

# Chapter 5

## Mood Disorders

Mood is a state of mind or feeling or spirit. The word *mood* comes from the Old English *mod*, which means “disposition.” Moods can range from very low, or “depressed,” to very high, or “manic.” It is normal to have mild mood changes from normal to low when stressed and to joyful when something really good happens. Most people have had times of very low moods, but very high moods are much less frequent.

The two types of mood disorders are Depressive Disorders, in which the only mood problem is depression, and Bipolar Disorders, in which there are manic moods with or without a history of depressed moods.

### Section 1: Depressive Disorders

The melancholy days are come, the saddest of the  
year,  
Of wailing winds, and naked woods, and  
meadows brown and sere.

William Cullen Bryant, *The Death of the Flowers*, 1832

### What Is the Definition?

The word *depress* comes from the Middle English word *depressen*, which means “to push down.” To *be depressed* means to have a “pressing down” of the spirits or to feel “low.” A depressive disorder occurs when symptoms cause major distress or trouble in social situations, working, school, or other crucial aspects of daily living.

### What Are the Symptoms?

Depressed persons have a depressed mood most of the time on almost every day. Adults by and large know when they are depressed and can describe feelings of painful distress, but children and teens may only know they are angry or cranky or they may “misbehave.” Depressed persons have lost the ability to enjoy things or to be interested in doing anything, and they often have weight loss and seriously interrupted sleep (although for some people there may be weight gain or increased sleeping). They may feel very wound up and yet

find it hard to be at all active. They often feel very tired and lack vigor. They can feel worthless, with extreme, undue guilt. They frequently have lowered power to think or concentrate and have trouble making up their minds. They can feel hopeless, and they often have thoughts of wishing for death, or suicidal thoughts and plans.

The two major depressive disorders are Major Depressive Disorder and Dysthymic (from the Greek for “bad mind or soul”) Disorder. In Major Depressive Disorder, the symptoms cited above are severe, whereas in Dysthymic Disorder, the symptoms are less severe but much more chronic, having been present for at least two years, often since the early teens or even childhood. A Major Depressive Disorder evolves over days to weeks. Anxiety symptoms may have been present for weeks or months prior to the depressed symptoms and may have concealed them for a time.

There are other types of depression, such as those that occur in certain seasons, during major holidays, after childbirth (postnatal), or on a regular basis during the menstrual cycle. In older persons, it can be hard to tell whether symptoms are due to a mood disorder or to a dementia, such as Alzheimer’s Disease. In both cases, there can be a depressed mood and a loss of interests, with weight and sleep changes, mental turmoil, and poor ability to think and make up one’s mind. Careful evaluation is the key, since in dementia there is a disease that is likely to become worse, and in the other case, there is a mood disorder that can be treated with success.

## **Who Is Affected?**

A nationwide survey found that almost one person in ten had a Depressive Disorder at some point in 1990. Major Depressions occur twice as often in women as in men, while Dysthymia occurs up to three times as often in women, except in childhood where it occurs about equally.

Causes of depression can be roughly listed as “constitutional” or “environmental.” With the former, there is often a family history of mood problems. Such families may include people with a high sensitivity to the feelings and needs of others as well as family beliefs and attitudes that foster depression. Environmental causes are countless, including early childhood loss of a parent, child abuse, medical illness, and the many traumas that can occur in one’s private and working life.

## **Onset and Course**

Depressions can occur at any age, including early childhood. If not treated, a Major Depression will often last six months or longer. Most people recover fully; however, 40 percent continue to have significant

symptoms of the Major Depression for a year or more. A large number of people who have fully or partly improved have one or more later episodes. About 10 percent of teenagers who have repeated Major Depressions later develop Bipolar Disorder.

Depression can threaten life. The most serious possibility is suicide, and this must always be kept in mind in dealing with a person who is depressed. Any sign that he or she might be thinking of suicide must be taken seriously, even if at the moment the person is not planning suicide or seems to be only making a threat or trying to attract attention.

## Treatment

*Self-Help.* People who know that they are depressed can learn ways to help themselves, such as confiding in trusted friends and spouses, engaging in hobbies, and exercising regularly. The more depressed a person is, the simpler such plans usually have to be. There are certain groups that can be helpful, such as the Depression and Related Affective Disorders Association (DRADA), National Alliance for the Mentally Ill (NAMI), and Mental Health Association. There are a number of good books describing personal experiences with depression, including Meri Nana-Ama Danquah's *Willow Weep for Me: A Black Woman's Journal through Depression*, and William Styron's *Darkness Visible: A Memoir of Madness*.

*Professional Help.* The type of treatment depends on the degree of the depression. In milder cases, talking with one's physician or psychotherapist can help greatly. Often, talking about the symptoms, knowing their cause, and learning that one will most likely recover fully helps the person to find strength to struggle against self-critical ideas and to solve the real-life problems facing him or her. In more severe depressions, psychotherapy with an expert is required, and antidepressant drugs may also be essential. In the case of very severe depression, with or without the risk of suicide, a brief time in a hospital may be required, and in a very small number of such cases, when severe symptoms and the danger of suicide persist, the doctors may suggest a brief course of electroconvulsive treatment.

If depressions recur, "maintenance" drug treatment on a long-term basis may be needed, along with psychotherapy that may be less frequent (e.g., monthly) depending on the kinds of life problems that the person must resolve, including the presence of other psychiatric or medical problems.

## Section 2: Bipolar Disorders

Misled by fancy's meteor ray,

By passion driven;  
But yet the light that led astray  
Was light from heaven.  
, *The Vision*, 1786

Robert Burns

## What Is the Definition?

The prefix *bi* comes from the Latin *bis* or *bi*, meaning “two,” and *polar* comes from the Latin *palus*, meaning “stake” or “pole.” *Bipolar* means having two poles or extremes of moods. A person with this illness must have had at least one “high” or manic phase. These manic states tend to occur in cycles that often—but not always—alternate with periods of depressed moods.

## What Are the Symptoms?

The person with a “high,” or manic mood is most often very cheerful, which may cause others to feel the same way. The mood is likely to be expansive, in that the person is fervent about many topics and may start talking intimately with strangers. Less often, the major mood is irritable, and the person may become quite angry when there is any dissent or hindrance to his or her wishes. Irritability may be the key symptom in children. Other symptoms and behaviors can include very high trust and belief in oneself despite extremely poor judgment, intense activity with little need for sleep, being in turmoil, and talking nonstop, sometimes with dramatic gestures and sing-song speech. The person may act on impulse with probable distressing results, such as going on buying sprees, engaging in rash sexual acts, or entering into foolish business ventures. In very severe cases, there may be short-lived delusions or hallucinations.

There are three major types of Bipolar Disorder: Bipolar I Disorder, Bipolar II Disorder, and Cyclothymic Disorder. In Bipolar I Disorder, both the manic and depressed states are severe. In Bipolar II Disorder, severe depressed states alternate with milder highs called “hypomanic” moods. Hypomanic moods never include delusions or hallucinations and do not require hospitalization. People with this disorder may even function much better in some ways during these times and may be very successful in careers as a result. However, they can also make the same kinds of errors in judgment as those with true manic states. The hypomanic state, while often sensed by those who are close, may not be seen at all by friends, strangers, or by the affected person. In Cyclothymic Disorder, there are cycles of mild lows and mild highs that have been present for at least two years, of such a frequency that the person has not been without symptoms for more than two months at any one time.

## Who Is Affected?

Whereas most people feel depressed at times and significant clinical depression occurs during the lifetime of about one in five people, Bipolar Disorder is much less frequent. There are often relatives with mood disorders, and in the case of identical twins, there is a particularly high chance (75 percent) that if one twin has Bipolar Disorder, the other will have it also. It is therefore thought that Bipolar Disorder has a strong genetic basis, but it is not clear yet whether the basis is for bipolar illness itself or for a poorly regulated response of mood to chronic childhood stresses, such as family conflict and loss. In some cases, mood swings are more frequent in certain seasons. Bipolar Disorder occurs in about equal numbers in males and females.

## Onset and Course

A first mood cycle may occur at any age from childhood to old age. Most people with Bipolar Disorder recover fully between periods of illness, but about one in four have continuing signs of mood and work difficulties between episodes. There is an increased frequency of alcohol and drug abuse problems. Rash acts during manic moods can have devastating consequences, such as financial ruin, divorce, and serious legal problems, any of which may be followed by severe guilt-ridden depression and suicide. The course of the disorder can be greatly affected by the person's ability and inclination to see that this is an illness and that he or she must seek help when moods start to change. If the person accepts this, then the illness can be managed with good success. There are a small number of cases in which the mood swings occur more and more often, called "rapid cycling." Three out of four such patients are women. More frequent hospitalizations and very close guidance are required in these cases.

## Treatment

*Self-Help.* A person with Bipolar Disorder may go through a number of manic states before he or she agrees that this is an illness. This is because the manic state feels great, and the person is certain that he or she is in perfect mental health. Local chapters of DRADA, NAMI, and the Mental Health Association can be very helpful. In *An Unquiet Mind* (Vintage Books, 1996), Kay Redfield Jamison, professor of psychiatry at Johns Hopkins University, writes movingly about Bipolar Disorder both from her own personal experience as well as from a professional perspective.

*Professional Help.* Both medication and psychotherapy are required, and there may be short hospitalizations. There are now a number of drugs for manic states (some of these drugs, known as “mood stabilizers,” can also be used to treat epileptic seizures). Most patients must remain on these drugs for a long time and may also need to take antidepressant drugs. When people are getting over manic states, the doctor must be alert to the possibility of sudden swings into depressed states, because a person may now have great shame and guilt after seeing how foolish and even harmful his or her actions were when in the manic state.

*L. Park*