# 8

# thriving with a partner

## DATING, SEX, AND LONG-TERM RELATIONSHIPS



BD can affect your romantic and sexual relationships in ways you may not be able to predict. In turn, stressful romantic relationships can affect the course of your mood symptoms. Recognizing how your illness contributes to or is influenced by close relationships can only help when you meet a new person or in keeping a long-term relationship going. BD does not have to be a "third person" in a couple.

Chapter 7 covered day-to-day communication strategies for defusing conflicts in families, focusing mainly on parents or siblings. Here the subject is your relationship with an intimate partner—from the encounters that start a new relationship to the problems that emerge in long-term partnerships. Living well in this domain of life means knowing the best way to explain the disorder to someone you've just met (often an anxiety-producing task), how to react to their attitudes about mental illness (which may include stigmatizing statements), and how to deal with your moment-to-moment shifts in mood when you're with them. If you're married or have a longtime partner, you can't prevent every argument or tense interaction, but there is a role for in-the-moment regulation of your moods so that you're less likely to overreact to relationship events. In turn, you can coach your partner on how to discuss problems in ways that are less stigmatizing and likely to elicit your mood swings.

## Strategies for Avoiding Risky or Unwanted Sexual Encounters

**"I'm feeling like I want to have sex with everybody. How do I allow myself to be free and my life to be exciting without getting hurt by my impulses?"**

If you're just starting to date after a long hiatus, you may be familiar with the desire to have a lot of sex with many different people. This desire is amplified during hypomania or mania and usually goes along with feeling extra confident and attractive and underestimating the risks and overestimating the rewards of sexual intimacy. Everyone has their own rules, beliefs, and personal boundaries about sex, but mania has a way of throwing them all by the wayside.

If you're just coming out of a depressive episode, you may overrespond to the novelty of a new partner, even if you barely know them. A study of people with BD who were dating online found that 65% reported regretting their risk-taking behavior related to online dates (such as sending photos privately), compared to 31% of people without BD.

### **PREVENTION STRATEGY:** Protect yourself

Determine your mood state before you go out at night, either by consulting your mood chart or by taking stock of any recent symptoms (such as not needing as much sleep as usual). If you're in the mild/moderate hypomania or mania range, your inhibitions are down and you're more likely to have a spontaneous sexual encounter. Much like alcohol, being "under the influence" of mania or hypomania can make others seem more attractive, and a sexual encounter that you would ordinarily never consider can seem very enticing and devoid of risks. Here are some ways to protect yourself:

1. If you're going out to a club, party, or bar, take along someone you trust. Instruct that person to drive you home (or call a cab or Uber) if you're behaving impulsively (being overtly flirtatious or suggestive with strangers, for example). Ideally your trusted person will be a close friend, someone who understands your diagnosis.

2. As always, take along condoms. When dating, many people (bipolar or not) find themselves in unexpected sexual encounters in which their partner seems

unconcerned about pregnancy or sexually transmitted diseases. Your judgment is likely to be impaired when hypomanic or manic, so it's best to protect yourself and the other person.

3. Understand that, even if you're taking mood stabilizers, certain drugs (cannabis, ecstasy, alcohol, cocaine) will accelerate your sexual desire. Avoid accepting drinks from strangers unless you've seen the bartender pour it and hand it to you.

4. Avoid going out when sleep deprived. Certain aspects of dating may not mesh well with your attempts to manage your daily rhythms. Meeting new people may mean staying up much later than you intended, drinking more, sleeping at someone else's house, or any number of other changes in routines that, while temporarily rewarding, can contribute to mood instability and risky behavior. That doesn't mean you shouldn't date but be cognizant of what you can and can't tolerate.

**IN-THE-MOMENT STRATEGY:** Wait a few hours and see if you're still tempted

Sometimes just buying yourself time will help you avoid unwanted sexual encounters. If you're feeling elevated and someone is coming on strong, look at your watch or phone and see if you can wait a few hours. Ask yourself, "If it's nine o'clock, will I still want to be with this person at eleven?" If you internally respond with, "I can't wait that long—I need to go with this person now or they'll find someone else," that's a clue that you are doing something that is discordant with your longer-term desires.

## Disclosing Your Diagnosis

**"No one will want to go out with me once they know about my disorder."**

The interval following an acute episode, particularly if it required hospitalization, will make you acutely aware of others' judgments about psychiatric labels. You may become more attuned to the off-the-cuff statements that people who are not bipolar make routinely, such as "I'm really bipolar today," "I was 'manic cleaning' all weekend," or "Too bad I didn't take my lithium." You may fear that others will reject you as soon as they find out about your illness. Kay Jamison, in her wonderful autobiography *An Unquiet Mind*, warns readers to take medicines out of the

medicine cabinet before having guests over for dinner or lovers spend the night, lest they find out that you're taking lithium.

Some people with BD think this is a nonissue, because someone who won't date you because of your illness is not worth knowing anyway. Although that's a reasonable position, it's hard to know what people do and don't understand about BD before the topic comes up. Maybe they've had a parent or former partner with the disorder, or associate BD with movies they've seen where the main character is bizarre and dangerous.

The stigma of various psychiatric disorders is very real. Many people have mistaken beliefs about the dangers of BD, such as "People with BD are violent," "You can't (or shouldn't) have children," or "You can't work or have a successful career." Others have a positively biased view, thinking that you must be extra creative or talented or that being with a person with BD will be an exciting roller-coaster ride. Of course, much of how your intended partner understands the disorder will be based on what you tell them and when.

### **PREVENTION STRATEGY:** Decide on when and with whom to disclose your BD

There is no rule of thumb for disclosing your disorder in a new relationship. I've had many discussions with my patients on this issue, and they're evenly divided on telling new partners right away or waiting until the relationship feels like the real thing. If you have ongoing symptoms, disclosing your disorder to a potential partner may help explain mood swings or anxiety that you may experience in their presence. You may learn a lot about their attitudes on mental health: Do they spontaneously mention someone they know with a psychiatric illness? They may ask, appropriately, how they would know if you were cycling into an episode and what they could do to help. You may feel better being with a person who knows your secrets; it can build trust.

There are also disadvantages to immediate disclosure. It may be "too much information" for a first or second date. You may learn that they hold stigmatizing attitudes ("Am I safe with you?"). If confidentiality is important to you, you may not be certain that this person will keep it private. If you are unsure about these things, it may be best to wait until you know the person better.

If you're thinking about telling a new partner about your BD, try the decision tool in the box on the facing page. Whereas the responses are just an illustration, they may help you organize your thoughts about a person you are dating.

### Decision Tool for Disclosing Your Diagnosis

**Who I'm thinking of telling:** *Kaitlin*

**Why do I want her to know?**

*I just started dating her, and I'm still depressed. I want her to know why I don't always call her back or why I sometimes sound unenthusiastic.*

**What are the advantages of telling her now?**

1. *She needs to understand my behavior if we keep going out.*
2. *She asked me why I seemed uninterested and withdrawn on Saturday.*

**What are the disadvantages?**

1. *What if she can't deal with it and ghosts me?*
2. *Maybe it's too soon to tell her something so personal; she hasn't told me that much about herself.*

**How do I want to explain it?**

*I get depressed sometimes, really depressed, and when I'm like that I may sound like I'm not interested in what you have to say. It's not you—I really like you, and what you say is interesting to me. When I get like that, everything makes me tired, and I get slowed down. Other times I get super excited and over the top, and then everything seems interesting. I don't always feel this way—it comes and goes. That day I was in a bad patch.*



**IN-THE-MOMENT STRATEGY 1:** There are some good ways to explain BD

Let's imagine you are in the early phases of a relationship, and you're feeling the need to reveal your health history. You're eager to find out if it will be a deal-breaker for the person you're getting to know. You may be having symptoms that you feel a need to explain, or perhaps they've asked you whether you see a therapist or take medications. They may have observed that you have trouble sleeping. Alternatively, they may have told you about their own mental health problems, and not telling them about your own may feel disingenuous. These are all good reasons to be up-front. What are some good ways to explain it?

One person with BD put it like this:

> "I take the angle that is most grounded. I don't like to give a superficial explanation or be flippant about it, because then I'm adding to the stigma. I give enough detail so that they know what I'm talking about—not just the symptoms but also how I found out that I had it, what effect it's had on my life, and what I do to try to prevent episodes. I also want to have an understanding of where they're coming from, what their misunderstandings are."

The box on page 135 gives one example of how to explain it. Here is another way:

> "I want you to know something about me so that my behavior makes sense to you. I have bipolar disorder, which means that sometimes I'll have moods that go from extreme highs to extreme lows. When I have high periods, I feel on top of the world and full of all sorts of plans. I don't need to sleep. I may get irritable and full of energy. When I'm depressed, I have trouble getting motivated to do ordinary things, or I sleep a lot and feel sapped of energy. I'm taking mood stabilizers, and I get regular therapy. Most of the time I'm OK, and I'm the person you see in front of you. But when I'm in these episodes I may do or say things that are hurtful, or I might be hard to connect with. Do you know much about bipolar disorder?"

This person avoids details about hospitalizations, delusions, or police contacts, which are not essential at first. They avoid using pejorative terms (*bizarre, crazy, whacked out*) and communicates an essential point: "I am not my disorder—it's something I have, but it's not the sum total of who I am."

### **IN-THE-MOMENT STRATEGY 2:** What to do to manage their reactions

People you meet (and even your own relatives) don't necessarily know much about BD, and you may have to educate them (see the educational handout on pages 124–126). Partners may have immediate reactions like "Whoa! That's intense!" or "My ex-wife is bipolar," or "I wish you'd told me sooner" (Why?). You may feel them pulling away. If you sense this, it's important to avoid overreacting. Yes, there is stigma about the disorder, and it's unfair, but your new partner may need time to process what you've just told them. Their reactions are likely based on fear. Ask them whether they want to know more about it. Provide reassurances; if appropriate, communicate that you like and appreciate them, recognizing that they need to make their own choices.

If you disclose your disorder to a person who then ghosts you, it stands to reason that you don't want that person in your life. They will not be supportive if you have a new episode. They may lack empathy, and may run away from other life problems as well. If you want to meet other people with BD who have navigated the dating world, this might be a good site for you: *www.BipolarDatingSite.com*.

### "The person I'm dating seems to be all about my illness."

Your new person may react in the opposite way as well: They may want to rescue you. They may react to the disclosure of your BD with excessive empathy: "I totally understand and accept you, and appreciate you even more now; I feel terribly for you, I can only imagine how difficult this has been; I want to be there for you." From that point on they may check your emotional temperature frequently (asking how you're doing, if you're OK that day). If you've been expecting rejection from someone you've started dating, this kind of reaction may be a relief, but it may also raise red flags. Why is the person bending over backward to show their understanding?

There are people who feel empowered by being with someone who has emotional turmoil. They may be quite compassionate and caring people, but they may also be excited by the dramatic ups and downs of BD. Taking care of a partner with BD may give them a sense of control and guard against their own feelings of inadequacy. A healthy relationship, of course, is one where the two people are on equal footing.

If you sense these dynamics operating but you like the person otherwise, give it time. At some point you may want to point out: "I appreciate how compassionate you are, but I also want you to know that I don't need to be rescued. . . . I have doctors, family members, and friends who can help me . . . what I want in my personal life is an equal relationship."

### "My mood shifts over the course of a date."

Dating can take turns for the better or worse when your mood is unstable. Having an unstable mood doesn't mean you shouldn't date, but think preventively about how you can minimize the effects of your moods when going out with a new (or reasonably new) person. Check in with yourself before you go out for the evening: What are your moods telling you that you do or don't want to do? Get more seriously involved or keep a distance? Talk to your date about your disorder? Make the evening short because you're feeling fatigued? Do something that doesn't require long periods with heavy conversation?

### **PREVENTION STRATEGY 1:** Give yourself an out

When you start dating someone, your excitement may build at first and then crash over the course of a single evening. This is not an unusual experience for people with BD. If you're out with someone and depression or anxiety reaches a certain level, you may feel like you can't wait for the evening to be over. This feeling may not be a reflection of how you feel about the person as much as it is mental exhaustion, which colors how everything looks. This is a good time to give yourself an out, which may require some planning.

One option is to tell the person you're not feeling well ("It must be something I ate"). If you prefer, tell the truth: you're feeling anxious and now is not a good time for you to be out; you'd like to make an early evening of it, and you want a rain-check. There is nothing wrong with this—you are empowering yourself by deciding what you can and can't tolerate. Of course, you may be far from home when this happens. If you are not going to drive yourself, work out a plan in advance to be picked up by a close friend or family member. At minimum, take along a credit card and a rideshare app (such as Lyft or Uber) to make sure you get home.

Later, once you've had a chance to reflect, consider what happened that evening that contributed to wanting to go home early. Perhaps the person said something that alluded to your disorder and made you feel inadequate. You may have exaggerated the negatives of a certain conversation (such as thinking you were coming across as dull or pessimistic). You might be telling yourself that having BD makes you a less attractive person than your date. Be aware that you're having those thoughts and question whether they are *useful*: Do they help you understand how you feel about this person? Do they help clarify what you do or don't want to do the next time you see them?

When pessimistic self-talk emerges, sit for a few minutes, breathe, and observe the thoughts from a decentered stance: "I'm having that thought at this moment, that I like (your date's name) but can't imagine being with them. I wonder what brought it on? What am I feeling in my body? What other thoughts or images are present?"

### **IN-THE-MOMENT STRATEGY:** Think about how you are coming across

If you feel elevated or hypomanic during a date, it's easy to come across as too forward, excited, or carried away with thoughts of a new love. An ordinary person may seem like the one you've always been looking for. You may be tempted to say something very intimate or forward right away. It's best to err on the side of not doing or saying things that may seem extravagant or presumptuous.

If you have ascertained that you started the evening in an elevated or anxious state, do a self-assessment: Am I talking too loudly or too much? How was my sleep last night? Is this evening generating unrealistic fantasies about how life could be with a new person? Am I saying these things out loud? You can also do a reality check with your partner: "I'm feeling awkward. Am I talking too much?" "I'm sorry, did I cut you off?" "It's been a while since I've dated and I'm a bit rusty." You may be surprised to learn that they think *they're* talking too much.

## Maintaining a Good Long-Term Relationship in the Fallout of an Episode

Longer-term relationships bring up a different set of issues for people with BD. Some of these issues bode well for new partnership—people with BD are capable of intense attachments and compassion for another person. The key relationship problem experienced by many with BD is how to express their emotional ups and downs with their partner, and in turn, how their partner responds to emotional volatility.

The interval following a mood episode is a particularly fraught time for couples. You may still be symptomatic but increasingly capable of self-care, and begin to feel overcontrolled by your partner, who is constantly asking you if you've taken your medications. Your partner may feel resentful that your episode has caused a disruption in both of your lives, or that you aren't taking better care of yourself. There may have been events during manic episodes that threaten the future of the relationship, such as impulse-driven infidelities or excessive spending. Once you have remitted, you may be able to talk openly about these events with your partner, with the recognition that it takes time to heal. The effects of depressive episodes on long-term relationships are less predictable. It can be harder to tell when a depressive episode has lifted; in the weeks after the worst of the episode, you may feel better but not yet able to engage in previously enjoyable activities with your partner. You may be less responsive to physical, sexual, or emotional attempts at intimacy. Your partner may become frustrated that you aren't more available, which can make you feel worse.

The principles we've already discussed in relation to dating can be summarized under the heading "self-awareness with open communication." There are ways to plan ahead to take the same approach in long-term relationships.

**PREVENTION STRATEGY 1:** Cultivate self-awareness with open communication

"I don't know if it's my disorder or my personality, but I tend to be very reactive to people. One word or even a look can set me off. When I argue with Mandy [wife], I have to be aware of my overreactions to her tone of voice, which can sound like an annoyed babysitter. There's like this drone in my head: 'She doesn't love me,' 'I'm a burden to her and the kids, and all that.' Then when she says something that sounds negative or demeaning, I just start spiraling.

"When this happens I take some time by myself and regroup and look at the thoughts I'm having so that I don't just say something horrible. My therapist says I'm learning 'emotional regulation skills,' but I just call it chillin'.

"But that's not the end of it—we come back together later so I can tell her what was going on with me, that it wasn't all her fault, that I wasn't just being mean. She tells me what she heard me say, and I'm surprised at how she hears things totally differently than I meant them. These conversations really have helped our relationship; she's learning not to take things so hard, and I'm learning that having bipolar disorder doesn't mean I can just say and do whatever I want."

—*Sylvie, a 35-year-old with bipolar II disorder*

As the quote shows, relationship harmony is owning your own emotional reactions and being sensitive to your partner's. Although extreme, Sylvie's emotional reactions were often valid. Mandy was well-intentioned but tended to talk to Sylvie like she was a child. Her tone became a trigger for Sylvie and made her react strongly to even single words or gestures.

Let's briefly review the communication skills described in Chapter 7. In the midst of an argument, a statement of active listening like "You're feeling really angry at me right now because you think I'm just doing this to be mean" can make your partner feel understood. You can also make a positive request: "I'd appreciate having some time to chill by myself and figure out why I'm getting so upset. Then we can talk about it later when I've calmed down. OK with you?" or "I'm having a hard time hearing you right now. Can you please try to use a tone you'd use when talking to me as an adult?" Rehearsing these requests with your partner when you're not excessively angry can make it easier to say them in the heat of the moment.

### **PREVENTION STRATEGY 2:** Evaluate the role your partner takes in your care

When you are ill and in the hospital, you might see the best from your partner. Hopefully, your partner understands that BD is an illness like any other and that,

following an episode, you need more than the usual amount of support, compassion, and understanding. In contrast, when you are between episodes you may still be emotionally volatile, which they may have more trouble understanding.

After a mood episode, some partners unequivocally devote themselves to making sure their partner with BD is healthy, whether this intervention is wanted or not. We call this the "lawnmower partner": someone who gets out in front of you and tries to mow down any obstacles that could cause you stress or contribute to a recurrence. This is a difficult responsibility for a partner to take on, and inevitably they will get exhausted and frustrated and you will find it intrusive. It's important to encourage your partner to engage in adequate self-care, whether that means spending time with their friends, getting regular exercise, or getting their own therapy.

You can also help them revise their caregiving role by prioritizing your own care. On a concrete level, this means filling your prescriptions without being asked, keeping to a regular sleeping and eating schedule, making your own medical appointments, and avoiding alcohol and street drugs. You can set limits with your partner by saying, "I appreciate all the help you want to give me, and I know it comes out of compassion. But I do best when I take care of my own health." Encourage them to treat you like an equal partner rather than a patient with a series of problems to be solved.

### **PREVENTION STRATEGY 3:** Ease back into a routine

The interval following a mood episode—especially one that required hospitalization or intensive outpatient treatment—may require getting reacquainted with your partner and your previous lifestyle, much like returning from a long trip. Anxiety about being close during this interval is a natural part of coping with BD as a couple. The key strategy is to move slowly and not expect much from each other during this recovery phase. Activities you both enjoyed previously, such as sports, should be revisited gradually. You may not want (or be able) to interact with other couples just yet.

### **PREVENTION STRATEGY 4:** Rediscover sexual intimacy

It is common in any long-term relationship to go in and out of periods of being sexually active with your mate. Numerous books have been written on this subject, most famously *The Joy of Sex* (Comfort, 2013). It's especially hard to jump right back into a sexual relationship when you've just been depressed. Your self-esteem has probably taken a hit and you may feel uncomfortable with your body, all of which make it hard to relax. If you worry that you are no longer attracted to your mate or have lost your sex drive altogether, here are some actions to take:

**STRATEGY 4A:** Ask yourself whether it's the depression talking

If you have other symptoms of depression—insomnia, loss of interests, fatigue, sadness—it's likely that you also have "loss of libido." Physical exercise can help reignite your sex drive, in part because your mood will improve and in part because you will feel better about your body.

**STRATEGY 4B:** Discuss with your doctor whether medication dosages can be adjusted or other medications substituted

Antidepressants and some mood stabilizers are associated with decreased sex drive or performance. However, it won't always be clear whether your decreased drive is due to unresolved depressive symptoms or the medications used to treat them. With your psychiatrist, you may want to examine the timing of your decreased libido in relation to when you started the relevant medication.

**STRATEGY 4C:** If you suspect other physical causes of your loss of desire, ask your doctor whether hormonal tests would be informative: testosterone for men, estrogen for women

Changes in hormones are a feature of aging, and can be especially tough for women during menopause. Hormonal supplements are an option, but they can have side effects that require further discussion.

**STRATEGY 4D:** Rediscover your sexual relationship gradually

Get to know your partner again through touch, massages, hugging, and other gradual steps toward intimacy before attempting intercourse.

**STRATEGY 4E:** If you are not feeling sexual toward your partner but are sexually attracted to others, it may be time to try some couple therapy

Loss of intimacy can occur when one person feels "one-down" in a partnership, or no longer trusts their partner. If your partner has had an affair with someone else, you are particularly likely to feel that way, as will your partner if you have had an affair during a manic episode.

## Solving Daily Relationship Problems

People with BD experience the same couple conflicts about everyday matters that all couples experience, but these get exaggerated in intensity after an episode. Problems related to household management (cooking, cleaning, shopping, and so

on), taking care of kids, finances, in-laws, and pets come to the fore. As you recover, your spouse may expect more and more of you, and you may be eager to resume roles that were put on hold while you were ill. However, the pace of your partner's expectations and your ability to meet them may not match up.

Many partners do not know that major depressive episodes can require an average of 6 months to lift, or that moods may improve before one's level of cognitive functioning resumes. So, your partner may be demanding a level of performance that you are not up to yet. At times you may need to push yourself to do things you really don't feel up to doing (driving your kids to soccer early in the morning; spending parts of the weekend cleaning), but it is important to pace yourself and encourage patience from your spouse.

### **IN-THE-MOMENT STRATEGY:** Discuss collaborative problem solving

Other couple problems may be amenable to in-the-moment solutions through collaborative problem solving, as shown in the worksheet on page 144. Simple problems (such as who will take out the trash) usually don't require this level of complex problem solving. The difficulties that cause significant couple conflicts tend to be emotional rather than practical (for example, "who takes out the trash" may be one indicator of a larger problem, such as "both partners feel like their time is not respected by the other partner"). If a problem seems too big to submit to the steps in the worksheet, try to break it down into smaller units and solve each unit individually, so that disagreements don't become bigger than they have to be. When you and your partner can solve one little part of a problem, there will be more of a sense of collaboration in tackling others. In this section you'll read an example of in-the-moment problem solving.

## An Example of Collaborative Problem Solving

Karla, age 39, was recovering from a lengthy bipolar II depressive episode. The recovery process had taken longer than she or her husband, Justin, expected, with many twists and turns. Justin had been reasonably patient, but his mother, Isabel, had been making comments such as "When is she going to get better?" and, within earshot of the couple's two children, "Do you think she's trying hard enough?" Justin and his mother were close, and Isabel was also close with the kids.

Karla and Justin had learned the collaborative problem-solving method in couple sessions, but their definitions of this problem differed. Karla was angry that Justin didn't rush to her defense, whereas Justin felt that Karla was overreacting to

# COLLABORATIVE PROBLEM-SOLVING WORKSHEET

What is the problem? Define it from both partners' perspectives.

Brainstorm solutions: Throw out every possible solution, even ones that may seem unfeasible or silly. Don't squash any options just yet.

Evaluate the pros and cons of each proposed solution.

| Solution number | Advantages | Disadvantages |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Choose one solution or set of solutions:

Develop an implementation plan: Who will do what?

Revisit the initial problem later: Was it solved? If not, why not? Go back to the beginning. Was it defined correctly? Were the solutions feasible?

questions that any reasonable person would ask. Their proposed solutions varied from "Justin shouldn't talk to his mother about Karla anymore" to "Karla should defend herself when Isabel says something about her disorder." After weighing the pros and cons of each solution, they homed in on the only solution that involved actions on both of their parts: When Isabel raised questions about Karla's progress, Karla would nondefensively tell her about her medications and exercise plan. Then Justin would talk to Isabel privately about not bringing up such issues around Karla, and offer a progress report now and again.

The solution did not work well. When they tried to implement it the following Saturday evening, Justin's mother temporarily withheld comments but, later in the evening over dinner, said, "I heard an NPR [National Public Radio] program about bipolar disorder, and they said you should try a new medication called Latrigine or Lamuda or something." When this occurred, Karla burst into tears and ran out of the room.

Karla and Justin talked this over several times and engaged their therapist in the process. They concluded that Justin needed to be more assertive with his mother about bringing up Karla's health, in whatever form. They also agreed that Karla's residual depression was coloring how she interpreted Isabel's interventions, and that part of the plan necessitated her letting certain comments go. A more comprehensive solution followed, in which Justin spoke at length with his mother about why Karla was getting hurt, and Karla rehearsed a limit-setting response to Isabel ("I don't want to get into that right now; that's a sensitive subject for me"). They also agreed that dinners at their house involving Isabel might not be such a good idea until Karla had fully recovered and that Karla should express a willingness to interact with Isabel in other settings, particularly when their children were involved.

The solution eventually worked, with some additional tweaks. Most importantly, Karla and Justin felt they had solved the problem collaboratively. Karla realized that part of her depression was related to the stigma of her disorder and how it was being expressed within their family, as well as her own self-criticism about her progress.



## Taking Stock

All illnesses put stress on relationships, but in BD, relationship stress can contribute to mood episodes, and mood episodes can contribute to relationship stress. Nonetheless, people with BD are just as able as anyone to have intimate, long-term relationships or marriages despite emotional upheavals.

Depending on where you are in your romantic life—dating, in a new or long-lasting relationship, or staying single—review the skills discussed in this chapter and include them in your relapse prevention plans (Chapters 1 and 2). Strong partnerships can be of considerable value in supporting you when you are at risk for developing mania or depression or when recovering from either. They can also help you deal with conflicts that arise with your family of origin. Your willingness to work with your partner to improve communication and solve problems will almost certainly contribute to the longevity of the relationship.





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370 Seventh Avenue
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