Couple Dynamic and Bipolar Disorder

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Abstract

Introduction: *This present article aims to study the influence of Bipolar disorder upon a couple's relationship. As there are vast behavioral changes during both the manic and the depression episodes, there is reason to believe that these changes influence the quality of the relationship and the wellbeing state of the partners. Apart from the cumulated effect that the episodes have on the patient's psyche and state of comfort and health, the specific behaviors of these episodes have a significant effect upon the partners within the couple and their mental health.*

Objectives: *The objective of this study is to analyze to what extent the presence in the couple of at least one partner who exhibits severe Bipolar symptoms significantly influences the quality of life, the adaptation within the couple, dyadic satisfaction, individual satisfaction, partner proximity, partner sensitivity, partner cooperation and compulsive caregiving.*

Methods: *In this qualitative and transversal study, the sample consists of four couples, where in 2, at least one partner meets the DSM-V criteria for Bipolar I or II disorder. The couples are of heterosexual orientation and are married or have been living in a civil cohabitation relationship for at least 6 months. The participants signed the consent and were given 5 assessment tools aimed at measuring their quality of life, the dyadic adjustment and the couple relationship, and the presence of symptoms specific to Bipolar disorder.*

Results: *The scores obtained by each participant, but also the analysis performed at couple level, indicate that there are no significant differences between adaptation in the couple in the case of people with symptoms specific to Bipolar disorder compared to those who do not have such diagnosis. The specific symptoms of Bipolar disorder do not have an influence on the couple's relationship, respectively on the quality of life, adaptation in the couple, dyadic satisfaction, individual satisfaction, proximity to the partner, sensitivity to the partner, cooperation with the partner and compulsive caregiving.*

Conclusions: *In conclusion, the couple dynamic is not significantly altered when symptoms of Bipolar disorder are experienced by at least one partner. The most common difficulty in couples where there is at least one partner with symptoms specific to Bipolar disorder is that partners without symptoms attribute a very high degree of control to the behaviors of the Bipolar partner. Among the many variables that influence the quality of life in emotional disorders, one of the most important is marital adjustment – a state in which there is a general feeling of wellbeing in both partners, and they are satisfied with their marriage. Marital adjustment is considered part of the psychosocial wellbeing, and its improper functioning adversely affects the physical and mental health of both partners, as well as the quality of life.*

Keywords: Bipolar disorder in relationship, dyadic functioning, Bipolar spouse, spousal burden

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I. Introduction

The literature emphasizes the significant role of the couple relationship in one's life. Whether it is a biological or cultural desire, couple relationships and marriage are a reality for most people. These are often indispensable for a happy life and their absence or lack of quality affects one in a negative way, as will be stipulated and argued in the following pages. Having such a significant impact in each person's life, it is important to analyze the effects of psychopathology on married life, in order to improve difficulties and strengthen the general wellbeing.

In this case, the impact of Bipolar disorder on the couple relationship will be discussed. Because behavioral changes are so vast during depressive and manic episodes, there is reason to assume that they influence the quality of the couple's relationship and the welfare of the partners. Behaviors associated with the manic episode influence the couple in multiple ways: increasing the frequency of sexual intercourse, especially of risky ones, often including several partners and no protection, spending the family's income and engaging in financial projects that are not feasible in the long run, poor communication with the partner due to distraction, fleeing ideas and verbiage. In contrast, the behaviors associated with the depressive episode influence the relationship in the following ways: decreased or absent libido, lack of involvement in domestic activities, isolation from the partner, etc. In addition to the cumulative effect that these episodes have on the patient's psyche, the behaviors specific to these episodes also have a significant effect on the couple partners and their good health. Drastic changes in the attitudes and behaviors of bipolar partners can cause significant distress to the partner without bipolar symptoms who has to constantly adapt to unpredictable situations.

The difficulties that such a couple may encounter can manifest themselves in multiple ways, either depending on the couple's dynamics, the personality of each partner, the severity of the disorder, but also other factors that influence the benefit of families – including children, financial status, relationships with extended family and friends, unemployment and many more.

Although Bowlby (1969) considered attachment to be a motivating force throughout life, Hazen & Shaver (1987) first described a theory of adult attachment, in which romantic love is a process of attachment that takes place between partners. Applied to adult attachment, the development model allows constant changes in expectations towards relationships and attachment behaviors, from one relationship to another and in each relationship. In this sense, the security of the current attachment can be used as a construct that can describe the quality of the attachment bond in a relationship at a certain point in time (Kobak & Madsen, 2008). Current research indicates that the diagnosis of Bipolar disorder significantly increases the possibility of an insecure/ disorganized attachment style (Harnic et al., 2014), and they vary depending on the polarity of the disorder episodes (Morriss et al., 2009).

The associations between Bipolar disorder symptoms and attachment styles could be explained by the connection between attachment behaviors and patterns related to self and others (Bartholomew & Horowitz, 1991). Manic symptoms often include grandeur, that increases self-worth compared to others, and could minimize attachment needs, and depressive symptoms typically include feelings of inferiority that could increase patient anxiety in the relationship (APA, 2013).

The current research correlates the diagnosis of bipolarity in relationships to distress (Lam et al., 2005; Whisman, 2007), with only two studies investigating the mechanisms by which symptoms of Bipolar disorder influence dyadic adjustment (Rowe & Morris, 2012; Sheets & Miller, 2010). The results of both studies suggested that the polarity of symptoms has a significant role in the dyadic adjustment of partners in a relationship with a partner diagnosed with bipolar disorder.

Among the many variables that influence the quality of life in emotional disorders (Catty et al., 2008), one of the most important is marital adjustment – a state in which there is a general feeling of wellbeing in both partners, and they are satisfied with their marriage. Marital adjustment is considered to be part of psychosocial state of good health, and its improper functioning adversely affects the physical and mental health of both partners, as well as quality of life (Burns et al., 1994). It has often been observed that marital adjustment has an effect on disease trajectory (Jablensky, 2009), as well as the fact that recurrent depressive episodes have a significant effect on poor marital adjustment (Akbiyik et al., 2008).

For this case study, a systematic review was carried out in the first phase. Studies were researched into to answer the question: "Are there significant differences in the couple's adaptation to people with symptoms specific to Bipolar disorder?".

II. Objectives

The aim of this study is to analyze the extent to which the presence in the couple of at least one partner with severe Bipolar symptoms significantly influences quality of life, adaptation in the couple, dyadic satisfaction, individual satisfaction, closeness to the partner, sensitivity to the partner, cooperation with partner and compulsive caregiving.

The hypotheses formulated in order to reach the objectives were:

Main hypothesis:

H1: There are significant differences between the adaptation in the couple in the case of people who manifest/ not symptoms specific to Bipolar disorder.

Secondary hypotheses:

• There is a statistically significant difference in couple adaptation concerning couples in which at least one of the partners has Bipolar symptoms that are moderate or severe in intensity.

• There is a statistically significant difference in dyadic satisfaction, in couples in which at least one of the partners has Bipolar symptoms that are moderate or severe in intensity.

• There is a statistically significant difference in individual satisfaction in the couple relationship in couples in which at least one of the partners has moderate or severe Bipolar symptoms.

• There is a statistically significant difference in proximity to the partner, in couples in which at least one of the partners has bipolarity symptoms that are moderate or severe.

• There is a statistically significant difference in sensitivity to the partner, in couples in which at least one of the partners has bipolarity symptoms that are moderate or severe.

• There is a statistically significant difference in cooperation with the partner, in couples in which at least one of the partners has bipolarity symptoms that are moderate or severe.

• There is a statistically significant difference in compulsive caregiving towards the partner, in couples where at least one of the partners presents moderate or severe Bipolar symptoms.

• There is a statistically significant difference in dyadic consensus in the couple, in couples in which at least one of the partners has moderate or severe Bipolar disorder symptoms.

• There is a statistically significant difference in affective expression in the couple, in dyads in which at least one of the partners has moderate or severe Bipolar disorder symptoms.

• There is a statistically significant difference in dyadic cohesion in the couple, in dyads in which at least one of the partners has moderate or severe Bipolar symptoms.

• There is a statistically significant difference in the concern for the partner in the couple, in couples in which at least one of the partners manifests moderate or severe Bipolar symptoms.

III. Method

3.1. Design and sample

This research is a case study, cross-sectional and qualitative.

The dependent variable in this study represents the level of dyadic adjustment in the couple, and the independent one is the presence of Bipolar symptoms.

Sample and subject selection criteria

In this study, the sample consists of 4 couples, in 2 of them being at least one partner who meets the DSM-V criteria for Bipolar disorder, type I or II.

The selection criteria were: age of at least 18 years and being in a relationship for at least 1 year.

The experimental group includes couples in which there is at least one partner with specific manifestations of Bipolar disorder, respectively a high score (19-24) after evaluation with the BSDS tool.

The control group includes the two couples in which no partner obtained a high score (<19), following the evaluation with the BSDS instrument.

The participating couples are of heterosexual orientation and have been married or living in cohabitation for at least 1 year.

3.2. Materials and Measurements

- BSDS – Bipolar Spectrum Diagnostic Scale (Ghaemi, 2005). This instrument assesses the presence of symptoms specific to Bipolar disorder.
- QOLI – Quality of Life Inventory (Frisch, 1994). This tool assesses the wellbeing and satisfaction of the individual in relation to his life. The questionnaire assesses positive mental health and happiness, providing a total score based on 16 scales that make up the quality of life, including aspects such as love, work and play.
- DAS – Dyadic Adjustment Scale (Spanier, 1976). This tool evaluates the quality of couple relationships. This scale contains 4 subscales:

- Dyadic consensus: the extent to which the subject agrees with the partner.

- Dyadic satisfaction: the extent to which the subject is satisfied by the partner.

- Dyadic cohesion: the extent to which the subject and his partner participate in activities together.

- Expression of the condition: the extent to which the subject agrees with his partner regarding the expression of the condition.

- RAS – Relationship Assessment Scale (Hendrick, 1988). This tool assesses the level of individual satisfaction in the couple relationship.
- QC – Caregiving Questionnaire (Kunce, 1994). This tool evaluates the behaviors of concern towards the partner in romantic relationships and contains 4 subscales:

- Concern by maintaining the closeness of the partner: the tendency to approach and soothe the partner when they need.

- Concern through sensitivity to partner needs: the scores reflect sensitivity to partner needs.

- Concern over control: high scores reflect a control and dominance-based approach to providing care and support.

- Compulsive Caregiving: Scores reflect over-involvement in the partner's efforts to solve problems.

3.3. Procedure

As mentioned, this study involved people without a psychiatric diagnosis, recruited using online ads – the experimental group includes couples in which there is at least one partner with specific manifestations of Bipolar disorder, corresponding to having obtained a high score (19-24) following the evaluation with the BSDS tool.

The control group includes the two couples in which no partner obtained a high score (<19) following the evaluation with the BSDS tool.

As the questionnaires were not applied in electronic format, a meeting between researchers and participants was required. The following aspects were discussed during the meeting with the participants:

- the importance of the contribution participants have in the study;
- confidentiality and personal data, namely that the research report will not include the names of the participants, but only general conclusions and information collected by the research team for the purpose of the study;
- informed consent;
- anamnesis.

By answering the questionnaires and having the chance to talk to a researcher with training in psychology, the participants were able to understand the importance of their contribution to the study. Subsequently, issues were discussed regarding their confidentiality and the fact that the information recorded on paper or processed in the computer would be identified only by a code number.

Participants were instructed to read the informed consent carefully and were invited to ask questions about any ambiguous aspect perceived. After obtaining the informed consent in written format, in duplicate from each participant, anamnesis was conducted for each partner to establish a first therapeutic contact. Subsequently, the participants completed the 5 questionnaires individually. There was no time limit.

IV. Results

4.1. Descriptive analysis

The questionnaires were scored and processed into the SPSS database. The t test was applied to the independent sample.

- Red: Bipolar couple
- Relationship status: 1 - Cohabitation, 2 - Married
- BSDS - Bipolar Disorder Assessment Scale
- QOLI - Quality of life assessment questionnaire
- DAS - Dyadic adjustment evaluation scale
- DS - Dyadic Satisfaction Assessment Subscale
- DC - Subscale for evaluating the dyadic consensus
- AE - Subscale for evaluating the emotional expression
- DH - Dyadic Cohesion Assessment Subscale
- SECRR - Scale for assessing individual couple satisfaction
- CPPR - Scale for assessing concern for the partner
- P Proximity - Subscription to evaluate the maintenance of closeness to the partner
- S Sensitivity - Subscription to assess the sensitivity to the needs of the partner
- C Cooperation - Subscription for evaluating the takeover
- CC Compulsive Caregiving - Compulsive Care Assessment Subscale

Couple Code	Gender	Age	Relationship Status	Relationship Age	SETB	QOLI	DAS	DC	DS	AE	DH	SECRR	CPPR	P Proximity	S Sensitivity	C Cooperation	CC Compulsive Caregiving
241014	2	24	1	5	4	58	141	61	47	11	22	35	163	46	45	33	39
	1	24	1	5	20	57	141	60	46	12	23	35	152	48	48	32	24
071996	1	25	1	2	12	48	124	57	40	10	17	31	132	48	46	17	21
	2	23	1	2	22	21	94	39	29	10	16	20	131	27	28	36	40
265110	1	51	2	25	5	56	114	53	39	7	15	31	145	44	42	30	29
	2	51	2	25	3	48	108	50	36	8	14	31	105	32	33	19	21
722963	1	59	2	33	4	50	122	56	39	11	16	33	141	46	44	21	30
	2	53	2	33	5	24	127	63	41	10	13	31	132	29	28	33	42

4.2. Case studies

Couple 241014 – Bipolar

The couple describes their relationship as being ideal, having met in the first year of university and forming a couple ever since. They both mentioned physical attraction as being the main factor that brought them together. Key moments in their relationship are represented by their first vacation together during which they both declared their love for each other; building a business together, which they both perceived as a stepping stone for their relationship; the failure of the business proved to be a very difficult time for the couple because of the many disagreements and arguments and they both feared a breakup; lastly, the partners have recently moved in together and are eager to work on their relationship.

The procedure for the anamnesis was efficient, as the partners agreed with one another in all regards.

• M, 24 – civil cohabitation, master student, entrepreneur, without children.

Relationship description: "I am in an extremely beautiful relationship in which our passions are constructive and our friendship makes us happy. We fit in perfectly, I feel happy, supported and understood, we are devoted to each other and I believe we can build a world together."

• F, 24 – civil cohabitation, master student, teacher, no children.

Relationship description: "It's perfect. My boyfriend is the ideal man for me. In this relationship I feel better than ever, and things are getting better and better, we've been together for more than 5 years. All my needs are satisfied, as well as all my desires. I can be myself; I can even be a better version of myself because I learned a lot from him. It is a very passionate, respectful, secure and adventurous relationship."

Couple 071996 – Bipolar

The partners are unsure regarding the beginning of the relationship and do not seem to agree on their relationship timeline. A disagreement between the two takes place immediately, as the woman expresses anger towards the man for not remembering what made him approach her. She then proceeds to tell him to be quiet and insists on telling her version of the story. The two partners met through common friends and moved in after three weeks of dating. They have been living together for two years in a studio apartment, stating they do not have enough space and it is becoming extremely difficult to live together. The couple mentions no plans for the future and continuously disagrees concerning the current state of the relationship. Issues regarding their sexual life arise often during our discussion and they state that it is one of their major challenges.

Interviewing them for the anamnesis proved to be a difficult task as the two disagreed almost the entire time, speaking over each other and becoming increasingly angry throughout the process.

• M, 25 – civil cohabitation, master student, graphic designer, no children.

Relationship description: "I can say that I am quite happy with the relationship I have, although there are often certain differences. They become cyclical because most of them are repeated weekly, when one or both of us are stressed. Conflicts often arise and we get on each other's nerves. In addition to these things, the strengths of the relationship are certain principles and ideals that we share and the fact that I care a lot about her."

• F, 23 – civil cohabitation, student, economist, without children.

Relationship description: "The relationship is ok, there are still many moments of tension that, I think, stem from poor communication. I put pressure on him to become like me, he gets frustrated and then explodes. I want him to express his grievances better, and I want

myself to be more relaxed when it comes to that. In good times he helps me and I feel I can count on him."

Couple 265110 – without Bipolar symptoms

The couple met in high school, became friends and started a relationship during their second year of university. They were married three years later and had a child the year after. Apart from their marriage and their child, key moments in their relationship include the husband leaving the country for two years, related to a work project, then again for another year, and finally the couple moving together to Czech Republic for five years, followed by another relocation to Sweden for five years. The couple went through a very difficult time when the husband first left, as their child was only 4 years old and the wife recalls being extremely stressed with having to care after the child by herself. Afterwards, the couple had another difficult period when they moved abroad, being far away from their origin families. They agree that they are very dependable on each other and become distressed when they are apart, especially after having lost their parents. Currently, they are debating moving to the countryside and bring up desires of becoming grandparents.

The interview was a very quick process, the husband answered all questions without hesitation and without allowing any space in the discussion for his wife. She nodded and tried to make eye contact with him throughout the process, without success.

• M, 51 – married, retired, 1 adult child, the participant lives with his wife and child.

Relationship description: "A natural relationship, specific for educated people, in which there is success, because the partners know that, in addition to love, there is a need for respect. When the moments prevailed, there were concessions on both sides, so the end result was favorable. It's a relationship that I present as a successful model."

• F, 51 – married, economist, 1 adult child, lives with the partner and the child.

Relationship description: "I am satisfied with my relationship, proof of the number of years spent together and have no intention to give up. In the years spent together there have been many changes that needed adaptations on both sides to make the relationship functional, and I am aware that such periods will come, but at the moment, we are in a phase of stability and balance."

Couple 722963 – without Bipolar symptoms

The couple met through family friends, in adulthood, in their mid-twenties and immediately entered a relationship. They were married four years after they met, had their first child a year later and their other child two years later. The wife has never worked and has taken care of the house and children, while the husband has worked continuously. According to them, key moments in their relationship include having children and grandchildren. They are currently hoping to become grandparents again. Their most difficult period was when their first grandchild was born and they could not visit them because the husband's illness did not allow for long distance travelling. At the moment, the wife describes a terrible fear of losing her husband, as he has had two minor strokes. The husband is dismissive towards his wife's fears, stating that he has many more years to live.

The interview lasted longer than what was initially planned, as the wife cried in fear of losing her husband and the discussion shifted towards this subject for a while. Overall, however, the couple agreed on the state of their relationship as being very loving and functional.

• M, 59 – married, retired, 2 adult children, 2 grandchildren, lives with his spouse.

Relationship description: "Comfort, trust and safety. Sometimes I would like things to be treated more calmly and with more understanding, but overall, it's good."

• F, 53 – married, housewife, 2 adult children, 2 grandchildren, lives with spouse.

Relationship description: "I would like him to pay more attention to my advice, but he doesn't do it and he becomes very annoying. Leaving that aside, I will never regret the choice I made, he is the best man."

Psychological/ qualitative interpretation of the data

Couple 241014 – Bipolar

• M: He scored high (20) on the BSDS scale, indicating the presence of symptoms specific to Bipolar disorder.

The high score (57) on QOLI indicates a high quality of life. At the same time, the score (141) on the DAS instrument indicates a good dyadic adjustment, including the four subscales.

The high score (35) on the SECRR indicates that the person is fully satisfied with the couple relationship.

The relatively high score (152) on CPPR also indicates that the person has an active concern behavior towards the partner. The scores obtained on the subscales indicate that the person has an active behavior in terms of maintaining closeness to the partner, manifests sensitivity to the partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, he tends to manifest a behavior focused on self-preservation, respectively compulsive non-involvement and causing distress in difficult situations. In this sense, a cooperative behavior is more often approached than a control one.

• F: Does not show symptoms specific to Bipolar disorder, respectively scored 4 on BSDS scale.

The high score (58) on QOLI indicates a high quality of life. At the same time, the high score (141) on the DAS indicates a good dyadic adjustment, including the four subscales.

The high score (35) on the SECRR indicates that the person is fully satisfied with the couple relationship.

The high score (163) on CPPR also points out that the person has an active concern behavior towards the partner. The scores obtained on the subscales indicate that the person has an active behavior in terms of maintaining closeness to the partner, shows sensitivity to the partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, she tends to have relatively compulsive behavior. In this sense, a control behavior is more often approached than a cooperative one.

In this couple there are almost equal scores on the scales that measure the couple dynamics, the only exception being the compulsive caregiving scale, where the female partner scored 15 points higher than the male partner. These high scores, almost entirely equal between partners, indicate a high degree of cohesion and dyadic adjustment, which is confirmed by their descriptions of the couple.

Couple 071996 – Bipolar

• M: Does not display symptoms specific to Bipolar disorder, namely scored 12 on BSDS scale.

The average score (48) on QOLI indicates a moderate quality of life. However, the high score (124) on the DAS indicates a relatively good dyadic adjustment, including the four subsequent subscales.

The relatively high score (31) on the SECRR indicates that the person is largely satisfied with the couple relationship.

The average score (132) on CPPR also indicates that the person has an active preoccupation behavior towards the partner. The scores obtained on the subscales indicate that the person has an active behavior in terms of maintaining closeness to the partner, sensitivity to their partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, he tends to have a non-involved behavior. In this sense, a control behavior is more often resorted to than a cooperative one.

The scores indicate, on the whole, an active involvement in the relationship and a positive, highly functional perception of the partnership dynamics.

• F: The participant obtained a high score (22) on the BSDS scale, indicating the presence of symptoms specific to Bipolar disorder.

The very low score (21) on QOLI indicates very low life quality. The average score (94) on the DAS indicates an average dyadic adjustment, including the four consisting subscales.

The low score (20) on the SECRR indicates that the person is dissatisfied with the couple relationship and often regrets engaging in it.

The relatively average score (131) on CPPR also indicates that the person has an active concern behavior towards the partner. The scores obtained on the subscales indicate that the person has a passive behavior in terms of maintaining closeness to the partner, sensitivity to the partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, she tends to have domination-focused behavior, respectively compulsive and distressing involvement in difficult situations. In this sense, a control behavior is more often approached than a cooperative one.

Overall, the scores indicate a passive involvement in the couple relationship and a relatively negative perception of the couple functioning, significantly different from that of the male partner.

The scores obtained by the partners in this couple differ by up to 30 points, indicating an instability in the partnership. There are differences in scores on the scales of dyadic adjustment, dyadic consensus, dyadic satisfaction, couple satisfaction, concern for the partner by maintaining closeness and sensitivity. There are also differences in the areas of cooperation and compulsive caregiving. These differences are also noticeable in the participants' descriptions regarding their relationship as a couple.

The evaluation of the two couples in which there is at least one partner who presents symptoms specific to Bipolar disorder reveals that the dynamics

of the couple can vary greatly. This could be explained in terms of multiple factors that could not be assessed, but are involved in the functionality of a couple. According to Miklowitz & Johnson (2009), the course of bipolar disorder can be understood from the perspective of the development of psychopathology. The specific episodes of the disorder result from a complex combination of genes, neurobiology, stress and psychological vulnerabilities occurred in different stages of development.

Couple 265110 – without Bipolar symptoms

• M: He does not show symptoms specific to Bipolar disorder, namely obtaining a score of 5 per BSDS scale.

The high score (56) on QOLI indicates a high quality of life. At the same time, the relatively high score (114) on the DAS indicates a good dyadic adjustment, including the four subsequent subscales.

The high score (31) on the SECRR indicates that the person is satisfied with the couple relationship almost entirely.

The relatively high score (145) on CPPR also indicates that the person has an active concern behavior towards the partner. The scores obtained on the subscales indicate that the person actively engages in terms of maintaining closeness to the partner, shows sensitivity to the partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, he tends to have a cooperative behavior rather than a controlling one.

• F: The participant obtained a low score (3) on the BSDS scale, indicating the absence of Bipolar disorder symptoms.

The average score (48) on QOLI indicates an average quality of life. The average score (108) on the DAS indicates a relatively good dyadic adjustment, including the four subscales.

The high score (31) on the SECRR indicates that the person is satisfied with the relationship almost entirely.

The average score (105) on CPPR also indicates that the person has a relatively passive behavior of concern towards the partner. The scores obtained on the subscales indicate that the person has a relatively passive behavior in terms of maintaining closeness to the partner, in showing sensitivity to the partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, she tends to have a behavior focused on self-preservation, respectively indicating compulsive caregiving and distress in difficult situations. In this respect, a control behavior is more often approached than a cooperative one, but these situations are described as rare.

The scores obtained by the partners of this couple differ by up to 45 points. There are differences in score on the scale of concern towards the partner in the areas of cooperation and compulsive caregiving. The male partner's scores indicate a greater tendency towards cooperation.

Couple 722963 – without Bipolar symptoms

• M: He does not show symptoms specific to Bipolar disorder, obtaining score 4 on the BSDS scale.

The high score (50) on QOLI indicates an average quality of life. At the same time, the high score (122) on the DAS indicates a good dyadic adjustment, on all the four subscales.

The high score (33) on the SECRR indicates that the person is largely satisfied with the couple relationship.

The relatively high score (141) on CPPR also indicates that the person has an active concern behavior towards the partner. The scores obtained on the subscales indicate that the person has an active behavior in terms of maintaining closeness to the partner, sensitivity to the partner's needs, and in terms of the general attitude towards active involvement in the partner's concerns, he tends to have relatively compulsive behavior. In this sense, a control behavior is more often approached than a cooperative one.

• F: She obtained a low score (5) on the BSDS scale, indicating the absence of symptoms specific to Bipolar disorder.

The very low score (24) on QOLI indicates a very low quality of life. At the same time, the high score (127) on the DAS indicates a good dyadic adjustment, including the four composing subscales.

The high score (31) on the SECRR indicates that the person is satisfied with the relationship almost entirely.

The relatively high score (132) on CPPR also points out that the person has a relatively active concern behavior towards the partner. The scores obtained on the subscales indicate that the person has a relatively passive behavior in terms of maintaining closeness to the partner and sensitivity to their needs, and, in terms of the general attitude towards active involvement in the partner's concerns, she tends to have a highly compulsive behavior, often approaching a controlling behavior towards the partner.

The scores indicate a common perception for both partners regarding the relationship, without significant differences between the individual partners' scores.

The evaluation of the two couples in which there is no partner with symptoms of Bipolar disorder reveals again that the couple dynamics can vary greatly. This also may be explained in terms of multiple factors, difficult to evaluate, but which are involved in the functionality of a couple. These factors will be discussed in the next chapter.

The scores obtained by each participant but also the analysis performed at couple level highlight that there are no significant differences between the adaptation in the couple in the case of people with symptoms specific to Bipolar disorder. The hypotheses are rejected.

V. Conclusion

The main and secondary research hypotheses were rejected, suggesting that the specific symptoms of Bipolar disorder do not have an influence on the couple relationship, respectively on the quality of life, couple adaptation, dyadic satisfaction, individual satisfaction, closeness to partner, sensitivity to partner, cooperation with partner and compulsive caregiving.

As stated, among the many variables that influence the quality of life in emotional disorders, one of the most important is marital adjustment. Dyadic or marital adjustment has been described as a dynamic process, and its purpose is determined by the level of differences causing problems in marital relationships, interpersonal tensions and personal anxiety, satisfaction, cohesion and consensus on important decisions in the couple.

An interesting observation regarding the two Bipolar couples is that the first one is perceived as marked by mutual feelings of "love, satisfaction and respect", while the other is perceived as clearly influenced by the mutual perspective of "tension and conflicts" being present in the couple. Both of the couples not displaying Bipolar symptoms, however, manifest balanced attitudes and perspectives. There are many factors which could potentially influence the state that the couple finds itself in, however a re-test could prove important, as it could bring up different results depending on the type of episode that the Bipolar partner finds himself or herself in. The results could, potentially, reverse entirely, should the partner find themselves in the opposite phase. This simple observation, without taking into account the many other factors that could potentially impact the couple, is important, as it shows the couples in completely polar opposites, possibly representing the two opposite types of episodes.

An important aspect in the quality of life in a relationship is the attachment style that both partners have. If the partners have very different attachment styles, this could affect the relationship in various ways. When it comes to Bipolar disorder, the partners' changing behavior could even mimic or resemble a shift in their attachment strategy. What is key in this respect is that once a partner experiences either of the Bipolar episodes, their attachment strategy could almost seem as it is shifting and it is this change that could prove difficult for the partner without Bipolar symptoms to understand and process. In mania or hypomania, one could express and also demand affection to a whole new extent, they could be participating very actively into the couple's life, to a point where it may seem intrusive, they could spoil the partner and make great promises for the future. In depression, this same partner could self-isolate for the duration of the depressive episode, they could express feelings of dissatisfaction, unhappiness, guilt and many more towards the partner, they could refuse any affection from and towards the partner and could bring into conversation the issue of ending the relationship.

In any group, in this specific case a couple, the dynamic is based on rules, responsibilities and rights, regardless of them being implicit or explicit. Apart from the fine act of keeping these in balance, the members of the group, or partners of the couple, also have different roles and attributes that maintain the couple in the same area of functionality. When the bipolar partner enters a manic or depressive episode, it is possible that many of the implicit, as well as the explicit boundaries of the couple will be changing, together with the declarative or subconscious roles. For example, the Bipolar partner could portray the authority of the couple, the idea-generator, the action-taker, the parental figure of the other partner and so forth, however during a depressive episode, they will subconsciously abandon that implicit role and switch with their partner who will then have to take over the partner's role with all its responsibilities and duties.

The lack of stability and predictability in such a relationship could potentially generate a number of difficulties for the couple, both as a group (financial strains, an uncertain future, etc.) and as individuals. Being subject to so many changes that could either

involve them directly or indirectly; the partner without Bipolar symptoms could develop anxiety and/ or depression symptoms as a result of being incapable of managing the ever-changing, unpredictable situations that their partner generates. One could speculate, however, that choosing such a partner who clearly displays signs of emotional and behavioral instability has to do with the partner without bipolar symptoms' own disorganized attachment style and which could lead them to adapt to the changes much faster than others.

This study offers new directions of research, intervention and support for patients but also for their partners. Although pharmacotherapy is the first choice for stabilizing Bipolar episodes, psychosocial treatments can track stressful, cognitive, interpersonal and emotional vulnerabilities. In this way, the interaction of the two treatments can prevent the recurrence of episodes.

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