Mood Disorders in the Family

Mood disorders affect the whole family. Moods are contagious: the irritability or excitement of mania, the gloom of depression. During a severe episode, it can feel like you are always in crisis mode, and in that mode it becomes hard to think clearly. You may wonder how to react, how to help, and which actions come from the illness and which come from the real person.

There is not a lot you can do to change people during a mood episode. Remember: it is hard enough to change people when they aren’t having mood swings. Still, it is likely you will find yourself arguing with a manic relative or trying to motivate a loved-one who is depressed. These attempts can frustrate you and your relative, yet they are natural reactions to the stress you are under and no one can control them entirely.

There are some indirect ways you can help your relative, besides guiding them to treatment. Research has shown that certain ways of relating can prevent mood swings, while others can increase them.

Three things to increase:

1) Emotional warmth and empathy

Empathy is a form of compassionate, nonjudgmental understanding. When we are empathic, it usually shows in our face, voice and body language. Empathy doesn’t mean knowing someone fully, but simply wanting to understand them as they are without trying to change or judge them. In this way it is similar to mindfulness, a mental practice that can reduce stress and increase empathy.

It is also empathic to clarify and respect the boundaries between you and them. Balancing your own independence with your connection to your loved one is not an easy task. Keep this in mind as you read later about over-involvement.

2) Positive comments

Pay attention to what your relative can do. Notice improvement. Admire their struggle. Also helpful are neutral comments, which describe what you see without judging it, trying to change it, or suggesting what the cause or motivation is.

3) Optimism about the illness

Your loved one may forget that recovery is possible in the midst of an episode. Be careful that you don’t lose this awareness, and express hope openly. Remember how they were before the episode, and communicate optimism that they’ll be that way again.

The expression above communicates optimism, a key ingredient to recovery from any illness

Five interactions to reduce:

1) Critical comments

Be mindful of your expectations and don’t hold too tight to them. Avoid expressions which find fault, pass judgment or point out problems. Watch for the word “should” in your mind and in your words. Try not to communicate that things “should” be different: they aren’t.

2) Scrutinizing mood

While it is important to monitor mood, too much focus on this may come across as a critical attitude.

After your relative has recovered from an episode, respond to their emotions like you would to a person without a mood disorder. Don’t be too quick to evaluate whether each emotion represents an episode or a medication reaction.
Relatives are often the first to pick up on the early signs of an episode. However, it is impossible for anyone to determine if a few hours of emotional change represent a mood disorder or not. Keep in mind that “mood” refers to changes over days or weeks, while “emotion” refers to changes over minutes or hours. Remember that emotions, in themselves, are not disorders. It’s important to step back and focus on the big picture when evaluating mood. As you develop this perspective, establish a way of communicating with your relative or their doctor that doesn’t lead them to feel overly scrutinized.

3) **Trying to win or resolve arguments**

Too much talk stresses the mind, particularly if it’s already worn down by a mood episode. Remember that irrational arguments are normal during mood swings, and try to let go of the wish to resolve fights verbally. It is much better to preserve sleep and rest than to try to come to a resolution about a fight. Time often heals conflict better than words. Often the best move is to physically separate when a fight gets too intense.

4) **Over-involvement**

This happens when you take too much of an active role in their lives or their medical care. While this is a natural and caring reaction, particularly if your child has a mood disorder, it can be an added stress on your relative. Mood disorders can cause people to feel guilty, controlled or like they’ve lost their self. Over-involvement from relatives tends to intensify these emotions. Sometimes relatives become over-involved when they feel guilty or blame themselves for the illness.

5) **Hostility**

Hostility is an attitude of contempt for the person with a mood disorder. It causes relatives to blame the ill relative for all the problems the illness brings. Certain beliefs can cause hostility to build up over time. These beliefs begin as thoughts that are totally normal to have. Watch these thoughts and take them with a grain of salt so they don’t get ingrained. Examples are:

“They don’t want to get better”
“They just want an excuse for their behavior”
“They may have a disorder, but they can control themselves... I saw them control it with friends last night!”

It is tempting to believe that your relative has self-control because there will be brief times of normal mood even during an episode. Also, it is common for the worst moods to come out only around family. In public, the depressed person may perk up and the manic person may stop fighting. These changes are not necessarily in the patient’s control and still reflect biological changes in the brain. Different neurotransmitters will circulate in the brain depending on who they are around. Context is very important to mood. As an analogy, consider Parkinson’s Disease, which causes people to be unable to move. Patients with Parkinson’s can suddenly rise and walk when a new image is presented to them, such as a row of red squares on the floor. This, however, is not a reliable cure for what remains a serious disorder of muscle control.

The message in all this is not that you should accept everything your relative does during a mood episode. Actually, it is crucial to know your limits and have a plan of action if a situation becomes dangerous or destructive. That involves action, not words.

The message in here is about words and non-verbal behavior, and the importance of avoiding daily expressions of criticism, argument and hostility. This advice is not easy to follow, so go easy on yourself if you fall behind. Practice helps. Meeting regularly with a counselor can also keep you on track as you build the skills to help a loved one with a mood disorder.

We offer therapy, in group and individual formats, to help boost these skills and manage this stress. There are local support groups for families through First Presbyterian Church in Winston or through www.nami.org.

—Chris Aiken, MD, adapted from *Bipolar, Not So Much* (Aiken & Phelps, WW Norton, 2017)