

Helpful Interactions

1. Emotional Warmth and Empathy

Warm, accepting, and compassionate body language has a healing effect on the brain. It can include simple empathic statements like, "I see your point" or "I know what you mean," or more specific comments like, "It must be hard to go through the motions each day when you're depressed." Empathy doesn't mean that you agree with what someone is feeling - just that you *understand, or at least want to understand*, what they are feeling. It does not involve changing or judging them.

These gentler emotions are admittedly hard to come by during a crisis. If you feel unable to exhibit warmth and empathy, practice acting the *opposite* of your emotions. A simple visualization can help you do this. For example, just as an athlete imagines the ball going through the goal, picture someone who exudes warmth and calm. This could be a favorite celebrity, relative, minister, or teacher. Although you may feel like an actor at first, as the saying goes, "Fake it 'til you make it."

2. Positive Comments

While it helps to know the signs and symptoms of a mood disorder, it doesn't help to point them out. Rather, pay attention to what your relative *can* do. Notice improvement. Admire their struggle. Notice how they came to dinner, instead of reminding them that they stayed in bed all day. Notice the healthy parts of your relative because what you shine a light on is what will grow. Use language that accepts things the way they are without judging it, trying to change it, or getting into motivations and causes.

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 that you openly express hope. Remember how your relative was before the episode, and communicate optimism that they'll be that way again.

Harmful Interactions

1. Critical Comments

Critical comments are often well-intentioned, but they stress the brain, particularly when someone is depressed. Avoid expressions that 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.

Critical comments often come about when families try to solve a problem that can’t be easily solved. Mood disorders don’t respond well to ordinary problem solving, and trying to fix an unsolvable problem just creates frustration for all.

Of course, you’ll still need to discuss problems, but reserve that for a regular, scheduled family meeting. Without this kind of structure, people can feel as though they are never safe from criticism and attack. During your meeting, use a neutral, “just-the-facts” tone. Avoid hot-buttons that tend to spiral into conflict. These buttons are different for everyone, but some common ones are talking about people’s intentions or how things affect you emotionally. It’s okay to talk about how things affect you, but keep that short and simple.

2. Scrutinizing Mood

Everyone gets emotional, whether they have a mood disorder or not, but trying to figure out whether your relative’s emotions are “normal” or due to their mood disorder is neither practical nor helpful. Treat their emotions as though they are real and valid. No one wants to hear, “Did you take your medicine today?” whenever they get angry.

At the same time, families have insight into symptoms that their relative may not see. When things are calm, ask your relative how *they* would like you to share your observations. One way to do this is to write your observations down in a brief paragraph that your relative can bring to their next doctor’s appointment and to avoid bringing it up at other times.

3. Trying to Win or Resolve Arguments

Too much talk stresses the mind, particularly if it’s already worn down by a mood episode. Make an agreement with your relative to stay apart if either of you get too hot-headed. Usually, that means going into separate rooms. Decide on a signal for this time out, like hanging a scarf on the doorknob. In addition, avoid trying to resolve fights in the evening. There’s no telling when that will end, and it’s more important to preserve sleep. The rested brain is much better at negotiations and compromise.

4. Over-Involvement

Over-involvement is a natural and loving reaction to someone who is depressed. It means you want to protect them, help them, and take over the areas of their life that are falling apart. It’s often driven by understandable fears, like suicide, school failure, or non-compliance with medication. Over-involvement may work from time to time, but in the big picture it makes things worse.

The problem with over-involvement is that it can keep your relative from owning their problems. It’s also stressful. People with depression already feel intense guilt and helplessness. Over-involvement magnifies those problems and makes them feel guilty for all the worry they put their family through.

Now, you might be thinking, “*What if they won’t get out of bed unless I wake them? What if they’ll miss their appointments unless I drive them, or skip their homework unless I do it with them?*” There’s no easy answer to these questions, but keep these guiding words in mind: Don’t do anything for your relative that they could reasonably do themselves.

That motto is different from that which many families live by, which is: Do everything for your relative that they might not be able to do themselves. In contrast, this new motto asks you to err on the side of *not* doing things. You won't get it right every time, and there will be situations where you need to step in because the consequences are too serious or dangerous. That's okay. It's the frequency that matters. Following this principle as *often* as you can will make a big difference. Stepping back and giving them space will hasten their recovery.

5. Hostility

Hostility comes from the belief that your relative isn't doing enough to control their symptoms or doesn't really want to get better. These beliefs start out as thoughts like:

"He wouldn't be like this if he tried harder."

"She doesn't want to get better."

"He just wants an excuse for his behavior."

Nearly everyone who's lived with a mood disorder in the family has had those thoughts. The trick is to keep them from sticking. Let them pass through you, just as you let so much else pass by throughout the day: the random chatter of strangers, advertisements on TV, and the sound of a dog barking. If you pay them too much attention, these thoughts can multiply into beliefs that are hard to let go of, such as:

"She may have a disorder, but she can control herself a lot more than she does. Whenever her friends come over, you can guarantee she's pleasant and perky as can be."

All mood disorders react to their environment. The brain changes visibly in new situations and around different people. This is even true in neurologic illnesses like Parkinson's disease. Although people with Parkinson's can barely move, they will suddenly rise up and walk when they see a striking image, like a series of black and gold lines on the floor. However, that's not a reliable cure for Parkinson's. Eventually, the novelty wears off and they are back in the chair. The same phenomenon occurs when a person with depression is visited by friends: Dopamine spikes in their brain and, for a little while, they may not even seem depressed. However, if they were to move in with those friends, it would be a different story.

Where to Draw the Line

Does this mean you need to lie down and accept everything your relative does? Not at all. The message is just that words rarely solve the problems that mood disorders bring. Families need to plan ahead for dangerous or destructive behavior. This involves action, not words – and your relative should have a strong voice in that plan.

Problems to anticipate include violence, suicidal behavior, substance abuse, overspending, and fights that impact children in the home. Hospitalization is not the only solution. Consider temporarily living apart, locking away guns or extra medication, and allowing family members to contact the treatment team or come to an appointment.

The Long-Term View

If the advice in this handout sounds hard to follow, it's not – it's actually impossible! No one can get it right all the time. Fortunately, it's good enough to adjust the ratio: Raise the warmth and positivity, and decrease the anger, criticism, and tension. When you can't do that, insert a long pause by going into separate rooms.

Stick with the basics. Trying to do more than what is in these handouts tends to backfire. Recovery is slow, and it takes patience and some bravery to make it through. Don't forget to reward yourself along the way. You'll need a healthy dose of warmth and positivity as well.