

# TIDAL MODEL IN THE CARE OF A PATIENT WITH BIPOLAR 1 DISORDER: A JOURNEY TO RECOVERY

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## ABSTRACT

This study utilized the Tidal Model in the care of a patient with Bipolar 1 Disorder. It seeks to answer the queries on the assessment findings of a particular patient with bipolar disorder utilizing the Tidal Model in terms of Self Domain, World Domain, and Others Domain and explore how the patient attained certain sense of recovery using the Tidal Model. Utilizing the case study type of research, a qualitative analysis was used in the care of a patient with Bipolar 1 Disorder. The study was conducted during a nine-day exposure at the Center for Behavioral Sciences in a tertiary hospital in Cebu, Philippines. The patient, in the Self domain, was able to identify problems practically, realizing the need to live a normal life and the ways on how to achieve it. She (the patient) was also able to identify ways to find satisfaction for those needs by herself. The needs of the patients were more on the physiological aspect and on how to properly manage her present ill condition so as to be able to manage it in the future. Being able to identify these needs would mean that the patient has given value to herself and the very important role she plays in her journey to recovery. The findings showed that the use of the proposed daily journal of the Tidal Model has provided a means to continuously assess the patient's condition in her own words. The author would like to recommend the use of the theory to patients with a medical condition so that a more insightful journal would be gathered and to ascertain if mental recovery and rehabilitation help alleviate a medical condition.

**Key words:** *Bipolar disorder, Tidal Model, Journey to Recovery, Psychiatric Nursing*

## INTRODUCTION

Mood is a prolonged emotional state that influences the person's personality and life functioning. It pertains to prevailing and pervading emotion and is synonymous with the terms "feeling state" and "emotion". Like other aspects of the personality, emotions or moods serve an adaptive role (Stuart and Laraia, 2005). Every individual experiences variations in mood. Changes in moods may vary in mild to extreme degrees which are often associated with extremes in human experience, such as creativity, madness, despair, ecstasy, romanticism, personal charisma and interpersonal destructiveness.

There are individuals who have mood disorders such as those with Bipolar Disorder 1 which is characterized by a dominant mood of mania. Bipolar disorder ranks second only to major depression as a cause of worldwide disability (Videbeck, 2006). In the Philippines, there is an absence of comprehensive studies about bipolar disorder (Datinguino, 2006). It is widely agreed that both heredity and environment play an important role in severe mood disturbances. Major depression and bipolar disorder are familial disorders, and their occurrence primarily results

from genetic influences. Another theory supporting the occurrence of Bipolar Disorder is the object-loss theory of depression which refers to traumatic separation of the person from significant objects of attachment. Two issues are important to this theory: loss during childhood is a predisposing factor for adult depressions and separation in adult life acts as a precipitating stress factor. The first issue proposes that a child has ordinarily formed a tie to a mother figure by 6 months of age, and once that tie is ruptured, the child experiences separation anxiety, grief and mourning. Furthermore, this mourning in the early years often affects personality development and predisposes the child to illness (Stuart and Laraia, 2005).

The authors of the study found the case to be of great interest, observing that the patients confined in the care environment displayed signs of delayed recovery and frequent recurrence of the disorder. The authors chose this case because they needed to learn more about the condition, not only because of increase incidence in many individuals, but also because it needs proper management to prevent recurrence and relapse. Along with this, the author chose the Tidal Model as a guide for the care of

the patient because he has experienced the need to use a model which allows the patients to resolve the crises they encounter on their own. The author believed that empowering the patient would make their recovery much easier and in today's nursing practice, patients should take the lead in their journey to wellness.

The Tidal Model of Mental Health Recovery and Reclamation is a philosophical approach for the treatment of mental health formulated by Barker and Poppy Buchanan-Barker (Barker, 2000). The model focused on the probable strategy to retrieve the story from patient, and eventually help them to recover from their illness. In this model, the person is represented, theoretically, by three personal domains: Self, World and Others. A domain is a sphere of control or influence which is a place where the person experiences or acts out aspects of private or public life. The Self domain is the private place where the person lives. Here the person experiences thoughts, feelings, beliefs, values, ideas, etc, which are known only to the person. In this private world, any kind of distress is called 'mental illness' which the patient experienced. Most of the people keep much of their private world secret, only revealing to others what they wish them to know (Clan Unity Ltd., 2000).

The World domain is the place where the person shares some of the experiences from the Self domain, with other people, in the person's social world. When people desires to talk to others about their private thoughts, feelings, beliefs or other experiences known only to them, they go to the World domain. Thus the world domain becomes the focus of efforts to understand the person and the person's problems of living. This other domain is the place where the person acts out everyday life with other people—family, friends, neighbors, work colleagues, professionals etc. Here, the person engages in different interpersonal and social encounters, within which the person may be influenced by others, and may—in turn— influence others (Barker, 2000). The organization and delivery of professional care and other forms of support is located in the other domain. However, the key focus of the Tidal Model is on three dedicated forms of group work—Discovery, Information-Sharing and Solution-Finding. By participating in these groups, the person develops awareness of the value of social support, which can both be received from and given to others. This becomes the basis of the person's appreciation of the value of mutual support, which can be accessed in

everyday life (Clan Unity Ltd., 2000).

Utilizing the Tidal Model in the care of a patient with Bipolar 1 Disorder this study seeks to answer the queries on the assessment findings of the patient with bipolar disorder utilizing the Tidal Model in terms of Self Domain, World Domain, and Others Domain. It further enumerated the problems and -plans identified by the patient and the nursing interventions that were implemented based on the Ten Commitments of the Model and to identify behaviors of the patient that led the nurse to conclude that the patient is journeying to recovery.

## METHODOLOGY

This research work used the case study approach in exploring the Bipolar patient's life in the medical department where she was admitted, a tertiary government hospital in Cebu City, Philippines.

In gathering data, an advance statement form taken from the official website of the Clan Unity Limited was also used as a guide to understand the need of the patient during the course of the nurse-patient relationship. Advanced statements of the patient allow the person to have a greater influence on the care and treatment. They allow for a person with poor mental health conditions to prepare for a crisis in advance. They embody the spirit of the Human Rights Act i.e. in Article 3 - protection from inhuman and degrading treatment, Article 8 - respects for privacy and private life, and Article 10 - freedom of expression. Advance statements, with the exception of Directives, are not bound by the law i.e. those health workers responsible for the person do not have to follow an advance statement. However, they must demonstrate that the person's wishes have been taken into account. Advance Statements empower the person, who can then potentially exercise this right, by defining in advance the medical procedures to which they would or would not consent (Clan Unity Ltd., 2000).

A daily journal was used in gathering information about the patient and in assessing the patient's mental health condition. A health diary or journal is a prospective procedure to obtain reports of morbidity (illness and injury), disability and health actions. Health diaries have been used for 3 purposes:

- i) Methodological studies to compare reporting levels for retrospective and prospective procedures;

- ii) As memory aids to improve recapitulation of health events in a later retrospective interview;
- iii) As a primary data source.

Overall health diaries have well-documented advantages with respect to content. They provide rich information about individual health (Verbrugge, 1980). The journals were used as a guide for the interventions to be given to the patient and were used to document the interventions and patient's condition throughout the care.

The techniques of observation, interview and document analysis on the client's chart were used in gathering vital pieces of information about the case. The researcher was scheduled to defend the topic so as to identify what theory to use as a guide in conducting the study. After the approval was given, the researcher furnished a copy of the concept paper to the hospital along with a transmittal letter with the permission to continue in the 50 hour-intensive practicum in the specified ward. The researcher went on duty for nine days, from September 23 – 31, 2010.

A patient with the initials RVP (Relative Value of patient) was chosen to be the subject of the study. She is a Bipolar Disorder patient who has experienced a traumatic event prior to experiencing the disorder. During the conduct of the study, the patient was able to communicate her thoughts properly helping her qualify as a subject for the study. She was assisted with her physical, emotional and most especially psychological needs for the next eight consecutive days. Furthermore, to address the recognized problems, the patient's daily journal was also used to guarantee systematic and holistic nursing interventions. This is the main tool used to assess the patient, then plan interventions and eventually evaluate a patient's improvement.

## RESULTS AND DISCUSSIONS

### The Patient's Domains

The Self domain refers to the private world of the patient which characterizes her self orientation.

The patient is RVP, 23 years old, female, single, and a resident of Subangdaku, Mandaue City, Cebu. She is a natural-born Filipino and a Roman Catholic. She is the third child with four siblings and is the only girl. She came from a broken family. Her mother left them when they were young due to frequent fights with her father. She

was able to finish the first year - first semester of the Bachelor of Science in Nursing at the University of the Visayas but wasn't able to enroll the next semester due to financial constraints. She then decided to work at Nissin, then at Toyoflex before going to Manila. There, she found a guy whom she lived with for two years.

Four years prior to admission, the patient had an onset of behavioral changes. The trigger to this was identified as a family problem. The patient's parents forbid her from going to her boyfriend's home. Frequent relapse of her condition was associated with her loneliness at home. She disclosed that she was always left alone in their home with no one to talk to. When she got the chance to leave their house, she went to bars and clubs where there were lots of people.

Recently, her thoughts were focused on recovering from her condition and living a normal life with her mother. She has always mentioned about going to Bacolod, where her mother is currently residing. She wanted to work there and to be able to escape from the unhealthy environment in their house in Mandaue City. She was thinking that the attitude of her brothers towards her was one of the triggers of the recurrence of her illness. On the other hand, she considered her live-in partner as one of those persons who has helped in her recovery. She wanted to communicate with him again as soon as she goes out of the hospital.

The family structure of RVP indicated the lack of feminine support from the family which added to the fact that she is the only girl among the siblings. She had the distressed signs of potentially developing mental problems. Her attachment to her boyfriend is a crutch that she is holding on to. This is the domain in which insecurities, fears and anxieties are revealed by the patient which has been addressed in her care.

In the World Domain, the patient revealed that she was physically abused by her father and often deprived of money to buy food. Fighting incident with her father caused the patient to be locked inside her room by her father and was not given any food. Her brother recounted that she often resort to gambling. The patient was said to remain depressed which was followed by display of violent behaviors.

"Pirme lang musulti ug binastos" (*She always speaks vulgar words*). "Takipan among altar," (*Covers our altar*) her brother reported. Three months prior to

admission, patient again went out and was seen naked “Nagshow na siya sa karaokehan kay naghubo daw na siya tanan. Hapit mi nakakita ug away kay nasuko to ang mga ‘laki namo kay amo man siyang gikuha” (*She let people see herself naked in a karaoke bar. We almost had a fight because the men got angry when we fetched her*) as stated by patient’s brother. Hours prior to admission, patient had violent behavior. “Giguba niya ang purtahan” (*She destroyed the door of our house*) as reported by brother.

The manifestations of RVP indicated her problems and her difficulties in dealing with living in the outer world. Her severe distress and the lack of emotional support in her growing up years has led to severe mental distress which resulted in the expression of manic behaviors.

In the Others domain, her verbalizations focused mainly on her interactions with professional assistants. She was first admitted at a private psychiatric facility for two to three months. Her condition improved after discharge but had a relapsed due to noncompliance in medications. Her relapse led her to be admitted in another private hospital; however she was transferred to the public psychiatric facility due to financial constraints.

### **The Challenges of RVP**

The problems identified by the patient in the Self domain were mostly about the need to live a normal life and the ways to achieve it. This suggested that the patient was able to understand the value of compliance of the treatment regimen suggested by health care professionals for her fast recovery. She was able to identify the ways to find satisfaction for those needs on her own. The needs of the patients were more on the physiological aspect and on how to properly manage her condition so as to be able to manage it in the future. Being able to identify these needs would mean that the patient has given value to herself and the very important role she plays in her journey to recovery.

In the World domain, RVP’s problems were focused on her relationship with her mother and with the other patients. These people were significant to the patient’s current condition since they are the ones she communicated with. Any problem with these people might greatly affect her current state. The patient depended on these people for her recovery, so she wanted to manage her interaction with them so as not to cause any difficulty in her recovery.

The problems identified by the patient in the Others domain showed that the patient has an idea on how day-to-day activities in the ward was managed. She was able to adjust herself to the daily routines and was able to realize how important it is to follow hospital policies. Being able to identify these problems means that the patient can now understand what is righteous and how to stay on the right path to live a harmonious life with the people around her.

### **Overcoming Challenges in her Journey to Recovery**

The nurse therapist utilized the *Ten Commitments* which distills the essence of the base of Tidal Model and demonstrates its value. Using these ten commitments and the daily journal diary, the care of the patient was facilitated. The nurse therapist utilized *valuing the voice* of the patient as the nurse provided a listening ear, explanation of the patient’s ideas, her verbalizations and identified behavior response of the patient towards isolation.

The nurse further considered the language of the patient with respect. This was done by accepting the patient’s anger without reacting, giving permission to express the feelings of anger in an acceptable manner and comfort the patient by confirming the availability of staff members to assist her in maintaining control. Coupled with this the researcher tries to develop genuine curiosity for the patient through a therapeutic nurse-patient relationship and by the provision of a consistent caregiver.

Involvement of the patient in the researcher’s plan of care was also practiced within limits of the situation. Individuals under treatment often believed that they are not entitled for pleasure and good things in their lives and they are required to learn how to meet these needs (Doenges, 2002). Allowing patient to exercise a certain control of her care enhances self-esteem, promotes confidence in ability to change behavior.

When patient was agitated, the nurse assisted the patient to redirect that feeling and the violent behaviors with physical outlets in the area of low stimulation. These will be helpful in the future if she wants to release unexpressed hostility and relieve muscle tension (Varcarolis, 2007). RVP was also assisted in identifying appropriate solutions and behaviors to lessen sense of anxiety and associated physical manifestations (Doenges, 2006).

An important commitment that was established is the *revelations of personal wisdom by helping patient recognize* that her actions may be due to her own fear, dependency and feeling of powerlessness. Moreover the nurse practiced transparency in the dealings with the patient.

The journey to recovery was observed in the diary of the patient when she wrote:

*Dear Diary,*

*Now that I am about to go out to the outside world, I learned about patience and its effect on my temper. I don't need a temper but I face the challenge of controlling one. Once I'm outside, I'm going to sit back and relax, watch morning duties and watch sunset. Then do journals every day. To my brothers, I love you. To my father, no comment. To everybody in my place, good luck.*

*I'm excited to own a cell phone already. To live just like the girl who was once here. It was yesterday, a woman of the age 29 came here to get here meds. Her admission 10 years ago was major depression with psychotic features. I totally admire her. I wish to be like her. She's working and all. And she's in control of her sickness. She can work if she takes proper medication.*

### **Journal 8**

*I woke up at 6:45 AM.*

*Our plans are for going out in Thursday, 11PM. That's my flight in the airplane, my brother will hikay (organize) my clearance. Then 7:00PM, Thursday, he will take me out (of the hospital). Then we will look for food then we will ride a taxi, to reach the airport. After that I'm off to my City.*

*I will definitely be happy. I will try my best to control my sickness, drink medicine. Then have a nice sleep. Sleep, that's what I love most. Then eat...eat...eat and eat. I love to eat. When I'm here food starves me, I love good food. My mom cooks the best food in town.*

### **The psychologist's point of view: These journals were interpreted by the psychologist.**

The patient seems to be fully functioning. She has exhibited coherence as manifested in her diary entries. Aside from that, she also has contact with reality, as indicated by her time and space orientation. This awareness also indicated understanding of her illness

which is a good sign of recovery. Client should also understand her behavior and its consequences. Emotions seem to be tangent to her current state. She has a sense of propriety, as stated; she knew that complying with her treatment regimen would help her cope with her illness. Aside from that, she is advocating for a healthy lifestyle when she goes back to Bacolod. She is fantasizing but her fantasy is in line with her current needs.

The diagnosis of depression may be deferred as of the moment. Medication may have controlled her symptoms and enabled her to function satisfactorily. Client still needs guidance and psycho-educational training on how to manage her behavior. Client may have difficulty when changing milieu because she exhibited dependence on the nurses and familiarity with the rehabilitation institution. Medication should be supplemented with psychotherapy and home life training. Client may also be assessed and evaluated to establish evidence-based progress. Her depression is asymptomatic because of the medication, therefore she should be given training and understanding to prevent relapse if symptoms recur.

This testimony of the patient elaborates what the Tidal model emphasized on the unpredictability of human experience as taken from the core metaphor of water:

*"Life is a journey taken on an ocean of experience. All human development – including the experience of health and illness – involves discoveries made on that journey across the ocean of experience. At critical points in the journey, people may experience storms or piracy. The ship may begin to take in water and the person may face the prospect of drowning or shipwreck. The person may need to be guided to a safe haven, to undertake repairs, or to recover from the trauma. Once the ship is made intact or the person has regained their sea legs, the journey may begin again, as the person sets again their course on the ocean of experience."*

This metaphor illustrates many of the elements of the psychiatric crisis and the necessary responses to this human predicament. 'Storms at sea' is a metaphor for problems of living; 'piracy' evokes the experience of rape or the 'robbery of the self' depicts the distress of a human being. Many users described the overwhelming nature of their experience of distress as akin to 'drowning' and this often ends in a metaphorical 'shipwreck' on the shores of the acute psychiatric unit. A proper 'psychiatric rescue'

should be akin to 'lifesaving' and should lead the person to a genuine 'safe haven' where the necessary human repair work can take place (Barker, 2000).

## CONCLUSION

It is concluded that the use of the proposed daily journal of the Tidal Model has provided a means to continuously assess the patient's condition in her own words. The patient was allowed to plan for her own recovery and to act on her own. The nurse is there only to facilitate and to ensure that the patient is doing the right thing. The journal is written by the patient, so interventions are focused on the kind of support that the patient might need for her to be rescued from the crisis she is undergoing currently.

This way she will be able to start again in the normal course of her life.

It is recommended to use this model theory for patients with a medical condition so that a more insightful journal would be gathered. It is necessary to ascertain if mental recovery and rehabilitation help alleviate the present medical condition of the patient. The Tidal Model is to be introduced to the students and nursing educators as a new approach to patient care. Longer period of time must be dedicated for the application of the model. More journals must be gathered and data should be collected at the end of the day. It would be advisable for the patient to be involved in a group to find the difference between the individual and group intervention.

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