



MOOD DISORDER OF MAGGIE AS THE MAIN CHARACTER IN HENRY HOBSON'S FILM *MAGGIE*: A PSYCHOLOGICAL APPROACH

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ABSTRAK: Penelitian tentang analisis gangguan mood dalam film *Maggie* karya Henry Hobson ini dilatarbelakangi oleh timbulnya fenomena yang sedang terjadi di masyarakat kita yang sangat luas saat ini. Apa yang sudah diketahui dan dipahami oleh masyarakat tentang masalah psikologi ini bisa dikatakan sangatlah terbatas. Masyarakat berasumsi bahwa hal ini merupakan hal biasa yang sering terjadi dalam kehidupan sehari-hari tanpa mengetahui dampaknya terhadap kehidupan mereka sendiri. Lebih jauh lagi, penelitian ini bertujuan untuk menemukan serta mengklasifikasikan jenis-jenis mood disorder yang ditemukan didalam film *Maggie*. Metode yang digunakan dalam penelitian ini adalah metode deskriptif kualitatif, dimana teori-teori yang digunakan menjabarkan tentang jenis-jenis mood disorder itu sendiri serta mengenali setiap jenis melalui gejala-gejala yang ditunjukkan oleh salah satu karakter dalam film dengan dua langkah, yakni menonton film dengan lebih teliti dan kemudian mengambil data-data berupa kutipan-kutipan dari dialog-dialog antar karakter yang berhubungan dengan topik. Melalui data yang diperoleh di bab IV, penulis akhirnya menentukan jenis-jenis mood disorder yang dialami oleh salah satu karakter, Maggie, sebagai karakter utama dalam film. Penulis menemukan bahwa terdapat dua jenis umum gangguan mood yang diderita Maggie, yaitu depresi dan bipolar, yang mana didalamnya terdiri dari beberapa jenis lagi, yakni major depresi, kronik depresi, dan bipolar I.

Kata Kunci: *mood, disorder, karakter*

ABSTRACT: Analyzing mood disorder in Henry Hobson's film *Maggie* was actually chosen by the writer since there was less attention and misconception in our broad society. What people know about this psychology problem is very limited. People assumed that it is very common and it is not quite important to take a deep understanding in this problem. Furthermore, this study aimed at finding out the types of mood disorder by recognizing every symptoms of the disorder found in *Maggie* film. The method of the study was descriptive qualitative that explored about the types of mood disorder itself and recognized each type according to the symptoms shown by one of the characters in the film by using two steps. The first was watching the film closely, and the second was finding out all the quotations in some dialogues belonging to the problem. Through the data presented in findings and discussion section, the mood disorder as well as is experienced by Maggie as the main character in the film. There are two general types of mood disorder suffered by Maggie. They are depressive disorder and bipolar disorder in which they were also included some types such as major depressive disorder, chronic depressive disorder, and bipolar disorder I.



Key Words: mood, disorder, character

INTRODUCTION

Nowadays, popular literary work is one of cultures that aim to introduce the mass literary works (ex: film, song, music, cinema, etc.). This culture comes from the works of society that present their ideas through the modern media. This popular culture is also spread to this whole world like a daily consumption. A daily consumption through many modern literary works is enjoyed, which tend to be associated with the condition of today's modern society. As Dilks (2013:199).states that as a product of popular culture, popular literature certainly is in great demand today. The story presented much attached to people's daily life, which is the appeal of popular literature itself.

The motion picture is better known as film. It is one of the popular literary works that can be accepted as a useful media to express people's feelings thoughts and ideas. Film is also presented in audio visual that makes interesting to be watched. According to Bordwell and Thompson (2010:2). in their book *Film Art: An Introduction*, motion pictures are so much a part of people's life that is hard to imagine a world without them. They also state that film communicates information and ideas and films show people places and ways of life. Films takes people through the experiences, the experiences are often driven by stories with characters, a film might also develop an idea or to explore visual qualities or sound textures. In other words, a film takes people on a journey, offering a patterned experience that engages people's mind and emotions

In order to support the story and to make it meaningful and understood by all the viewers, the presence of character in a film is very important; it means that without character's role in a film, the story will not make any sense. With characters, the story in the film will be easily understood because of the role played by the characters itself. Almost all the parts in the film involve characters. A character gives the briefly description about how the story flows, there are some theories of character in *Literature for Composition* that focuses on personality, traits, and characteristic (Bennet, 2004:77). A story can be told interesting when it depends on the play of the characters, because the character is the key of the way of story life. In this case someone, things although the author can be the character, but they have to play in the story of the film. Runyon (2002:12) says that psychology in literature deals with human personality, characterization, behavior, motivation, and interpersonal relationship. It means that psychology is the study of the more complex forms organization in mind, behavior, and process such as learning, perception or emotions which are involved in the organization. Psychology in literature known as the study about person's thought, behavior, and character that happened in a literary work such as drama, poetry, novel, or in a film.

There are some areas of psychology study. They are social psychology, psychometrics, psychological psychology, personality psychology and abnormal psychology (Papalia and Olds, 1985:3). Abnormal psychology is the study of emotional disturbance and abnormal behavior. According to Kring, et al. in their book *Abnormal Psychology* (2012:4), abnormal psychology can be divided into some branches, such as anxiety, eating disorder, obsessive-compulsive, and many



more. One of them is mood disorder studies. Mood disorder is generally known as the disturbances in mood that are unusually severe or pro-longed and impair their ability to function in meeting their normal responsibilities. Many people with the mood disorder have different symptoms in which would explain the kind of mood disorder that suffered. It can be found in many literary works, such as film. By learning and understanding more about mood disorder, the writer found it in the film.

Analyzing mood disorder in film as the material object is taken by the writer since there is less understanding and misconception in distinguishing the types of mood disorder in this broad society. As far as the writer see, what people know about Mood Disorder is only all about emotional disturbance without understanding about the different types on it. In reality, someone with mood disorder is easy to find in our daily life. Unfortunately, in the view of many people, it is natural and becomes a phenomenon as people assume that it is a very common. People assume that it is not a big deal to be discussed. As being explained before, there are many types of mood disorder in which every type has a little bit similarities symptoms but it is different in the level of the result. Mood disorder is divided into two broad types, those that involve only depressive symptoms and those that involve manic symptoms (bipolar disorders). Depressive disorder consists of two types, major depressive disorder (MDD), and chronic depressive disorder (Dysthymia). In other side, bipolar disorder (manic), divided into three types, bipolar I disorder, bipolar II disorder, and cyclothymic (Kring, et al., 2012:132). In addition, we have to recognize very well every types of mood disorder and each type of it and also each symptom that we found in the film. The film reflects many things in people daily life directly by audio visual media. Film shows us real characters, real place, the act that is very real to feel. Films are the way for the author to tell about everything the author wants to tell.

Maggie is a 2015 American film written and directed by Henry Hobson. The film tells about the life of Maggie (Abigail Braslin) that have to pass a difficult time in her life because she was infected by the deadly zombie virus. Maggie, who has been disappeared from home for a long time, finally found by her father, Mr. Wade (Arnold Schwarzeneger). Despite of knowing that her daughter was infected by the virus, her father attempted to take her back home although he also knows that his daughter will getting bad, cannot be treated and will not be herself anymore one day. With his father, who always loves and takes care of her, Maggie tries to always stay strong with his life although the situation is getting worse every day. She tries to keep doing ordinary things in their house, and also in the environment. Everything went very well at first. Maggie finally starts to facing the harsh reality that her body is no longer to hold back the virus effect. Her physic starts to weaker, the changes on her body which makes her mind increasingly unclear. These situations suddenly lead her to a very deep depression. She begins to do the things that harm her, even the most dangerous thing. Realizing the fact that her beloved daughter is getting bad, Mr. Wade tries to keep patient and continue to make every effort to Maggie by always doing good things. This movie shows us about the struggle of a young girl against her great depression and also about father's fortitude to protect his daughter he loves so much even in a very difficult time and situation. Maggie is too young to overcome her depression. Dealing with the explanation above, this study is intended to find out the

kinds of mood disorder experienced by Maggie as the main character in Henry Hobson's film *Maggie*.

THEORETICAL REVIEW

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MOOD DISORDER OF MAGGIE AS THE MAIN CHARACTER IN HENRY HOBSON'S FILM *MAGGIE*: A PSYCHOLOGICAL APPROACH



There are some branches study of psychology, one of them is abnormal psychology. Abnormal psychology is the scientific study to describe, explain, predict, and control behaviors that are considered strange or unusual. Furthermore, Kring, et al., (2012), define abnormal psychology as specifically as possible. The categories of abnormal psychology are divided into some kind of disorders, they are, Mood Disorders, Anxiety Disorders, Obsessive-Compulsive-Related and Trauma-Related Disorders, Dissociative Disorders and Somatic Symptom Disorders, Schizophrenia, Substance Use Disorders, Eating Disorders, Sexual Disorders, Disorders of Childhood, Late Life and Neurocognitive Disorders, Personality and Personality Disorders.

Mood Disorders

As the part of psychology, mood disorder is one of many kinds of disorder in abnormal psychology study. In real life, many people have experienced mood disorder. Moods are feeling states that color our psychological lives. Most of experience changes in mood (Dickinson, 2011:247). We feel elated when we have earned high grades, a promotion, or the affections of Ms. or Mr. Right. We feel down or depressed when we are rejected by a date, flunk a test, or suffer financial reverses. It is normal and appropriate to be happy about uplifting events. It is just as normal, just as appropriate, to feel depressed by dismal events. It might very well be abnormal if we did not feel down or depressed in the face of tragic or deeply disappointing events or circumstances. But people with mood disorders experience disturbances in mood that are unusually severe or pro-longed and impair their ability to function in meeting their normal responsibilities. Some people become severely depressed even when things appear to be going well or when they encounter mildly upsetting events that others take in stride. Still others experience extreme mood swings. They ride an emotional roller coaster with dizzying heights and abysmal depths when the world around them remains largely on an even keel. Mood disorders Psychological disorders characterized by disturbances of mood. Mood Disorder can attack everyone not only adult, but also teenager, or even a child.

In other definition, Atkinson (2010:131) describes mood disorder as the disturbances in emotion from the extreme sadness and disengagement of depression to the extreme elation and irritability of mania. They also distinguish mood disorder into two broad types according to the proposed DSM-5: it is recognized two broad types of mood disorders: those that involve only depressive symptoms and those that involve manic symptoms (bipolar disorders). Depressive disorder consists of two types, major depressive disorder (MDD), and chronic depressive disorder (Dysthymia). In other side, bipolar disorder (manic) divided into three types, bipolar I disorder, bipolar II disorder, and cyclothymic.

Depression includes profound sadness and/or an inability to experience pleasure. Most of us experience sadness during our lives, and most of us say that we are "depressed" at one time or another. But most of these experiences do not have the intensity and duration to be diagnosable.

When people develop a depressive disorder, their heads may reverberate with self-recriminations. As described in the Clinical Case, they may become focused on their flaws and deficits. Paying attention can be so exhausting that they have difficulty absorbing what they read and hear. They often view things in a very negative light, and they tend to lose hope. Physical symptoms of depression are also common, including fatigue and low energy as well as physical aches and pains. These symptoms can be profound enough to convince afflicted persons that they must be suffering from some serious medical condition, even though the symptoms have no apparent physical cause. Although people with

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depression typically feel exhausted, they may find it hard to fall asleep and may wake up frequently. Other people sleep throughout the day. They may find that food tastes bland or that their appetite is gone, or they may experience an increase in appetite. Sexual interest disappears. Some may find their limbs feel heavy. Thoughts and movements may slow for some (psychomotor retardation), but others cannot sit still they pace, fidget, and wring their hands (psychomotor agitation). Beyond these cognitive and physical symptoms, initiative may disappear. Social withdrawal is common; many prefer to sit alone and be silent. Some people with depression neglect their appearance. When people become utterly dejected and hopeless, thoughts about suicide are common.

The proposed DSM-5 diagnosis of major depressive disorder (MDD) requires five depressive symptoms to be present for at least 2 weeks. These symptoms must include either depressed mood or loss of interest and pleasure. As shown in the proposed DSM-5 criteria, additional symptoms must be present, such as changes in sleep, appetite, concentration or decision making, feelings of worthlessness, sociality, or psychomotor agitation or retardation. MDD is an episodic disorder, because symptoms tend to be present for a period of time and then clear. Even though episodes tend to dissipate over time, an untreated episode may stretch on for 5 months or even longer. For a small percentage of people, the depression becomes chronic. The person does not completely snap back to the prior level of functioning. Some people improve enough that they no longer meet the criteria for diagnosis of MDD but continue to experience subclinical depression for years. Major depressive episodes tend to recurrence a given episode clears; a person is likely to experience another episode. About two-thirds of people with an episode of major depression will experience at least one more episode during their lifetime. The average number of episodes is about four. With every new episode that a person experiences, his or her risk for experiencing another episode goes up by 16 percent. There is controversy about whether a person with five symptoms lasting 2 weeks (i.e., someone who meets the criteria for diagnosis with MDD) is distinctly different from someone who has only three symptoms for 10 days (i.e., someone who meets the criteria for so-called subclinical depression). A study of twins found that subclinical depression predicted the occurrence of future episodes of MDD and even the diagnosis of MDD in a co-twin. That is, when one twin had subclinical depression, both twins were likely to have future episodes of major depression. Even a few symptoms of depression can result in impairment, but it does appear that impairment levels are higher when more depressive symptoms are present.

Chronic Depressive Disorder (Dysthymia), People with dysthymia are chronically depressed more than half of the time for at least 2 years, they feel blue or derive little pleasure from usual

activities and pastimes. In addition, they have at least two of the other symptoms of depression. The DSM-IV-TR distinguishes chronic MDD from dysthymia, but DSM-5 criteria do not make this distinction. Rather, the DSM-5 combines these two chronic forms of depression. This places emphasis on the chronicity of symptoms, which has been shown to be a stronger predictor of poor outcome than the number of symptoms; among people who have experienced depressive symptoms for at least 2 years, those who do and do not have a history of major depressive disorder appear similar in their symptoms and treatment response. The DSM-5 criteria are also consistent with findings from one longitudinal study which found that 95 percent of people with dysthymia developed MDD over a 10-



year period. Findings like these suggest that it does not make sense to try to differentiate these two forms of chronic depression.

Bipolar disorders, as the proposed DSM-5 recognizes three forms of bipolar disorders: bipolar I disorder, bipolar II disorder, and cyclothymic disorder. Manic symptoms are the defining feature of each of these disorders. The bipolar disorders are differentiated by how severe and long-lasting the manic symptoms are. These disorders are labeled “bipolar” because most people who experience mania will also experience depression during their lifetime (mania and depression are considered opposite poles). An episode of depression is not required for a diagnosis of bipolar I, but it is required for a diagnosis of bipolar II disorder. Mania is a state of intense elation or irritability accompanied by other symptoms shown in the diagnostic criteria.

During manic episodes, people will act and think in ways that are highly unusual compared to their typical selves. They may become louder and make an incessant stream of remarks, sometimes full of puns, jokes, rhymes, and interjections about nearby stimuli that have attracted their attention. They may be difficult to interrupt and may shift rapidly from topic to topic, reflecting an underlying flight of ideas. During mania, people may become sociable to the point of intrusiveness. They can also become excessively self-confident. Unfortunately, they can be oblivious to the potentially disastrous consequences of their behavior, which can include imprudent sexual activities, overspending, and reckless driving. They may stop sleeping but stay incredibly energetic. Attempts by others to curb such excesses can quickly bring anger and even rage. Mania usually comes on suddenly over a period of a day or two. The proposed DSM-5 also includes criteria for hypomania. Hypo comes from the Greek for “under”; hypomania is “underless extreme than mania. Although mania involves significant impairment, hypomania does not. Rather, hypomania involves a change in functioning that does not cause serious problems. The person with hypomania may feel more social, flirtatious, energized, and productive. Bipolar I Disorder (formerly known as manic-depressive disorder) includes a single episode of mania during the course of a person’s life. Note, then, that a person who is diagnosed with bipolar I disorder may or may not be experiencing current symptoms of mania. In fact, even someone who experienced only 1 week of manic symptoms years ago is still diagnosed with bipolar I disorder. Even more than episodes of MDD, bipolar episodes tend to recur. More than half of people with bipolar I disorder experience four or more episodes.

Bipolar II Disorder, in the proposed DSM-5 also includes a milder form of bipolar disorder, called bipolar II disorder. To be diagnosed with bipolar II disorder, a person must have experienced

at least one major depressive episode and at least one episode of hypomania. Cyclothymic Disorder also called cyclothymic, cyclothymic disorder is a second chronic mood disorder (the other is dysthymia). As with the diagnosis of dysthymia, the proposed DSM-5 criteria require that symptoms be present for at least 2 years among adults. In cyclothymic disorder, the person has frequent but mild symptoms of depression, alternating with mild symptoms of mania.

It is extremely hard to estimate the prevalence of milder forms of bipolar disorder, because some of the most commonly used diagnostic interviews are not reliable. When researchers have re-interviewed people who met diagnostic criteria for bipolar II disorder using structured clinical interviews, the initial diagnosis of bipolar II disorder was confirmed for less than half of people. (Many

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of those were diagnosed with other forms of bipolar disorder). As you might expect given the low reliability, the prevalence estimates then vary, with large-scale epidemiological studies suggesting that bipolar II disorder affects somewhere between 0.4 percent to 2 percent of people. It is estimated that about 4 percent of people experience cyclothymic disorder. More than half of those with bipolar spectrum disorders report onset before age 25, but these conditions are being seen with increasing frequency among children and adolescents. Bipolar disorders occur equally often in men and women, but women experience more episodes of depression than do men.

About two-thirds of people diagnosed with bipolar disorder meet diagnostic criteria for a comorbid anxiety disorder, and more than a third report a history of substance abuse. Bipolar I disorder is among the most severe forms of mental illnesses. One-third of people remain unemployed a full year after hospitalization for mania. It has been estimated that people with bipolar disorders are unable to work about 25 percent of the time. Suicide rates are high for both bipolar I and bipolar II disorders. One in every four persons with bipolar I disorder and one in every five of those with bipolar II disorder report a history of suicide attempts. People with bipolar disorders are at high risk for a range of other medical conditions, including cardiovascular disease, diabetes mellitus, obesity, and thyroid disease. Not only are medical problems present, they are often quite severe. People who have been hospitalized for bipolar I disorder are twice as likely to die from medical illnesses in a given year as are people without mood disorders. These sad consequences of bipolar disorders are not offset by evidence that hypomania is associated with creativity and achievement (see People with cyclothymic are at elevated risk for developing episodes of mania and major depression. Even if full-blown manic episodes do not emerge, the chronicity of cyclothymic symptoms takes a toll.

The mood disorders are highly heterogeneous that is, people who have been diagnosed with the same disorder may show very different symptoms. The proposed DSM-5 deals with this by providing criteria for dividing MDD and bipolar disorders into a number of subtypes, based on either specific symptoms or the pattern of symptoms over time and seasonal subtypes refer to the overall pattern of episodes over time, whereas other subtypes describe the current episode of major depression or mania. All of the subtypes can be applied to either major depressive disorder or bipolar disorders, with the exception of rapid cycling, which is diagnosed only for bipolar disorder. Most of the episode subtypes can be applied to both depressed and manic episodes, but the term melancholic is used only for episodes of depression.

METHODS

The method used was chosen by considering its appropriateness of the research object. This research method was arranged based on the problems and objectives of the study. The research method covers research design, source of data, data collection, and data analysis. This study simply used descriptive qualitative design since the data engaged were displayed into in the form of strings of words. According to Creswell (2004:11), the kind of data was indeed supposed to be qualitative, rather than quantitative. Qualitative research does not give the numeral or statistics but it depends on how is the knowledge of the writer in analyzing the data. It meant that the writer explained the result of analysis in the form of words and sentences. Based on the consideration above, the data were taken from Henry Hobson's Film *Maggie* as the main source to find out the kind of mood disorder experienced by one of the character in the film. In this study, the source of data were from the 2015

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American film *Maggie* directed by Henry Hobson. *Maggie* was released by Lionsgate and Grindstone Entertainment in 2015. The data were dialogues of characters and actions derived from the whole film running for 95 minutes. The data used in this study were collected by using several steps, namely watching the film intensively, identifying the dialogues and actions indicating Mood Disorder, and writing the dialogues and actions belonging to the problem. In order to find the best achievement, this study employed three steps in analyzing the data, such as classifying the data referring to mood disorder of *Maggie* as the main character, analyzing the data based on the theories, and drawing conclusion based on the result of data analysis.

DISCUSSION

As being explained before, there are two broad types of mood disorder. They are depressive and bipolar. Therefore, the writer presents the analysis by mentioning the mood disorder of *Maggie* found in Henry Hobson's film *Maggie*. Some quotations related to types of mood disorder experienced by *Maggie* in the film are prescribed viewed from the theories being used.

Depressive Disorder

Depressive includes profound sadness or an inability to experience pleasure. Most of people experience sadness during our lives, and most of us say that we are "depressed" at one time or another. But most of these experiences do not have the intensity and duration to be diagnosable. Many of us, probably most of us, have periods of sadness from time to time. We may feel down in the dumps, cry, lose interest in things, and find it hard to concentrate, expect the worst to happen, or even consider suicide. For most of us, mood changes pass quickly or are not severe enough to interfere with our lifestyle or ability to function. Among people with mood disorders, including depressive disorders and bipolar disorders, mood changes are more severe or prolonged and affect daily functioning. *Maggie* film shows how *Maggie* as the main character facing her depression as she experienced some symptoms of depression.

Major Depressive Disorder

Major depressive disorder is characterized by the emotional sadness condition and the loss of the ability to enjoy usual activities. These symptoms must include either depressed mood or loss of

interest and pleasure. An additional symptoms must be present, at least four symptoms of its type, such as changes in sleep, appetite, concentration or decision making, feelings of worthlessness, suicidality, or psychomotor agitation or retardation. These symptoms are often called in general public in term of depression. In this film, *Maggie* is experiencing some of these symptoms of major depressive disorder. She feels very sad and depressed after knowing that she is infected by the deadly virus. In *Maggie* film, *Maggie* experiences some physical symptoms that she is in a state of major depressive disorder. Her physic looks very weak, pale, and dispirited. It seems that she has never enjoyed her daily activities anymore. Even when her father wants to have a chat, she looks unexcited at all. It can be proved by the utterance from the dialogue between *Maggie* and her father:

Maggie : What did he say?
Mr. Wade : The Doctor?
Maggie : (*Quiet, while gazing out through the car window*)



Mr. Wade : Vern helped us to get you out.
Maggie : *(Still quiet, this time scratching on her arm)*
Mr. Wade : Stop picking at it!

The utterance above occurs when Maggie, is currently picked up by his father, Mr. Wade, from the quarantine. The poor Maggie that have been infected by the virus finally captured by security forces because it was considered by the government as a dangerous when she is being outside and must be quarantined. With the help of a friend who work at the quarantine, Mr. Wade can finally bring Maggie back to be threatened. Besides, Maggie also shows her idleness in making conversation with anyone. Even her stepmother, Caroline, feels a lot of disappointed because Maggie has never answered everytime she wants to ask. It is shown when Caroline tries to explain about what makes her feels so disappointed to Mr. Wade. As it appears in their dialogue:

Caroline : *I just don't understand. i.. i keep asking her, and asking her.. but.. She's not giving me any answers.*
Mr. Wade : it's okay.

The other symptoms of major depressive disorder that shown by Maggie is when she's been asked by her father for the dinner. She has lost her appetite; meanwhile, she has not eaten anything after being picked up from the quarantine. Maggie rejects for the dinner. She feels not hungry at all. As it is shown from their dialogue:

Mr. Wade : : Caroline is fixing something to eat.
Maggie : *I'm not hungry. (WHILE PLAYING HER PHONE)*
Mr. Wade : : You have to eat something. For me.
Maggie : I'll try.

After that, even when she has been persuaded by her father for the dinner, she does not eat a piece of food at all. It makes a assumption that Maggie has lost her appetite completely. As it is shown in the scene where they are gathering together in the dining room for dinner:

Maggie : *(STARRING AT THE FOOD, WITH NO APPETITE)*
Caroline : Maggie? Where are you bandages?
Maggie : *I'm so glad i came down. (LEAVING)*

In addition, there are also other symptoms shown by Maggie in the film that proves about this type of depression. Before being picked up by her father from quarantine, Maggie was so devastated after finding out about her condition. In the quarantine, this beautiful girl is only locked in her room for almost eight weeks without nothing to do. The sadness she feels is so deep that makes her very depressed. And right after her father comes to pick her up; Maggie runs toward her father and hugs her father while crying. The utterances below show all of this major depressive disorder too.

Maggie : *(sat pensively on her bed)*
Mr. Wade : (stepped into the room slowly)
Maggie : *(get up from the bed and hugged her father deeply)* Dad? Dad!
Maggie : *I'm sorry. (Crying)*
Mr. Wade : I've been searching everywhere for you.
Maggie : *I'm sorry.*

Chronic Depressive Disorder (Dysthymia)



Dysthymia is a chronic depressive disorder. The Individuals diagnosed with the disruption diatomic experienced a depressive condition over the time of major depressive disorder. People with dysthymia are chronically depressed. In addition, they have at least two of the other symptoms of depression, such as loss of appetite, feeling of worthlessness, difficult in concentrating and making decisions, feelings of lost hope, or even suicidality. Person with dysthymic disorder do feel "bad spirited" or "down in the dumps" most of the time, but they are not as severely depressed as those with major depressive disorder.

In this film, Maggie also experiences the symptom of this type, the symptoms appears when she asks her father how many days her father spendds in addition to find her. It can be shown in the dialogue below:

Maggie : Two weeks? You spent two weeks, looking for me?
Mr. Wade : Yeah. I made a promise to your mother, that i will protect you.
Maggie : Yeah. But.. What about you guys? What if i hurt you?
Mr. Wade : Don't worry. Caroline and i will know the precaution.
Maggie : You should not bring me back.

In this dialogue, Maggie seems to lose her hope. She feels like there is no use to bringing her home for recovery. She feels like there is no hope for her treatment. It is not only the symptoms wher she looks like has no any hope, but also she lost her concentration in her own activities. Making some wrong terrible decisions which makes her in serious condition, such as shown in the scene when she fall down from the top of the swing which causes her finger sprained and bleeding. She eventually helped by her stepmother, Caroline. The desperate Maggie precisely cut her finger off because she is showing blood coming out of his finger.

Caroline : (Running toward Maggie.) Mag! You okay? Your finger. Let me help. (Holding up Maggie and took her to the kitchen). here, sweetie. Sit down.
Maggie : Caroline? Look at my finger! (While looking at the sprains and bloody finger)
Caroline : (Shocked) I'll call a doctor.

Maggie : (Weeping, walked to the table, then took a knife and cut off her fingers directly)

This situation shows us that her depression is getting worse. She does not even feels worth anymore. By hurting herself, it is proves that Maggie has lost her spirit in her life. Maggie's worthlessness symptoms also appear in the dialogue in the hospital, when she is picked by her father for routine checking. In the next scene, it shows how Maggie's condition is getting bad. Her wound is spreading already. She is showing other symptoms of this dysthymia disorder by imagine some bad things, such as death, and any other. As it is shown in the scene when she wake up at the middle of the night, and realizes that her condition is getting bad. It makes her crying all the night long.

Maggie : (Woke up, after imagine some bad things that might be happened. While Panting) No! No! (Running into the bathroom, and realized her arm is getting worse) No! (WHIMPERING) No! (Sit on the floor, while crying all night long)

In the next scene, the more chronic depression he suffers is getting worse when it is implicated to the loss of her concentration. Maggie cannot focus in every decision she make in her activities. This time, Maggie kills a fox that she findS when she is walking in her backyard and actually eating it raw



fox. Mr. Wade, who shows her daughter with the blood all over her body, suddenly takes her inside the room. Maggie actually screaming loudly as her father tries to calm her down.

Mr. Wade : Look at me. Look at me. Good, Daisy's baby. That's good. Now tell me, what happened?

Maggie : **Don't! (SCREAMING LOUDLY)**

Mr. Wade : I'm not moving! I'm not moving.

Maggie : **He was afraid of me. I didn't know it. I didn't know it. I swear. I didn't know it. I didn't know it.. (SPEAKS QUICKLY)**

In this chronic case, as it is experienced by Maggie, people who may attempt suicide are often depressed, but they are generally in touch with reality. They may, however, lack effective problem-solving skills and see no other way of dealing with life stress than suicide. A sense of hopelessness also figures prominently in suicides. Maggie also ultimately decided to end her own life. A sense of great despair in her life cannot be arrested anymore. She felt there is no hope in her life; this girl chose suicide as her last way. In a scene at the end of film, Maggie comes out of her room in the middle of the night. Stumbled into the living room, She found his father, who was fast asleep. Maggie kissed her father so deeply, crying, and then she headed up to the roof of the house and jumping from heights to end her life.

Bipolar Disorder

As being described before, three forms of bipolar disorders: bipolar I disorder, bipolar II disorder, and cyclothymic disorder. Known as bipolar because there are manic and depressive episodes, both of manic and depressive are two different poles. Manic is a condition of high irritability. Then, the writer would try to identify which types of bipolar disorder that experienced by Maggie in the film, with recognizing the symptoms shown by Maggie in this film.

Bipolar Disorder I

This type includes the episode of mania and depressed episode during the course of a person's life. Then, that a person who is diagnosed with bipolar I disorder may or may not be experiencing current symptoms of mania. Individuals with the condition of manic symptoms are easily stimulated, very vibrant, energetic, very happy, excessive self-confidence. In this section, Maggie is showing something different in her attitude. She looks happy, very excited in making some activities with her friends. This is clearly related to her situation when showing symptoms of depression. In this case, Maggie shows something that is very rarely seen from her during this time, which is happiness. In some scenes and dialogue with some of characters in the film, Maggie shows her tremendous spirit. She shows the typical of a young girl's spirit. She's very confident, very eager to do something, as there is no burden in her life.

In addition, Maggie continues to shows some symptoms which indicate she is experienced this type of bipolar disorder. It can be proved by the utterance below:

Allie : Hey. Oh my God. There she is.

Maggie : **Shut up. (Smiling at Allie)**

Allie : (LAUGHING) oh.. (Hugging Maggie)

Maggie : **Hai..**

Allie : Where have you been?



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Maggie : Oh. Well, i haven't been feeling to well.
Allie : Yeah?
Maggie : Yeah. (LAUGHS)
Allie : Well, how are you feeling right now?
Maggie : Uhh, right now?
Allie : Yeah.
Maggie : Umm.. Why?
Allie : Okay. Alright. Trent and Candace and a few other people are going out to the reservoir tonight. I know it's not like a super fun trip to KC or whatever, but school starts soon and i doubt our parents are gonna let us much further than that.

The conversation above occurs when her friend, Allie asks her to have fun in some place with the other friends. Maggie looks very happy at the time. She looks so enthusiastically seems like she does not remember about all of her problems at all. Moreover, Maggie has been notified by Allie that her close friend, Trent, would come to that place. Once again, Maggie continues showing her joy in accepting her friend's invitation. This time by asking the presence of her close friend, Trent. Trent's presence absolutely makes her feels more comfortable and excited to go.

Maggie : Trent's going?
Allie : Yeah. Did you hear?
Maggie : Yeah. How's he doing?
Allie : I don't know, i mean, he seems alright, but don't take my word for it. You should come see for yourself.
Maggie : (LAUGHS) Right.

Furthermore, the young girl is back to shows something different than before. Which makes her stepmother quite surprised. Maggie begins to dresses up and wears nice clothes to go with her friends. Once again, he was very excited. This scene shows us the bipolar I symptoms experienced by Maggie.

Caroline: Hey, uh, hold on, real quick.

Maggie : What?

Caroline : Here. (While giving a necklace to Maggie). I found it on the couch the other day and threw it on this old thing. I figured you might wanna wear it.

Maggie : (SMILING) Thank you.

Maggie then continues to hanging out with her friends in some place. She looks very excited in enjoying her good time with her friends.

Friends : Oh, here we go!
Maggie : (LAUGHING)
Maggie : Hey!
Girl #2 : Hai. Long time no see!
Maggie : (LAUGHING)

Then she makes a conversation with her close friend, Trent. In the scene she seems to be very active in making a chat with Trent, because they have never met in a very long time.

Maggie : (Holding Trent's hand)..I'm sorry..
Trent : It's not your fault..
Maggie : (LAUGHING), no, no.. I mean..about us.
Trent : I figured I'd done something wrong.



Maggie : *No, i was just scared, i guess.*

Trent : Yeah. me too.

Maggie : *(SMILING) I missed you..*

Trent : I missed you too.

Meanwhile, there are also some scenes where Maggie is doing a funny joke which indicates that she is in a very good mood and looks very enjoying her life. In a dialogue with her father and stepmother, Maggie jokes with his father about the food that they enjoy. In this situation, Maggie is doing something rarely done by people who are depressed, which makes his father so happy to see her beloved daughter burst out laughing because it is funny.

Maggie : *(Glanced at her father with a smile)*

Mr. Wade : Caroline, the food is delicious. (While chewing the food tasted very weird)

Maggie : *(Holding her laugh)*

Caroline : Oh... ah, the stove is shot. i.. some of it's really.. (SIGHS)

Maggie : *(LAUGHING)*

Mr. Wade : (Laughing, while looking at Maggie.)

Caroline : You think this is funny? Hmm?

Maggie and Mr. Wade : *(BOTH LAUGHING)*

Not only that, Maggie also makes jokes with her stepmother, Caroline, where her joke makes Caroline feels a little annoyed, and then leaves them immediately. As it follow:

Caroline : Well, no dessert for either of you.

Maggie : *Is that a threat or a stay of execution? (Continuing laughter with her father.)*

Caroline : Feeling annoyed, and then leave them

Maggie and Mr. Wade : *(BOTH LAUGHING)*

As being explained before that there are two episodes in bipolar disorder which it is called depression and manic episode. After having the manic episode which shows us the different symptoms from sadness to happiness, Maggie returns to having her depression situation.

CONCLUSION

To sum up, belonging to each type of mood disorder experienced by Maggie in the story, the symptoms of each types of mood disorder, such as major depressive disorder, chronic depressive disorder (dysthymia), bipolar disorder I. People with bipolar disorder ride an emotional roller coaster, swinging from the heights of elation to the depths of depression without external cause. The first episode may be either manic or depressive. In the film, Maggie also shows some of these two episodes of bipolar disorder that starts with the manic episode where she looks very happy and excited. Having fun with some friends, like there are no problems in her life. He returned showing the depressive episode by her depression. Then, all of these three types of mood disorder are caused by the physical factor which is faced by the main character, Maggie. This physical factor is related to Maggie's physical illness, which is caused by the deadly virus. By this factor, Maggie starts to experiencing her depression time, from the major depressive to the chronic depressive. And she is



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also facing the bipolar disorder which shows a very different symptoms from both major and depressive disorder.

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