

For Family and Friends

Reactions and Adjustments

When a person is first diagnosed with bipolar disorder, reactions from family members are many and varied.

- ◆ Most feel relieved that the problem has finally been identified and named.
- ◆ Many feel guilty, attributing something they have done (or not done) to cause the illness.
- ◆ Most are fearful, wondering what the future will hold.
- ◆ Many feel sadness as they realize that some of their hopes and expectations might not be realized.
- ◆ Some feel embarrassed that a member of their family has been diagnosed with a mental illness.

All of the above are legitimate and normal. As time goes on, people begin to adapt to a family member's or friend's illness by reacting in various ways, including:

- ◆ denying the problem, believing that it's not serious and will go away or take care of itself;
- ◆ becoming highly involved in the life of the person with bipolar disorder to the point where it becomes the focus of their lives;
- ◆ being distant, moving away physically and emotionally from the

condition and the family member;

- ◆ becoming depressed as they grieve the loss of a healthy child, spouse, parent or friend;
- ◆ accepting the condition by making adjustments and developing new coping skills; or
- ◆ viewing the person's bipolar disorder as a challenge, something to overcome or a way to grow.

Reactions of Children

Children in particular may not understand their parent's condition and wonder if it's their fault. The illness may also cause parents to be inconsistent with children and neglect or overlook their needs at times.

Common reactions of children include:

- ◆ trying excessively to please the ill parent;
- ◆ wanting to protect one parent from the other's criticism or abuse;
- ◆ being an overachiever at school;
- ◆ misbehaving at home or at school;
- ◆ being very loyal and protective of their family;
- ◆ becoming anxious or depressed themselves;

.....
"When I was in the hospital, my father-in-law said to my wife, 'You have to dump this guy.' (She didn't.) My own parents said that they'd understand if she wanted out."

.....
"This problem's a bitch. It's chronic and it doesn't just disappear. But there's hope of recovery. That's what keeps you going day-to-day. You learn to take care of yourself, your marriage, and pray for your child with bipolar disorder."

- ◆ seeking love and attention from others outside of the home; or
- ◆ doing things they feel will help their parent get better.

It is important to understand that children are very good at bouncing back from stressful experiences. With your support, they can adapt to your condition.

What can you do?

- ◆ Explain that your mood changes or “blue periods” are not their fault.
- ◆ Reassure them that you are not going to die.
- ◆ Tell them that you need some time to recover.
- ◆ Let them know by your words and actions that you love them.
- ◆ Ask family and friends for support and help.

By openly discussing bipolar disorder and encouraging questions, you can protect and may actually enhance the relationship with your children.

Case Notes

Ann and Mark were relieved when Mark's behaviour was finally diagnosed as bipolar disorder. They now had an explanation for his mood swings and some of his problems as a child. There was a frustrating period of trial and error before the right drugs were found for Mark. It was hard to be patient.

Now on a maintenance level of antidepressants and lithium, Mark continues to have periods of hypomania and depression. The hypomania is usually expressed as a creative spurt in his work. Sometimes these periods are triggered by stress, but there is no consistent cause.

Ann and Mark are always on the lookout for early signs of impending depression or hypomania, and ready to take appropriate precautions. If necessary, Mark takes sleeping pills to get enough sleep. He tries to get daily exercise. If Mark is lethargic, Ann encourages him to do something, knowing that he often feels better after activity. She tries to keep their home as calm as possible.

Ann explains to their children (and reminds herself) that Mark may say or do things he wouldn't do if he were well. She gives their children extra attention when Mark is unable to do so. She takes on more of the family responsibilities and delays making decisions until Mark is well again.

When Manic or Depressive Episodes Occur

During episodes of mania or depression, family life is often stressful. Symptoms of both phases are distressing in different ways. If mood swings are mild, the family may be able to handle them without too much difficulty. When the episodes are severe, coping may be extremely difficult.

What to Expect When Mania Appears

Mania typically arouses intense feelings in everyone. Depending on the severity of the manic episode, reactions can range from frustration and annoyance to anger and hatred. Family members are dismayed as they see their loved one turning into a stranger.

Spending sprees, promiscuity, criminal acts or other forms of erratic and risky behaviours may occur. The manic person is sure there is nothing wrong with these actions and often takes no responsibility for the consequences. Family members are often faced with having to “pick up the pieces” or “bail out” their relative (both literally and figuratively).

People with bipolar disorder, their friends and family tend to enjoy living with hypomania. They welcome the energy and enthusiasm associated with this state. A person with hypomania is often creative and industrious, witty and charming.

There is a down side as well. A person who is manic is often irritable and frustrated. What might be considered an ordinary comment from someone might cause a severe blow-up. Family members become concerned. They “walk on egg shells,” trying not to upset their relative.

People in a manic episode are often very articulate and may sometimes use their knowledge of others’ sensitivities to provoke people around them to feel embarrassed, guilty and worthless. Family members may begin to question their own sanity as they are faced with continual insults or insinuations about their actions.

What To Do When Mania Appears

When someone close to you is having a manic episode, the following guidelines may help you cope.

- ◆ At the first signs of overactivity and after the first night’s loss of sleep, express your concern and take action if necessary.
- ◆ Don’t tell (or expect) the person to “snap out of it.”
- ◆ Use a firm, but consistent approach. Avoid sounding strict or bossy. Don’t make demands. Don’t argue with the person. The severity of the manic episode will affect how firm or forceful you need to be.
- ◆ Recognize that people with bipolar disorder are often unable to control their thoughts. Their behavior is the result of the illness.

.....
"Getting someone who is extremely manic to the hospital isn't easy. You might even need to get into the person's fantasy. For example, when I had my first manic episode, my wife had to be really creative to get me to the hospital because there was no way I was going willingly. She asked the parish priest to tell me that I had to go. Seeing how I believed I was the Son of God, I had no choice but to obey."

- ◆ Try to maintain your usual routine, for example, serve meals at the regular times.
- ◆ Try to keep your home as quiet and restful as possible, for example, keep lights low, play soothing music.
- ◆ Keep your conversations short and use simple words. Ask simple questions. Deal with one thing at a time.
- ◆ Avoid using scare tactics, punishment, or threatening hospitalization to change behaviour.
- ◆ Try to redirect the person's excessive energy into more productive and appropriate areas.
- ◆ Encourage self-care, especially with respect to eating, bathing and personal hygiene. For example, prepare balanced meals that can be easily reheated, keep nutritious snacks available, suggest a relaxing bath.
- ◆ Offer nutritious snacks and beverages. Stock up on favourite foods and drinks. Watch for signs of exhaustion and dehydration.
- ◆ Try to get the person to see a doctor. If the situation worsens and becomes an emergency, get the person to a hospital.

What to Expect When Depression Appears

Depression arouses a range of feelings in others: sadness, concern, fear, helplessness, anxiety, guilt, frustration and anger. The first depressive episode is often confusing for family

members because they don't understand what is happening.

It is natural for people to try to determine the cause of the depression. Some may attribute the depression to a "bad" attitude, laziness, self-pity or irresponsibility. Others may see it as "growing pains," a normal part of maturation, or the result of working too hard or studying too much. Often people feel guilty, thinking they have played a role in the depression either through something they have done or failed to do.

It is natural to want to solve "the problem." Family members may give advice and become frustrated or annoyed when it isn't taken. But the lack of energy that accompanies depression is a major barrier to taking action of any kind.

What To Do When a Depressive Episode Occurs

The following guidelines may help you cope when someone close to you is having a depressive episode:

- ◆ Limit stimulation.
- ◆ Make your expectations clear.
- ◆ Be supportive and understanding. A depressed person needs to talk with someone who will not be critical.
- ◆ Encourage self-care, especially with respect to eating, bathing and personal hygiene. For example, prepare balanced meals that can be easily reheated, keep nutritious snacks available, suggest a relaxing bath.

.....
 "One of the things I found useful when I was depressed was to ask people around me to write a list of my positive qualities. At the time I couldn't have thought up one on my own. It sure helped. And anytime I need to, I can see that someone cares. It's right there on paper."

- ◆ Try to enhance self-esteem and self-confidence by emphasizing the positive and talking about the person's past and current achievements.
 - ◆ Promote not "getting depressed over being depressed." Provide reassurance that the depression will pass.
 - ◆ Monitor all medications carefully. It is common for a depressed person to forget or become confused about medications.
 - ◆ Watch for evidence of hoarding medications. It is often a sign that suicide is planned.
 - ◆ Determine whether there are thoughts of or any plans for suicide. Take action if necessary. For more information on dealing with suicidal thoughts and feelings, see the section in this handbook, Suicide Prevention.
 - ◆ Ask the depressed person if you are doing anything that may be contributing to their condition. Be prepared to do some problem-solving.
 - ◆ Don't tell (or expect) a depressed person to "snap out of it." This leaves the impression that they are responsible for, or have control over, their condition when they do not.
 - ◆ Above all, get professional help.
- ◆ are considered to be a danger to themselves or others; or
 - ◆ refuse to seek medical help.

In some emergency situations, judicial means are necessary to have a person hospitalized. Some ways of doing this are described below.

1. Contact the person's physician or psychiatrist to have an admission certificate issued. Following are the relevant parts of the *Mental Health Act* to explain the purpose of the certificate and how it is used:

"When a physician examines a person and is of the opinion that the person is:

- a) *suffering from mental disorder;*
- b) *in a condition presenting or likely to present a danger to himself or others, and*
- c) *unsuitable for admission to a facility other than as a formal patient*

he may, not later than 24 hours after the examination, issue an admission certificate in the prescribed form with respect to the person." (Section 2(1), Mental Health Act)

"One admission certificate is sufficient authority:

- a) *to apprehend the person named in the certificate and convey him to a facility and for any person to care for, observe, assess and detain and control the person named in the certificate during his apprehension for conveyance to a facility, and*

When Judicial Help is Needed

In Alberta, the *Mental Health Act* provides for the involuntary hospitalization of people who:

- ◆ are "suffering from mental disorder";

- b) *to care for, observe, examine, assess, treat, detain, and control the person named in the certificate for a period of 24 hours from the time when the person arrives at the facility.*

The authority to apprehend a person and convey him to a facility under section (1)(a) expires at the end of 72 hours from the time when the certificate is issued.” (Section 4(1)(2), Mental Health Act).

2. Contact the Family Court to obtain an order (warrant) for apprehension.

“Anyone who has reasonable and probable grounds to believe that a person is:

- a) *suffering from mental disorder, and*
- b) *in a condition presenting or likely to present a danger to himself or others*

[This person] may bring information under oath to a provincial judge.

If the provincial judge is satisfied that:

- a) *the person is in a condition presenting or likely to present a danger to self or others, and*
- b) *an examination can be arranged in no other way,*

he may issue a warrant to apprehend that person for an examination.” (Section 10(1)(2), Mental Health Act)

3. Contact the Police

“When a peace officer has reasonable and probable grounds to believe that:

- a) *a person is suffering from mental disorder;*
- b) *the person is in a condition presenting a danger to himself or others;*
- c) *the person should be examined in the interests of his own safety or the safety of others; and*
- d) *the circumstances are such that to proceed under Section 10, Mental Health Act, would be dangerous,*

he may apprehend and convey him to a facility for examination.” (Section 12(1), Mental Health Act)

How to Help

Support and encouragement — whether it be from family members or close friends — provides a stable foundation for growth and development. We all want to feel there are people who accept and care about us. We lead healthier and more independent lives when we feel people are understanding, and that our efforts are acknowledged.

Ask yourself, “How would I like to be treated in this situation?” and act accordingly. Several suggestions are provided below.

◆ **Treat the person with the illness as an adult**

Too often, people with mental illnesses are treated as children, “talked down to,” patronized or given unsolicited advice. Be tactful and respectful. Often family members must put their roles aside to provide the best support.

.....
“I can no longer be his mother. It’s better that we be two adults trying to solve the problem.”

- ◆ **Emphasize the positive**
Focus on accomplishments with statements like, "You're looking especially smashing today," or "I really appreciated the way you handled the kids last night." You'll help build confidence and self-esteem.

This guideline is particularly important during a depressive episode. The negative thinking associated with depression results in a great deal of self-criticism and blame. Avoid adding your own negative comments. Downplay the person's shortcomings and failures.

- ◆ **Acknowledge effort**
Even when results are not apparent, recognize attempts. Statements such as "Nice try!" or "I know one of these times you're going to get it," help alleviate discouragement.
- ◆ **Use humour**
Laughing together can help to relieve tension, put things in a better perspective and demonstrate warmth, caring and mutual understanding. But don't use humour as sarcasm or a put-down.
- ◆ **Set clear expectations**
Many problems can be avoided if you are clear and precise about what you expect the person with the illness to do.
- ◆ **Deal with problems sooner rather than later**
Conflicts are easier to resolve when they first appear. When left too long, little problems turn into big ones.

- ◆ **Offer help judiciously**
If a problem doesn't involve you, don't be too quick with solutions. People with bipolar disorder are more likely to develop confidence and independence when you acknowledge their feelings and express your belief that they can resolve the issue themselves.

- ◆ **Don't lose hope**
Living with bipolar disorder can be discouraging, particularly when relapses occur or in times for distress. But there is hope for recovery. People who live with bipolar disorder can have satisfying and productive lives. Many say they value the insight and sensitivity they have gained from their experience.

- ◆ **Recognize that stigma exists**
The stigma of this illness extends to families. Accepting that stigma exists and is the result of fear and ignorance helps families live with this condition.