

# The Role of Parenting in the Development of Bipolar Disorder

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**Abstract.** Bipolar disorder is a group of neurological illnesses distinguished by variable emotional states, and cognitive performance poses a notable problem within adult and pediatric populations. This study examines the dynamic comprehension of bipolar disorder in the younger population, explicitly emphasizing the influence of parenting choices on its emergence. The significance of acknowledging the connection between parenting styles and bipolar disorders in teenagers is underscored, as it serves the dual purpose of averting its emergence and offering timely intervention and assistance to individuals who have already been diagnosed. In this discourse, this essay aims to examine the existing gaps in research about the effects of traumatic experiences within the familial setting on individuals with bipolar disorder, hence emphasizing the necessity for further investigations in this particular domain. This study highlights the significance of expanding the conceptual framework of "parenting styles" to encompass parental behaviors, their psychological well-being, and the subsequent implications for the development of bipolar illness in teenagers. The main aim of this study is to further people's comprehension of the complex relationship between parenting styles and teenage bipolar disorder.

**Keywords:** parenting, bipolar disorder, family.

## 1. Introduction

The issue of bipolar illness in children and adolescents has gained significant importance within the field, primarily due to its rising prevalence and the lack of clear and consistent diagnostic criteria [1]. Yet, there is a prevailing consensus among professionals that bipolar illness remains very infrequent in youngsters. Renk and his colleagues suggested that the diagnosis of bipolar disease in children is frequently disregarded due to the absence of well-defined diagnostic criteria and reservations regarding the legitimacy of this diagnosis within the pediatric demographic [1]. The incidence rate of bipolar disorder among pediatric and adolescent age groups has increased significantly, contrasting with earlier beliefs that it was rare in this age group. A recent meta-analysis by Renk et al. revealed a prevalence rate of 1.8% for bipolar illness among individuals in the pediatric and teenage age range [1].

Bipolar Disorder is a collection of neurological disorders characterized by the potential for fluctuating emotional states, energy levels, and cognitive functioning [1]. Individuals diagnosed with bipolar illness undergo moments of heightened emotional states, which are commonly observed across specific timeframes ranging from days to weeks [2]. These episodes, known as mood episodes, are characterized by intense emotional experiences. The mood episodes are classified as either manic/hypomanic, indicated by an excessively elevated or irritated mood, or depression, characterized by a state of sadness. Individuals diagnosed with bipolar disorder typically have episodes of euthymia, characterized by a stable and balanced mood state. The Diagnostic and statistical manual of mental disorders, 5th edition (DSM-5) delineates three discrete disorders frequently found in bipolar patients. Bipolar I Disorder is ascertained when an individual displays symptom of a manic episode [2]. Individuals diagnosed with bipolar I disorder undergo a notable surge in energy levels. They may exhibit an elevated mood characterized by feelings of euphoria or excessive irritability during a manic episode. On the other hand, Bipolar II Disorder is recognized by the presence of both a major depressive episode and an episode of hypomanic depression. Individuals typically resume their regular functionality throughout the intervals among outbreaks. Cyclothymic disorder is a less severe manifestation of bipolar disorder characterized by repeated oscillations between hypomanic and melancholy states, resulting in a multitude of fluctuating emotions [2].

Bipolar disorders are distinguished by alternating episodes of normalcy or well-being, which distinguishes them from other mental health conditions. Individuals diagnosed with bipolar illness may experience abrupt transitions between states of elevated mood and periods characterized by mixed symptoms, which can include both depressive and manic features [1]. These diverse phases can be particularly challenging as they may involve a rapid shift from feelings of happiness to the emergence of suicidal thoughts or ideas [1].

Since Bipolar Disorder is a complex condition with genetic and environmental factors, by considering the impact of parenting styles, healthcare professionals can take a more holistic approach to diagnosis and treatment, addressing biological and psychosocial factors.

Prior research has classified parenting styles into four types: authoritative, authoritarian, permissive, and neglectful [3]. Authoritative parenting has many positive effects on children, while severe, lenient, and neglectful parenting has adverse effects. However, interpersonal communication theory may illuminate parenting's origins. Communication accommodation theory can be used to study how parents and children modify their communication, which can affect parenting styles. Social cognitive theory can also analyze how parents' beliefs, attitudes, and expectations about their children and themselves shape parenting practices. Scholars should evaluate parental and child influence on parent-child relationships to address these potential antecedents [3].

Previous studies have substantiated a robust correlation between childhood trauma, encompassing physical, emotional, and sexual abuse, and the emergence of psychopathological manifestations that may precipitate the onset of bipolar illness [4]. Notably, bipolar offspring have reported experiencing higher traumatic events than their counterparts. Despite this, there exists a restricted quantity of studies on childhood trauma in bipolar offspring, and none have delved into the traumatic experiences related to the family context, particularly parenting styles. Moreover, many previous studies examined the parenting styles by focusing on the parents' psychological well-being and problems in functioning and personality [4]. Some connections made between the mental health situations of the parents and the parenting styles are studied as factors that might contribute to adolescent bipolar disorder.

There are various reasons why it is crucial to understand the relationship between parenting styles and bipolar disorders in teenagers. For adolescents who begin to show some bipolar traits in early childhood, understanding the influence of parenting styles can help parents and caregivers modify their parenting behaviors to reduce the risk of their children developing bipolar disorder. This can be particularly crucial for families with a familial background of bipolar illness or other mental health conditions. Additionally, recognizing that parenting styles can play a role in developing bipolar disorder can help reduce the stigma associated with the situation. This has the potential to foster more excellent dialogue surrounding mental health within familial and societal contexts, hence promoting heightened consciousness and assistance.

Conversely, in the case of teenagers who have already been diagnosed with bipolar disease, prompt identification and treatment that acknowledges the possible correlation between parenting styles and bipolar disorder can facilitate the early identification of vulnerable youngsters, hence leading to notable enhancements in the long-term prognosis of affected persons. Investigating the potential impact of various parenting styles on the development or exacerbation of bipolar disorder can yield significant insights into treatment strategies and intervention protocols. Therapists and healthcare providers can work with families to address parenting practices that may negatively impact the child's mental health and well-being. The influence of family dynamics on the development of bipolar disorder in teenagers necessitates the inclusion of parents in practical treatment approaches. The efficacy of family-focused therapy lies in its incorporation of children and parents in the treatment process facilitated by an individual counselor [5]. This therapeutic approach proves effective through its recognition of the disorder, utilization of pharmacological interventions, facilitation of enhanced family dynamics, and implementation of preventive strategies to minimize the likelihood of future recurrences in the patient [5].

## 2. The Effect of Parental Mental Illness and Childhood Trauma on Children's Bipolar Disorder

Children frequently emulate their parents' behavior and emotional reactions in the early stage of their development, particularly during the initial developmental phases. If a parent has problems controlling their emotions, being impulsive, or keeping their mood stable, their child can do the same. This makes the child more likely to develop mood illnesses like bipolar disorder. Impulsivity is a prominent trait commonly recognized during specific occurrences of manic episodes within the framework of bipolar disorder. Children tend to mimic impulsive behaviors demonstrated by their parents when they witness them participating in such actions without considering the possible repercussions. This phenomenon can increase the probability of youngsters engaging in risky behaviors during episodes of mania. This can be related to the genetic factors relating to mental health disorders, that parents with other emotional or personality disorders often experience mood instability and may fail to offer emotional support for the children.

In a cross-sectional analysis of children and adolescents who have bipolar I disorder and their parents, the parents of over 100 children and adolescents underwent evaluation using Structured Clinical Interview for any psychiatric disorder [6]. This study investigates the occurrence of psychiatric diseases among mothers and fathers and subsequently conducts a comparative analysis of their respective characteristics. The findings indicated that psychiatric problems throughout one's lifetime were more prevalent among mothers than fathers. The most common psychiatric disorders among mothers were Major Depressive Disorder (MDD) and anxiety disorders, while the most prevalent psychological disorders among fathers were MDD and substance use disorders. In addition to the data provided by research regarding familial genetic risk factors for certain illnesses, a recurring finding is the necessity of a comprehensive service that addresses the psychiatric conditions of affected children as well as the mental health requirements of their parents [6].

Extreme communication styles, such as neglect, physical or mental abuse, or persistent conflict within the familial context, can potentially induce traumatic experiences in children [3]. As demonstrated by Mathew et al., families of adolescents with bipolar disorder exhibit elevated extent of hate, rejection, autocracy, discouragement, conservatism, and dependency compared with families in the regular group [3]. The exposure of children to physical aggression, even in non-physical abusive behaviors commonly associated with coercive control-based domestic violence, such as constant monitoring, isolation, and other forms of verbal, emotional, psychological, and financial abuse, has the potential to inflict harm on children [6].

Adverse experiences during early life, such as parental loss, divorce, parental separation, and placement in foster families, can harm mental and physical well-being [3]. These experiences can also lead to difficulties in functioning and personality development, increasing susceptibility to mental health disorders, including bipolar disorder, for young people. A separate comparative investigation aimed to analyze the commonality of childhood trauma among individuals diagnosed with bipolar disorder and depression in adulthood while also assessing the influence of such trauma and patterns of parenting on their current levels of depression and interpersonal functioning [7]. The research, conducted with a group of participants from a mental health outpatient service, adopted a cross-sectional design. The study employed an analytical cross-sectional retrospective design as its methodology [7]. The study used different questionnaires to evaluate the participants' mood and interpersonal functioning [8]. Standardized assessment tools asked the participants to self-report their experiences, attitudes, and symptoms related to depression and also encompass a total of eight subscales, namely 'domineering,' 'vindictive,' 'cold/distant,' 'socially inhibited,' 'non-assertive,' 'overly accommodating,' 'self-sacrificing,' and 'intrusive/needy.' The findings indicate that the predominant parental bonding pattern observed among children with bipolar disorder was characterized by "affectionless control," which is characterized by low levels of care and high levels of security [7]. The present study posits that there exists an assumption suggesting that experiences of childhood trauma and inadequate parental connection may have adverse effects on psychiatric consequences [7]. The investigation revealed significantly elevated prevalence rates of childhood trauma in both cohorts,

with 74% observed among persons diagnosed with bipolar disorder and 82% for those diagnosed with Depression. These rates were consistent across various subtypes of trauma. Furthermore, the study's results demonstrate that instances of childhood trauma and inadequate maternal attachment were strong predictors of elevated levels of melancholy mood and psychosocial challenges in the present period between episodes, as reported by those surveyed [7].

There is a notable correlation between psychological neglect and the initiation of disorders of mood in individuals who are the offspring of individuals with bipolar disorder [8]. Nevertheless, there was no evidence of a substantial relationship between the general family functioning score or its subscales and the aforementioned connection. The study, while not providing specific interventions for enhancing family functioning in families with a history of bipolar disorder, suggested an association between reduced family cohesion and mood disorders in bipolar progeny. This inquiry aimed to examine the correlation between environmental variables, including family harmony and childhood trauma, and mood disorders' occurrence in progeny with a familial predisposition to bipolar disorder. This research is a component of a prospective longitudinal cohort study that includes the offspring of parents diagnosed with bipolar disorder. More than 100 adolescent progeny provided complete data over the 12-year follow-up period at 1-, 5-, and 12-year intervals part, which assessed children of parents with bipolar disorder at baseline. To evaluate childhood trauma, the progeny completed the Childhood Trauma Questionnaire. In contrast, mothers utilized the Questionnaire for Family Problems to assess family functioning [8].

Based on the results of this research, emotional abuse is a significant determinant in the onset of mood disorders among the progeny of individuals with bipolar disorder [8]. Interestingly, no correlation was observed between the start of mood disorders and emotional maltreatment, as reported by the progeny. Additionally, there was no correlation with parent-reported family functioning regarding support, communication, openness, or involvement. This discrepancy is called into question by the study, which also suggests that additional research is required to comprehend better the intricate relationship between family dynamics, childhood trauma, and the development of mood disorders in bipolar progeny [8].

### **3. Impact of Different Aspects of Parenting on Bipolar Disorder**

#### **3.1. Role of Family Functioning**

There seems to be a strong association between bipolar disorder and social functioning learned in family functioning. In the context of parent-child communication, it has been observed that negative communication styles can occasionally involve the expression of stigmatizing attitudes or beliefs toward mental health, potentially impacting the cognitive processes of confident children. This correlation may contribute to a limited understanding and awareness of mental health concerns. When a child is brought up in an atmosphere that disregards or stigmatizes mental health concerns, there is a heightened probability that they would exhibit a reduced inclination to get assistance, when necessary, potentially intensifying the severity of their problem. Conversely, inadequate communication abilities may impede the formation of proficient coping mechanisms in managing stress and emotions. Children raised in families where violence or aggressive language is utilized as a means of problem-solving are more prone to developing distorted coping strategies for managing emotions and stress. The absence of effective coping mechanisms might provide further difficulties for a youngster navigating the emotional fluctuations commonly linked with bipolar disorder.

A search is conducted into the intricate correlation that exists between familial attachment patterns and the psychological well-being of those afflicted with psychiatric conditions, specifically schizophrenia, depression, and bipolar disorder [9]. A comparison was made between the parental attachment patterns of patients with these disorders who sought treatment. Patient eligibility criteria were met in questionnaires after obtaining written informed permission. The four parenting styles that will be discussed in this analysis are optimum parenting (characterized by low control and high care), affectionless custody (characterized by low maintenance and high control), affectionate constraint

(characterized by high maintenance and high management), and neglectful parenting (characterized by inadequate care and low power) [9].

The findings revealed that the most prevalent parental attachment style among patients with these psychiatric disorders was characterized by low control and high care, a technique commonly regarded as optimal [9]. Most of these patients had ineffective paternal and maternal bonding patterns, highlighting the potential role of parental interactions in developing psychiatric disorders. This study emphasizes the complex characteristics of psychiatric diseases and the significant influence that attachment patterns, particularly maternal ties, may have on their emergence. This statement underscores the significance of considering familial, psychosocial, and spiritual components when comprehending the origins of these problems. The findings propose that cultivating an ideal parental bonding style, characterized by a combination of low control and high caring, may potentially enhance mental health prospects for those diagnosed with schizophrenia, depression, and bipolar disorder [9].

Additionally, Weinstein and colleagues delve into the pressing concern of suicidality among young individuals grappling with bipolar disorder, shedding light on previously unexplored psychosocial factors that could serve as focal points for suicide prevention interventions [10]. The research involved participants aged 7 to 13, all diagnosed with bipolar disorder, and their caregivers. It uncovered a stark reality: a significant portion of these young individuals reported experiencing some form of suicidal ideation, with fewer participants endorsing more active and playful shapes. What makes this study particularly intriguing is identifying factors that distinguish varying degrees of suicidal ideation among these youth. This study challenges conventional wisdom by revealing that these clinical aspects did not significantly predict ideation severity. Instead, it was psychosocial factors that stood out. Symptoms of depression, a positive outlook on life, feelings of desolation, confidence, and a class of family conservatism are critical differentiators among youth with varying ideation levels. While depression symptoms and hopelessness are intuitive factors, the impact of family rigidity is particularly noteworthy. Greater family rigidity was associated with increased planful imagination, highlighting the pivotal role of family dynamics in the lives of these youth. The result underscores the significance of bolstering self-esteem in this vulnerable population, as lower self-esteem was linked to more severe ideation. The results mentioned earlier offer significant contributions to the field of suicide prevention in adolescents diagnosed with bipolar disorder, highlighting the significance of taking into account both the clinical factors and the complex interaction between interpersonal relationships and personal perceptions of oneself [10].

On the other hand, the study of Birmather and his workmates aimed to fill gaps in understanding the relationship between positive parenting and psychopathology in youth who have Bipolar Spectrum Disorder (BSD) [11]. This study examined how various contemporaneously measured positive parenting variables related to psychopathology in kids aged 5-16 with BSD. All the families that participated in the study did screening for mental disorders. The participants engaged in the completion of assessments about depression, manic episodes, behavioral issues, and parent-child interaction. The Parent-Child Relationship Inventory consists of seven subscales: Communicating, Establishing Limits, Offering Self-government, Parental Encouragement, Parental Fulfilment with Parenting, and Role Alignment. The symptoms of depression were assessed, whereas scales also measured symptoms of mania in young individuals. The primary results of the study indicated that there is a significant correlation between positive parenting attributes, such as establishing boundaries, allowing autonomy, and holding egalitarian beliefs, and reduced levels of psychosis in adolescents who were assessed for cognitive and emotional disorders. In essence, positive parenting benefits the mental health of these young individuals when concurrently evaluated [11].

### **3.2. The Relationship Between Perception of Parenting and Symptoms of Bipolar Disorder**

Other than examining the parenting bonds based on the views of the parents, it is also essential to see from a different angle. A specific study sought to uncover vulnerability factors associated with depression, focusing on early trauma experiences, parenting styles, and personality patterns [12]. The

objectives included exploring these variables and examining their interrelationships with valid questionnaires. The study involved a group diagnosed with depression and another standard group of participants from the community, aged between 18 and 45. Several tools were employed: demographic surveys, diagnostic interviews, depression assessments, early trauma measures, parental bonding assessments, sociology-autonomy evaluations, and a general health review [12].

The findings illuminated a notable disparity between the depression group and the control group [12]. Those with depression exhibited higher scores in emotional abuse, total trauma experiences, and sociography, indicating a greater susceptibility to early trauma and a personality pattern characterized by dependence on others. On the contrary, their scores were comparatively lower in the domain of father caring and relatively higher in terms of perceived overprotection from both parents. Furthermore, the participants indicated elevated levels of overall disciplinary measures experienced during their formative years. Significant correlations were observed in the data. There exists a positive correlation between melancholy and early trauma experiences with the level of overprotection exhibited by the mother. In contrast, a negative correlation is observed between depression and early trauma experiences and the level of care provided by the mother. The correlation between the mother's overprotective behavior and her caring group was observed. Conversely, paternal care exhibits a negative correlation with early traumatic experiences. Ultimately, the variables of sociography, general punishment, and emotional maltreatment were identified as significant predictors of depression in this study. The previous results underscore the significance of early traumatic occurrences, parenting approaches, and personality types in comprehending depression, specifically within the cultural milieu of India. The study highlights the importance of considering these factors in treating and managing depressed mood [12].

A study was undertaken by Mathew et al. in India to investigate the association between parenting methods and the early emergence of bipolar disease in children and adolescents. Parenting style refers to the affective context in which children are nurtured and brought up [3]. The study involved a large sample of adolescents between 13 and 19 years old [3]. Using questionnaires, the researchers assessed attachment style and emotion regulation. The scale evaluated the opposing poles of seven dichotomous dimensions, specifically hate versus love, feeling discouraged versus encouragement, denial versus approval, reliance versus independence, autocratic versus democratism, obedience versus control, and preservation versus progressivism, representing the negative and positive aspects of parenting. The study's findings revealed significant connections between parenting style and bipolar disorder outcomes among adolescents. Specifically, adolescents who exhibited avoidant attachment styles (characterized by avoiding close attachment with others) and ambivalent attachment styles (represented by a desire for close affection but fear of rejection) reported higher levels of psychological symptoms compared to those with secure attachment styles (marked by trust in intimate relationships) [3].

A comparison between families of adolescents diagnosed with bipolar disorder and a control group of typically developing adolescents revealed significant differences. Families in the above category demonstrated diminished levels of care, support, acceptance, progressive attitudes, and democratic values while simultaneously demonstrating elevated levels of hatred, dismissal, authoritarianism, negativity, skepticism, and reliance. These findings reinforced the study's conclusion that parenting style factors substantially influence the emergence and course of bipolar disorders among children and adolescents. This highlights the crucial need for prompt detection and focused interventions in these areas to effectively address this vulnerable population's challenges [3].

#### **4. Conclusion**

In summary, the importance of parenting dynamics in influencing the mental well-being of teenagers, specifically within the framework of bipolar disease, should not be underestimated. This highlights the significance of acknowledging these familial elements and implementing therapy strategies encompassing the entire family unit. By implementing these measures, the author can

advance more efficient approaches to preventing and managing this complex and demanding condition. Furthermore, it underscores the continued need for additional research in this study area. A sustained commitment to inquiry will enhance the comprehension of the intricate associations underpinning juvenile bipolar disorder. This research endeavor aims to develop more refined interventions and support systems tailored to address the distinct requirements of individuals and their families impacted by the subject matter. The steadfast dedication to enhancing people's understanding and broadening therapeutic alternatives presents a promising outlook for the well-being of young individuals with bipolar disorder and their families.

According to the analysis and summary of different research, there is a lack of clear evidence to support the notion that lousy parenting behaviors are one of the direct causes of childhood bipolar disorder. The current study only identifies potential components that parenting styles and family dynamics may contribute to developing bipolar symptoms in children. Additionally, it is worth noting that the definition and assessment of parenting styles exhibit considerable variation across different research studies. The utilization of diverse assessment techniques across several research examining the parenting styles of children and adolescents with bipolar disorder has posed challenges in attaining a consensus. Consequently, it would be advantageous to establish more cohesive and standardized measures for validating parenting styles regarding relative factors of genetics and environment.

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