

RESIDUAL CHARACTERISTICS OF MANIC DEPRESSION

While the more disruptive symptoms of manic depression or bipolar affective disturbance can usually be fairly well controlled with medication, subtle problems often remain. Family members need to understand these residual problems that medication cannot control. These problems are often left over after the acute episode has subsided and must be dealt with by the families on a daily basis. Frequent residual problems include the following, which can lead to stress for family members as well as problems for the patient.

Lack of Confidence: It is easy to lose one's confidence after going through a psychotic breakdown--whether due to a manic or a depressive episode. It is easy to doubt oneself after "going crazy." This lack of confidence can be expressed through withdrawal and avoidance of stressful or challenging situations, and unwillingness to try something new. Less obvious is the patient who covers up this doubt with a superficial abundance of confidence, high energy, and myriad plans for the future. Some patients can use these qualities to achieve and succeed, while others just "spin their wheels" and accomplish little.

Tolerating Sadness: Patients with a history of manic episodes are often unwilling or unable to think about, experience, or express genuine sadness and disappointment. Consequently, these patients will handle such feelings through activity, planning, socializing, or substance abuse. At times, such defense can be adaptive in helping us get through stressful events such as a death in the family. Ultimately, however, the bereaved must experience the sadness and loss in order to let go of that disruptive and painful emotion.

Perfectionism: Some patients with manic depression may be very perfectionistic - expecting unreachable standards for themselves and others. Such patients may be extremely competent and capable themselves but have trouble supervising others or tolerating other family members who fail to live up to such high standards. Such intolerance leads to arguments and family disruption as well as general irritability and strained relationships.

Alienation: If you have experienced the trauma of a manic or depressive episode, you feel you are not like other people and do not feel a part of the rest of humanity. Naturally, each one of us is different in a variety of ways, but for the manic depressive patient there is a strong, special way in which he or she feels different. Consequently, patients may experience a marked alienation from others to which family members should be sensitive.

Fears of Regression or Repetition: Frequently the manic depressive will fear relapsing into another psychotic state or episode. Patients and family members are often reluctant to talk about this fear -- as if speaking about it will make the feared event happen. Sadly, the reverse is more likely. Not speaking about the fear could lead to stress, which can precipitate a breakdown. Because these patients frequently do not like to discuss painful emotions, the nagging fear may not be discussed with the physician or with other family members.

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Rigidity and Fragility: Manic depressives who are in remission and doing relatively well may be holding on with a rather brittle adjustment, characterized by rigidity and fragility. They may be restraining their emotions, desperately trying to hold it all together but lose some of the spontaneity and flexibility that others experience. Change in their immediate world is still considered somewhat disruptive since they are not as flexible as needed to adapt to change.

Side Effects & Medication Compliance: AT times, patients may experience unwanted side effects from the medications that keep the illness under control. For some, the medications create side effects that range from the merely annoying (weight gain) to the dangerous (toxic blood levels). Other patients do so well on their medication regimen that they believe they no longer need the medication. Patients have different reasons for noncompliance with medication. Some reject the idea of having to take a medication to control mood and behavior. The medication is a too painful reminder of their illness, which they would prefer to deny. Premature cessation of medication can result in relapse of the more acute disturbance.

It is important for families to understand all of what is going on with the manic depressive patient. It is not helpful to see problems only as the patients irresponsibility, willfulness, and bad temper. These undesirable characteristics can be residual conditions that are part of the manic depressive illness. The illness is very obvious when the patient is in an acute psychotic episode - out of touch with reality. The residual problems are more subtle. Yet these are problems the patient will face, which will also affect family members.

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