic Phase of Bi-Polar Disorder

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### Abstract

This study followed a qualitative and phenomenological research design. 15 families of the female patients suffering from the manic phase of bi-polar disorder formed the sample population. The seven-step Colaizzi procedure was applied for data analysis. The major themes were beliefs, reciprocal reaction, relational disturbance, different behavior and supportive umbrella. The results demonstrated that if one member of the family suffered from such a psychiatric disease, it would have numerous negative effects on the family's conditions and thus would reduce all aspects of the quality of life of the rest of the family.

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### 1. Introduction

Temperament disorders are a group of mental disorders, fundamental characteristics of which are abnormality of temperament, behavior, and affection and it is of two phases of depression and mania. Depression occurs when the patient's temperament is low and s/he shows symptoms including shortage of energy and interest, feeling of guilt, difficulty in concentration, anorexia, and thoughts of death and suicide.

On the other hand, mania happens when the patient's temperament is high and s/he shows symptoms such as peace of mind, disordered thinking, sleep, high self-esteem, magnified thoughts, increase in sexual desire, too much

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talking and energy, prodigality, and constant preoccupation. These symptoms are so intense that they create distinct disorders in the individual's professional performance, social and interpersonal relationships

The prevalence of bi-polar disorder is about 1% of the whole population. Bi-polar disorder may begin from infancy to 50 years of age and it happens, on average, at 30. This type of disorder is more common in individuals who are divorced and single. Its exact cause has not been determined so far; however, it can be due to the interaction of genetic, biological and psychic-social factors (Koushan & Vaghei, 2012)

To treat these patients, a combination of psychotherapy, pharmacotherapy, shock therapy (electroconvulsive therapy), cognitive therapy, and behavior therapy are applied. This disease dramatically influences the individual's performance and the type of her relationships. Furthermore, it seriously affects the family members of the patient and causes crisis among them.

Increase in tension in the patient's family will have such various consequences as social isolation, pessimism, and breakdown in family relationships. In certain studies, the emergence of mental symptoms and problems has been reported in 41% of the respective patients' families, so that the amount of depression, anxiety, and nervous pains are pretty high in such patients' families (Salleh, 1994). The stress-causing factors in the families and the patient's surveillants are financial management, sustaining the patient's appearance, aggression, threatening to suicide, sleep disorder, and doing actions which make the surveillants feel ashamed (Bigel, Milligan & Putnam, 2002) (Perlick, Kosenhek & Clarkin, 2001)

As the family plays the central role in the patient's surveillance in Iran, paying attention and evaluating the problems of the patients' families as well as assisting them to relieve the tensions seem essential. To this end, the current project is an attempt to explore the shared experiences of families of the female patients suffering from the manic phase of bi-polar disorder.

## **2. Methodology**

This study followed a qualitative and phenomenological research design which is regarded as an appropriate method to describe the meanings of life experiences (Abedi, 2010). The sample population of the present project included the families of the female patients suffering from bi-polar disorder. The study was conducted in the woman's ward of a psychiatric hospital and two consultation centers in Isfahan. The purposive sampling procedure was used in the study. In qualitative studies, the sample size is determined by saturation of the data (Polit & Beck, 2014). In this project, saturation of the data occurred after interviewing 15 families. Data elicitation tools used was deep and unstructured interviews.

Moreover, to analyze the data obtained, the seven-step Colaizzi procedure was applied, which is a proper procedure to make the interviews meaningful in the phenomenological studies. First, the interviews were transcribed and their content were precisely studied and reviewed several times so as to empathize with the participants; then the significant expressions were extracted. Afterwards, the crucial expressions were specified and each expression was defined. The codes obtained from the primary analysis of each interview were noted down separately and were classified. Further, the different codes were integrated to produce more general categories. In the next stage, the results in the form of a complete description of the phenomenon under study were combined and reviewed to achieve the clear concepts in a way that these concepts are totally evident in addition to abstract. Hence, the readers of the paper, concerning the knowledge that they have, can comprehend the concepts obtained from this project (Polit & Beck, 2008). Validity and the precision of the present research study were rooted in the four axes of real value, practicality, continuance, and being based on reality. The real value signifies that the declaration resulted from the experiences for the individual who has really experienced it be acceptable. In this study, it was done by referring to the participants and approving the declarations obtained. Practicality or applicability means that if the results are practical for others places and groups. To this end, in the current project, the researchers also attempted to select the participants with a wide proportion in terms of age and cultural records. Consistency was attained when the participants gave consistent and congruent answers to the same questions which had been posed differently. Being based on reality was achieved in a way that all processes during which the project was carried out were void of any prejudice; the researchers were always trying to repel any prejudice about the phenomenon under study both before and after the interviews (Boswell & Cannon, 2014).

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