

## Bipolar Disorder Of The Main Character As Seen In The *Touch With Fire* Movie By

Paul Dalio

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### ABSTRACT

The aim of this research is to analyze Bipolar Disorder of Marco and Carla in *Touched with Fire* Movie by Paul Dalio. The purpose of this research are (1) To find out the types of Bipolar Disorder experienced by Marco and Carla in the *Touched with Fire* film (2) To find out the causes of Bipolar Disorder that happened in the *Touched with fire* film. This research uses psychological approach by Endraswara about Bipolar Disorder, theory of types of Bipolar Disorder by Boulevard Wilson and the cause of Bipolar Disorder by Michael Wilson Passer and Smith Ronald. The method used in analyzing the problem in this research is a qualitative descriptive method. The results of this study are that Marco and Carla experienced some degree of mania and also some symptoms of depression, and also mixed episode. The causes of Bipolar Disorder in the film are psychological factors and environmental factors. Marco and Carla experience periods of unusually intense emotion, changes in sleep patterns and activity levels and characteristic behavior without recognizing their likely harmful or undesirable effects.

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## 1. Introduction

Film or movie is one kind of literary works that uses language to communicate to the audience. Film is the transformation of written text into audio visual from. Transformation (change) of literary text into this movie called ecranization. Ecranization is the realization of the literary work into film. This transfer will result in a change. Because of that transformation, now the people can see the literary work in film

form.<sup>1</sup> Likewise, film is an art of audio-visual story-telling, film is a medium of communication rich with social implications, created within different social, historical, and cultural contexts.<sup>2</sup>

Nowadays the society is very interested in fiction story. Gorgeous characters and the way of plot runs are also interesting factors. The information or events those are not real but rather imaginary. There are lots of fiction story that are still coming up and being made. As film *Touched with Fire*. The fiction film that shows some beyond actions that is hard to be believed. But the story does not only tell about that, it also tells about how the character life in pressure condition. The pressure makes the characters flight, uncontrolled and kill themselves.

Furthermore, there is bipolar disorder issues in the film *Touched with Fire* by Paul Dario which makes the film is interested to be analyzed deeply. The swing of mood of Marco and Carla are considered as mood disorder or in modern term called manic depression or bipolar disorder. However, the patient of bipolar get difficult to diagnose its disorder because it looks like normal but actually not normal. Even, an irritable and excited person can be diagnosed as the first symptoms to bipolar disorder.

### **Theoretical Framework**

#### **Psychological Approach**

In literature, literary work is considered as mirror of author's psychology. Because of that reason, the research of psychology of literature is important. Psychology of literature is study of literature by looking at the work as activity of psychology.<sup>3</sup> The authors will use creation, feeling, and work in working. It is similar to the reader, in giving response to the work it cannot be separated from their own psychology. Furthermore, literary psychological research is not simple as another research because it is related to unconsciousness psychology that needs more carefulness.

In the psychology study, one of theory is psychoanalysis which concern in which the mind expresses feelings. Those feelings range from anxiety and fear to hostility and sexual desire, and they can originate in a range of sources, from traumas of personal history to the instinct of the body. Psychoanalysis is also concerned with the dynamics of interpersonal relations and with the way the self is formed through interactions with its familial and socio cultural environment. Depending on the school of psychoanalysis one heeds, the study of the mind operations in literature should be concerned either with the unconscious and the instinct or with family, personal history, and the social world that shapes the self.<sup>4</sup>

#### **Bipolar Disorder**

The prefix "bi" which means two, refers to the extreme moods of bipolar disorder. The ending "polar" refers to the opposite states, or poles, that characterize the illness. A person with bipolar disorder suffers from the lows or sadness of depression. The person also experiences mania, which is characterized by extreme enthusiasm and excitement,

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<sup>1</sup> Klarer, Mario. 1999. *An Introduction to Literary Studies*. London and New York: Routledge. P.20

<sup>2</sup> Victoria University of Wellington.2011. *Career View: Film (a Journal pdf)*. Wellington: *Career Development and Employment*. P.1

<sup>3</sup> Endrasawara, *Metodologi Penelitian Sastra (Epistemology, model, teori dan aplikasi)*. Jakarta:CPAS.2011.p.96

<sup>4</sup> Ryan, Michael, *Literary theory A practical introduction*. (USA: Blackwell Publisher Inc, 1999), p.35

as well as disorganized thinking and behavior.<sup>5</sup> Depression has been around since the beginning of human history. It is painful and destructive, and it affects people of all ages, nationalities, religions, and races. United States president Abraham Lincoln was so troubled by depression in the mid-nineteenth century that he described himself as “the most miserable man living”. There are various types of depression. One of the most complex types is bipolar disorder (BD), also known as manic-depressive illness. Bipolar disorder is a condition that causes a person’s mood to swing back and forth between two opposite emotional states: depression and mania. In depression, a person has sad or low mood and is typically inactive and with-drawn. A person in a manic state, on the other hand, has an abnormally elevated mood and is often mentally and physically hyperactive.<sup>6</sup>

### **Symptoms and Phases of Bipolar Disorder**

Bipolar disorder involves extreme swings of mood from mania (a from of euphoria) to deep depression. The disorder can be triggered by the stressed and strains of everyday life, or a traumatic event or, in rare cases, physical trauma such as a head injury.<sup>7</sup> There are four episodes of bipolar disorder, they are:

#### **1. Mania**

Mania is the world that describes the activated phase of bipolar disorder. The mood becomes more elevated of irritable, behavior more unpredictable, and judgment more impaired as mania develops. There are some symptoms of mania:

- a) Feeling unusually “high” and optimistic or extremely irritable
- b) Impaired judgement and impulsiveness
- c) Acting recklessly without thinking about the consequences
- d) Delusions and hallucinations (in severe cases)
- e) Racing thoughts; Jumping quickly from one idea to the next
- f) Highly distractible. Unable to concentrate
- g) Unrealistic, grandiose beliefs about one’s abilities of powers
- h) Sleeping very little, but feeling extremely energetic
- i) Talking so rapidly that others can’t keep up

#### **2. Hypomania**

The term *hypomania* refers to a clearly altered mood state with mild to severe symptoms of mania that may for e few days or may persists for many months. Many people have described the high “high” of hypomania as feeling better that at any other time in their lives, but the feelings are exaggerated. They cannot understand why anyone would call their experience abnormal of part of disorder.

#### **3. Depression**

Depression is the opposite of mania. The patient’s mood may be dejected his outlook hopeless. Depression is more just the sad mood that most people might experience when they have a bad day. There are some sign and symptoms of depression:

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<sup>5</sup> Basia Leonardo, and Joann Jovinelly, *Understanding Brain Diseases and Disorders*, (The Rosen Publishing Group, 2012), p.7

<sup>6</sup> Basia Leonardo, and Joann Jovinelly, *Understanding Brain Diseases and Disorders*, (The Rosen Publishing Group, 2012), p.4

<sup>7</sup> Syrett, Melinda. The Secret life of manic depression: everything you need to know about bipolar disorder. (British:BBC Learning & Interactive), p.8

- a) Feeling hopeless, sad or empty
- b) Irritability
- c) Physical and mental sluggishness
- d) Feelings or worthless of guilt
- e) Thought of death or suicide
- f) Appetite or weight changes
- g) Sleep problems
- h) Concentration and memory problems
- i) Fatigue or loss of energy

#### **4. Mixed Episode**

Mixed episode is a condition in which both mania and depression occur. In some cases, a person alternates cyclically between manic and depressive episodes and often exhibits a period of normal behavior in between. This condition is listed in DSM-III as a bipolar disorder; the individual goes from one pole of the affect continuum to the other.<sup>8</sup> The symptoms of bipolar disorder as follows:

- a) Depression combination with agitation
- b) Insomnia
- c) Anxiety
- d) Irritability
- e) Distractibility
- f) Racing thought
- g) The combination of high energy and low mood make high risk of suicide

#### **Subtypes of Bipolar Disorder**

##### **1. Bipolar I Disorder**

Bipolar I disorder refers to condition in which the person may experience some episode of mania and also some degree of depression. Most people who have bipolar I will have episodes of both mania and depression. In other words, although most people who have bipolar I will have episodes of both mania depression, a few people will have episodes of mania alone. Moreover mania is the primary episodes in this type.<sup>9</sup>

##### **2. Bipolar II Disorder**

Bipolar II Disorder is the condition that the person may experience hypomania and at least one episodes of depression. Bipolar II disorder involves hypomania and the occurrence of significant depression. In this criterion, the people have had one episode of depression even though never full manic episode. In addition, it can be said that in this type depression becomes main episode.<sup>10</sup>

##### **3. Cyclothymia**

Cyclothymia refers to a more chronic unstable mood state. This diagnosis is given when, over the course of one year for children and adolescents, or two years for an adult, a person experience mood that are abnormally high or low for the least half of the days. During this time of

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<sup>8</sup> Atkinson, Rita L et al, *Introduction to Psychology Eight Edition*, (New York:1983)

<sup>9</sup> Boulevard, Wilson. *The National Alliance on Mental Health Understanding Bipolar Disorder and Recovery*, (British:2008) p.7

<sup>10</sup> ,*Ibid*, p.7

unstable mood, there will be hypomania, but no full manic depressive episodes. Moreover, hypomania becomes primary episode here.<sup>11</sup>

#### **4. Bipolar NOS**

Bipolar NOS (“not otherwise specified”) refers to a condition in which the people experienced the alternating periods of mood that cannot be diagnosed whether depression or hypomania as the main episode. People have experienced periods of elevated mood, but do not meet criteria for any of the other three defined subtypes of bipolar disorder. For example, a person can have some symptoms of hypomania followed by an episode of depression. Because the symptoms of hypomania never lasted that long, the person would not qualify for a diagnosis of bipolar II, since he or she did not have a full-blown hypomanic episode, but he or she would qualify for a diagnosis of bipolar NOS.<sup>12</sup>

### **The Causes of Bipolar Disorder**

#### **1. Biological Factors**

Biological factors refer to genetic factors. It is inherited from parents whether father or mother. Not only from parents, it can be also from other member of family. To bipolar disorder, genetic is also studied as the main causal factor to both men and women, in which depression alternates with less frequent periods of mania, has been studied primarily at the biological level because it appears to have a stronger genetic basis than does unipolar depression.<sup>13</sup>

Among both men and women, the lifetime risk of developing a bipolar disorder is just below one percent. Yet about fifty percent of patient with bipolar disorder have a parent, grandparent or child with the disorder. The concordance rate for bipolar disorder is five times higher in identical twins than in fraternal twins, suggesting a genetic link. Manic disorder may stem for an overproduction or the same neurotransmitters that are underactive and depression. This might explain the symptom picture that is quite the opposite of that seen in depression.<sup>14</sup>

#### **2. Psychological Factors**

##### **a. Personality-Based Vulnerability**

Psychoanalyst traumatic losses of rejections create vulnerability for later depression by triggering a grieving and rage process that becomes part of the individual’s personality. Subsequent losses and rejection reactive the original loss and cause a reaction not only to the current event but also to the unresolved loss from the past. The rate of depression among women who had lost their mother before age 11 and who had also experienced a severe recent loss was almost 3 times higher than that among women who had experienced a similar recent loss but had not lost their mothers before age 11.<sup>15</sup>

##### **b. Cognitive Processes**

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<sup>11</sup> Boulevard, Wilson. *The National Alliance on Mental Health Understanding Bipolar Disorder and Recovery*. (British:2008) p.8

<sup>12</sup> *Ibid*, p.8

<sup>13</sup> Michael Willson Passer and Smith Ronald . *Psychology the science of mental and behavior third edition*. (New York:2007) p.549

<sup>14</sup> Michael, Willson Passer and Smith Ronald . *Psychology the science of mental and behavior third edition*. (New York:2007) p.550

<sup>15</sup> *Ibid*, p.550

Depressed people victimize themselves through their own beliefs that they are defective, worthless and inadequate. They also believe that whatever happens to them is bad and that negative things will continue happening because of their personal defects.<sup>16</sup>

### **3. Environmental Factor**

Behavioral theorists believe that to begin feeling better, depressed people must break this vicious cycle by initially forcing themselves to engage in behaviors that are likely to produce some degree of pleasure. Eventually, positive reinforcement produced by this process of *behavioral activation* will begin to counteract the depressive affect, undermine the sense of hopelessness that characterizes depression, and increase feelings of personal control over the environment.<sup>17</sup>

### **4. Sociocultural Factors**

Cultural factors also can affect the ways in which depression is manifested. Feelings of guilt and personal inadequacy seem to be predominant in North American and western European countries, whereas somatic symptoms of fatigue, loss of appetite, and sleep difficulties are more often reported in Latin, Chinese, and African cultures.

## **Character**

Suwardi Endraswara said that: “*story characters are people presented in a narrative work, or drama that the reader is interpreted as having certain moral qualities and beliefs as expressed in speech and what is done in action*”.<sup>18</sup> While the character is a describing character of the figures contained in a work of fiction. In other words, character, disposition or characterized to suggest the same thing, how to portray the character of leader.<sup>19</sup>

## **Method Of Research**

### **A. Design of Research**

The writer used descriptive qualitative method and descriptive research that were suitable with the aim of the research. Qualitative research may be in descriptive form. The data were collected in the form of words as a descriptive explanation rather than a number. The result of the research contained quotation from the data to illustrate and substantiate the presentation. Descriptive research is a research which aims to describe a phenomenon accurately based on the characteristic of research<sup>20</sup>. In this research the writer used qualitative research, where the data were analyzed through interpretation, not statistical analysis.

### **B. Source of the Data**

Sources of data in this thesis is the movie entitled *Touched with Fire* by Paul Dalio. The movie *Touched with Fire* was published in 2016 by Paul Dalio. The movie duration is 106 minutes. In the process of collecting data, the writer divided the data into primary data. The data was taken from script, words, phrase,

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<sup>16</sup> Michael, Willson Passer and Smith Ronald. *Psychology the science of mental and behavior third edition*. (New York:2007) p.551

<sup>17</sup> Michael, Willson Passer and Smith Ronald. *Psychology the science of mental and behavior third edition*. (New York:2007) p.552

<sup>18</sup> Burhan Nurgiyantoro. 1995: Teori Pengkajian Fiksi. Gajah Mada University Press. P.165

<sup>19</sup> Albertine Manderop. 2005: metode karakterisasi telaah fiksi. Yayasan Obor Indonesia. P.2

<sup>20</sup> John W. Creswell, *Qualitative Inquirt and Research Design*, (United States of America:California:1997), p.15

sentences, action, dialogue between characters or some quotations that relate to Bipolar Disorder in *Touched with Fire* movie.

### **C. Technique of Data Collection**

The writer collected the data for this research in various ways. Data collecting is defined as the procedure of collecting, measuring and analyzing accurate insight for research using standard validated techniques.

### **D. Technique of Data Analysis**

In this research, writer used technique descriptive analysis to describe of the data, descriptive analysis helped the writer to summarize the data in meaningful way.

### **Finding And Analysis**

#### **A. Findings**

Based on the analysis, the writer found that the main character named Marco and Carla experienced bipolar disorder. The types of bipolar disorder that are experienced by Marco and Carla are mania, depression, and mixed episode. The causes of bipolar disorder that experienced by Marco and Carla are psychological factor and environmental factor because when they are always together they make each other manic and they become even more manic.

#### **B. Analysis**

#### **1. Types of Bipolar Disorder by Marco and Carla in *Touched with Fire* Movie by Paul Dalio**

##### **a. Mania**

Mania is one episode in bipolar disorder, when it less severe called hypomania. The symptoms of mania may take a variety of forms. People on the “high” side of bipolar disorder may feel on top of things, productive, sociable, and self-confident. The mood becomes more elevated of irritable, behavior more unpredictable, and judgment more impaired as mania develops.<sup>21</sup>

##### **1) Feeling unusually “high” and optimistic or extremely irritable**



Picture 1<sup>22</sup>

**Dr. Lyon** : do a lot people read these messages?

**Marco** : everyone

**Dr. Lyon** : well, how do you know?

**Marco** : because of my online fan base

**Dr. Lyon** : would you mind showing that to me?

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<sup>21</sup> Boulevard, Wilson. *The National Alliance on Mental Health Understanding Bipolar Disorder and Recovery*, ( British:2008), p.5

<sup>22</sup> Duration: 00:18:53→00:19:36

**Marco** : you see that? 106 million people  
**Dr. Lyon** : No, see, that number is the number of people in the entire network. Actually, only 199 people have seen your page.

The picture and conversation 1 showed that Dr. Lyon asked about an article and how many read it. Marco answered that everyone had read it that came from the fans base he owned. Marco showed that his article had read 106 million people in the world but he was wrong. The figure was the total number of people in the world network. Actually, there are only 199 had seen the page.

## 2) Impaired judgment and impulsiveness



Picture 2<sup>3</sup>

**George** : how are you gonna eat?  
**Marco** : No, no, I don't need to pay for food anymore. I realize that I can get free milk at Starbucks, I can get free ketchup at McDonald's.  
**George** : ketchup?  
**Marco** : yeah, the body can survive on ketchup alone just for a long time. At least until the apocalypse.

Based on the picture and conversation in picture 2, George asked how he would eat because he had left his job on purpose. Marco didn't need to buy some food and needed no more food but Marco said he could get free food at Starbucks and McDonald's. He survived long enough to eat ketchup till the end of the world.

### b. Depression

Depression is the opposite of mania. The patient's mood may be dejected his outlook hopeless. Depression is more just the sad mood that most people might experience when they have a bad day. Major depression is a medical disorder that lasts at least two weeks and produces a combination of physical and emotional symptoms that makes it very difficult to function in live. At the heart of clinical depression is a loss of pleasure in activities that used to be fun or exciting. Also, people often have feelings of sadness, hopelessness, and pessimism.<sup>24</sup>

#### 1) Feeling hopeless, sad or empty

<sup>23</sup> Duration: 00:04:43→00:05:01

<sup>24</sup> Boulevard, Wilson. *The National Alliance on Mental Health Understanding Bipolar Disorder and Recovery*, (British:2008), p.5





Picture 7<sup>25</sup>

- Carla** : I am not the same.  
**Sara** : you are the same.  
**Carla** : would you just please, just stop lying to me!  
**Sara** : okay, Carla, you are acting really hyper right now, are you sleeping okay? What's going on?  
**Carla** : I am just trying to figure out who am I, you know because I don't feel like myself anymore. Even, when I go off the medication, I don't feel like myself.

Based on the picture and conversation in picture 7, Carla went to her mother's house at night. Carla asked how she was when she was a kid because Carla remembered nothing about it. Her mother explained that she was just like any other child but Carla felt that was lying because her mother knew at the time. Her mother explained to her that many people in her life know her. Carla was confused about what happened at the time because after she got home from the hospital something caused her to be bipolar. Her mother made Carla feel sad and depressed because she had searched for her own identity but nothing worked. Carla felt sad and depressed because she felt herself. She even took medicine but she didn't feel herself.

## 2) Irritability



Picture 8<sup>26</sup>

- George** : he is an expert on your illness, he will know...  
**Marco** : I don't have an illness, come on, why are you bringing Dr.lyon into this?  
**George** : there's nothing wrong with, let's just...  
**Marco** : wait! That... what is...  
**George** : he is an expert on your medication.

<sup>25</sup> Duration 00:09:31→00:09:52

<sup>26</sup> Duration 00:12:52→00:13:08

**Marco** : no, he is not a fucking expert! He is a goddamned Nazi! He doesn't fucking know what he is talking about, okay.

**George** : okay.

**Marco** : listen, I don't have an illness.

Based on the picture and conversation in picture 8, George asked Marco to see Dr. Lyon but Marco felt bad about it. His father explained that Dr. Lyon was an expert in her hospital. Marco thought that he didn't have the disease. Marco was angry at George for bringing Dr. Lyon into his life. Marco felt that Dr. Lyon was not a doctor. She didn't know what he was talking about. Marco also claimed that he didn't have a disease and didn't need a checkup.

**c. Mixed Episode**

**1) Depression combination with agitation**



Picture 15<sup>27</sup>

**Carla** : I must've done something trigger it. Because I am not the same person, Mom.

**Sara** : No, you didn't.

**Carla** : I am not the same.

**Sara** : you are the same

**Carla** : would you just please just stop lying to me!

**Sara** : okay, Carla, you are acting really hyper right now, are you sleeping okay? What's going on?

**Carla** : I am just trying to figure out who I am, you know because I don't feel like myself anymore. Even, when I go off the meditation, I don't feel like myself.

Based on the picture and conversation in picture 13, Carla felt something was driving her to be bipolar because she felt that she wasn't who she used to be. Depression mixed up with guilt trying to find out who she was even though she had taken her medicine still felt like herself.

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<sup>27</sup> Duration 00:09:37→00:09:52

## 2) Insomnia



Picture 16<sup>28</sup>

**Frank** : couldn't sleep?  
**Marco** : No.  
**Frank** : want something to help?  
**Marco** : No, I am just gonna go to the art room.

The picture and conversation in picture 14 illustrate a few days where Marco stayed at hospital at night. Marco felt insomnia until 03.00 in the morning. Marco didn't know what he wanted to do. He left the room and went out to the art room.

## 2. The causes of Bipolar disorder

### a. Psychological Factor

#### 1) Personality-based vulnerability

Personality is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. Personality factor as indicated in the picture and dialogue bellow:



Picture 18<sup>29</sup>

**Marco** : you know what I found works, though?  
**George** : what's that?  
**Marco** : Marijuana, mama  
**George** : you are smoking Marijuana?  
**Marco** : yeah, it actually really helps. You know, it works way better than the meditation.

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<sup>28</sup> Duration 00:29:29→00:29:35

<sup>29</sup> Duration 00:12:12→00:12:30

Based on the picture and conversation in picture 16, Marco told his father what he found. Marco found that something makes his happy. His father asked him what he found. Marco said that he found a marijuana he thought it would help him do something more useful than taking a medicine.

## 2) Environmental Factor

In this part, the writer found data which show the learning and environmental factor below:



Picture 20<sup>30</sup>

- Dr. Lyon** : it seems it began in college  
**Carla** : no, I was great in college. I did my best writing in college. I could write all night and then go party with my friends. I mean, I had tons of friends. I mean, I had this incredibly deep relationship with people.  
**Dr. Lyon** : that was probably your illness surfacing  
**Carla** : what?  
**Dr. Lyon** : sleeping less, being more personable, more creative, wild. Those are the beginnings of illness. You were just walking up to the edge.

Based on the picture and conversation in picture 18, Dr. Lyon explained that Carla was having manic when she was in college. Carla didn't believe that. Carla felt that she was fine with nothing. Carla did some writing in college. It was actually the first cause a person becoming manic like sleepless, becoming wild, more creative, etc.

## Conclusion

The writer found the type of bipolar disorder experienced by Marco and Carla are Bipolar I disorder and Bipolar II disorder. According to the data, Marco and Carla experienced some degree of mania and also some symptoms of depression, and also actually mixed episode refers to mania and depression episode so that mixed episode is not mentioned in all the type of bipolar disorder. Mixed episode is happened when there is rapid cycling of mood changing (from mania to depression conversely). And also the cause of bipolar disorder happened in the film are psychological factors and environmental factor. When Marco and Carla are always together they become more bipolar disorder.

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<sup>30</sup> Duration 00:16:28→00:16:58

## References

- Atkinson, Rita L et al. 1983. *Introduction to Psychology Eight Edition*. New York: HBJ (Harcourt Brace Jovanovich).
- Boulevard, Wilson. 2008. The National Alliance on Mental Health (NAMI). *Understanding Bipolar Disorder and Recovery*. British.
- Creswell, John W. 1997. *Qualitative Inquiry and Research Design*, (United States of America: California).
- Endraswara, Suwardi. 2011. *Metodology Penelitian Sastra (Epistemologi, model, Teori, dan aplikasi)*. Jakarta: CAPS.
- Hana, Maria Sari. 2018. "An Analysis of Bipolar Disorder as portrayed in Matthew Quick's *the Silver Linings Playbook*" Faculty of Cultural Studies University of Sumatera Utara.
- Klarer, Mario. 1999. *An Introduction to Literary Studies*. London and New York: Routledge
- Leonardo, Basia, Jovinelly, Joann. 2014. *Understanding Brain Diseases and Disorders*.
- Manderop, Albertine. 2005: metode karakterisasi telaah fiksi. Yayasan Obor Indonesia.
- Nurgiantoro, Burhan. 1995: Teori Pengkajian Fiksi. Gajah Mada University Press.
- Passer, Michael W and Ronald E. Smith. 2007. *Psychology the Science of Mind and Behavior Third Edition*. New York: McGraw-Hill companies inc,
- Rahmawati, Yasinta. 2015. "The Main Character's struggle to Achieve Self-Actualization Potrayed in Rochelle weber's *Rock Crazy*" Faculty of Letters and Humanities, State Islamic University of Sunan Ampel Surabaya.
- Ryan, Michael. 1999. *Literary Theory: A Practical Introduction*. USA: Blackwell Publisher Inc.
- Victoria .2011. *Career View: Film (a Journal pdf)*. Wellington: *Career Development and Employment*. University of Wellington.
- Yulianna, 2014. "Bipolar Disorder in Josh Trank's film *Cronicle*" English and Language Department Faculty of Humanities and Culture State Islamic University of Makassar.