

# MOOD DISORDERS AND FAMILY FUNCTIONING: COUPLES' PERSPECTIVE



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## INTRODUCTION

Mood disorders are an increasingly common problem. These disorders are associated with important functional and social deficits and significant burden to the patient, their families, and ultimately to the society. Considering both mania and depression as major life events, patients and partners' perception and behavior regarding the couple's relationship can be deeply distorted, with intense and rather painful effects in the interpersonal relationships.

When trying to understand how this disorder impacts a couple's relationship, one must account for the uncertainty that partners' live in, since the swing between mania and depression can be extremely fast and witnessing it might influence their daily routine.

Family has been acknowledged to be one of the main elements in the treatment of acute episodes and in the maintenance of treatment outcomes in psychiatric disorders.

Goodwin and Jamison (2007) consider the impact of both Bipolar Disorder (BD) and Major Depressive Disorder (MDD) in the marital relationship, and of such relationship in the course of the illness, as core domains to be addressed, in assessment and intervention processes.

Families of patients with BD have consistently reported that their life's have been constantly put on hold and are unstable since they are unable to foresee the acute episodes, which ultimately lead to attitudes of rejection towards the ill relative.

They identified diverse losses, namely unemployment with consequent financial difficulties, deficient social and leisure activities, lost of contact with friends and relatives.

As the level of intimacy and cohesion decreases, turbulence and uncertainty increase becoming part of the family members' daily life, creating difficulties and challenges for the partner.

## RESULTS

		N	M (sd)	F	p		N	M (sd)	F	p
Perceived Cohesion	Patient	20	32.8 (7.5)	.775	.385	MDD	10	35.9 (7.3)	3.786	.060
		BD	10			31.7 (6.4)				
	Partner	20	34.7 (6.6)			MDD	10	35.30 (4.85)	1.236	.274
		BD	10			29.40 (4.74)				
Idealized Cohesion	Patient	20	41.4 (6.2)	17.338	.000	MDD	10	37.9 (6.1)	.248	.622
		BD	10			37.0 (8.2)				
	Partner	20	33.5 (5.8)			MDD	10	35.10 (6.06)	1.389	.246
		BD	10			31.90 (5.48)				
Perceived Adaptability	Patient	20	26.0 (6.7)	.942	.338	MDD	10	27.3 (6.9)	5.051	.031
		BD	10			22.9 (5.3)				
	Partner	20	24.1 (5.8)			MDD	10	26.90 (6.24)	.376	.544
		BD	10			21.30 (4.90)				
Idealized Adaptability	Patient	20	35.5 (6.1)	23.323	.000	MDD	10	31.9 (6.1)	.749	.393
		BD	10			30.4 (8.2)				
	Partner	20	26.8 (5.4)			MDD	10	34.80 (4.94)	2.532	.120
		BD	10			36.10 (7.26)				
Family Dissatisfaction	Patient		14.4 (8.8)	15.506	.000	MDD	10	9.1 (5.1)	1.909	.176
		BD	10			11.9 (9.6)				
	Partner		6.5 (3.2)			MDD	10	7.05 (3.05)	3.600	.066
		BD	10			6.01 (3.43)				

## OBJECTIVES

Analyze family functioning when one of the partners is diagnosed with Major Depressive Disorder (MDD) or Bipolar Disorder (BD), using the Family Adaptability and Cohesion Evaluation Scale (FACES III).

- Examine family functioning in couples with mood-disordered patients (MDD vs. BD).
- Explore differences on perception and idealization of family functioning between patient and partner, and between clinical groups (MDD vs. BD).

## MEASURES

- Diagnostic form (Mendanha, 2009)
- Family Adaptability and Cohesion Evaluation Scale III (FACES III) (Olson, Portner & Lavee, 1985)
- Brief Symptom Inventory-BSI (Canavarro, 2007; Derogatis, 1993)

## PARTICIPANTS

- 20 female patients, and their partners;
- Patients presented diagnosis of Major Depressive Disorder (n=10), and Bipolar Disorder (n=10);
- Within the BD group, 6 in a manic phase, 3 in a depressive phase, and 1 euthymic.

## DISCUSSION

•Results highlight the discrepancy between the perception of quality of the current relationship and the ideal relationship desired by patients with mood disorders. These results are in line with previous research associating low levels of cohesion with lower intimacy within the couple.

•In mood disordered patients (depression and BD), namely women results suggest the patients' need to improve the affective and emotional bonding within the couple, more than its flexibility and ability to respond to crisis situations.

•In both clinical groups, patients and partners perceived their families as more cohesive than flexible, which had been pointed out by Dore and Romans (2001), Post (2005) and Goodwin and Jamison (2007), when studying this population.

•The spouses of BD patients perceived their families as having greater difficulties in emotional bonding (cohesion) and flexibility (adaptability) than the spouses of MDD patients, reiterating the existence of dysfunctional patterns of communication, lower emotional involvement associated with intimate and sexual difficulties, as well as higher levels of conflict.

## CONCLUSIONS

Mood disorders, and particularly bipolar disorders have an important impact on marital relationships. Patients and spouses perceive their families as more cohesive than flexible.

Families of MDD patients present better adjustment, probably because it is a disorder with more constant characteristics that, in acute phases, presents the same type of symptoms.

On the other hand, the characteristics of BD (unpredictability, mood swings) are a probable source of a higher number of crisis situations, demanding a greater effort of adaptation within the couple's system, which translates into a higher idealization of their family functioning.

Future research should include comparisons with non-clinical groups, with other clinical groups, as well as further variables, such as symptomatic evolution, intervention and medication, social and economic status. Longitudinal studies should be conducted in order to understand the impact that family functioning has on the course of the disorder, as well as the influence that the disorder has on family functioning. It will allow designing clinical intervention programs aimed at promoting the quality of family and marital functioning, considering the specific features of this clinical group.