The Influence of Trauma, Life Events, and Social Relationships on Bipolar Depression

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KEYWORDS

• Bipolar disorder • Bipolar depression • Life events • Social support • Family • Expressed emotion • Trauma • Early adversity

KEY POINTS

- Social environmental factors can predict a more severe course of bipolar depression.
- Childhood abuse is associated with a more severe illness course. Trauma exposure is associated with more severe chronic stress and greater reactivity to negative life events.
- Negative life events, social support, and sensitivity to interpersonal rejection, predict increases in depression.
- Family difficulties, and in particular family criticism, predicts more severe bipolar disorder.
- Clinicians should consider these social risk factors when establishing treatment plans for clients with bipolar depression.

The focus of this article is on the social environment as a predictor of bipolar depression. Although it has long been thought that bipolar disorder is largely a genetic disorder, a large literature indicates that psychosocial variables robustly influence the course of the disorder. This effect is particularly well documented for the course of bipolar depression.

Many clinicians argue that depression should be a central target in the treatment of bipolar disorder. Although the single diagnostic criterion for bipolar I disorder is at least 1 lifetime episode of mania, recurrent depressive episodes are a criterion for

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bipolar II disorder. Even within bipolar I disorder, in which depression is not a diagnostic criterion, depressive symptoms trigger more help seeking than do manic symptoms[1] and are related to suicide risk[2] and impaired functioning.[1]

People diagnosed with bipolar disorder vary greatly in the severity and frequency of depressive symptoms experienced. Many clinicians assume that all individuals with bipolar disorder experience episodes of depression (an assumption built into the name of the disorder), but as many as 20% to 33% of individuals with bipolar disorder report no lifetime episode of major depression (cf Ref.[3]). People who do experience depressive episodes vary a good deal in the course of depressive symptoms. Some people have only 1 or 2 episodes during their lifetimes, many have frequent recurrences, and perhaps the modal profile is chronic subsyndromal depressive symptoms. Among 146 patients with bipolar disorder followed for more than 12 years, depressive symptoms were present, on average, for about one-third of weeks.[4] Given this variability, a key question concerns the factors that predict the severity of depressive symptoms in bipolar disorder. Research findings suggest that the genetic vulnerability to mania does not explain the vulnerability to depressive symptoms within bipolar disorder,[5,6] and we argue that psychosocial risk factors are a critical part of this puzzle. This article reviews the socioenvironmental variables that have consistently been identified as predictors of bipolar depression: trauma, negative life events, deficits in social support, and problems in family relationships.

Differentiating the triggers for mania versus depression entails some methodological complications. Much of the research has been cross-sectional, and this work cannot disentangle the aftermath of episodes from factors that trigger symptoms. Manic episodes lead to occupational, social, and financial stress, and loss of self-confidence. Understanding whether the social adversities, in turn, intensify symptoms requires longitudinal research. This article therefore weights prospective research heavily where available.

EARLY ADVERSITY AND TRAUMA

In one recent study of euthymic persons diagnosed with bipolar I disorder, 61% reported a history of childhood abuse,[7] rates that are at least as high as those reported by individuals with unipolar depression.[8,9] Not only is childhood abuse far too common among those diagnosed with bipolar disorder, abuse is also associated with a more severe course of the disorder. In a comprehensive review that weighted 19 studies based on methodological rigor, childhood abuse (particularly physical abuse) was related to earlier onset, rapid cycling, psychosis, suicidality, impulsivity, aggression, and symptom severity, as well as more mood episodes, hospitalizations, and comorbidity in bipolar disorder.[10] In one study, childhood abuse was correlated with the severity of depressive, but not manic, symptoms within bipolar disorder.[7]

Some work has explored the mechanisms through which trauma increases symptoms. For patients with bipolar disorder, early adversity has been found to predict chronic stress[11] and reactivity to stressful life events later in life.[12] These changes in the levels and vulnerability to stress in adulthood may, in turn, shape symptoms.

However, most of the research in this domain has been cross sectional. In the 1 available prospective study of which we are aware, trauma history predicted greater chronic stressors across time, and those chronic stressors then predicted greater symptoms of depression, but not mania, within a bipolar I sample.[11]