

Mental imagery and mood instability in patients with bipolar disorder

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IMPACT PARAGRAPH

Following my graduation, I began my career as a trainee clinical psychologist at the Royal London Hospital, located in the East End of London. I have since devoted my work to assisting patients with severe and persistent mental health conditions, many of whom have been diagnosed with either psychosis or bipolar disorder. During my experience in learning cognitive behavioral therapy (CBT) and using CBT with patients experiencing psychosis, I became increasingly frustrated with its lack of effectiveness when used with those who have bipolar disorder. However, as our understanding of psychosis has evolved to incorporate the impact of trauma and adverse life experiences on psychotic symptoms, we have been able to move away from the stigmatising label of schizophrenia which is characterised as a disabling brain condition. This shift has allowed for innovative treatments, including CBT in addition to pharmacotherapy, to be implemented. As a trained clinical psychologist, I am eager for a similar shift in conceptualising bipolar disorder, which could lead to new treatment possibilities. Inspired by the Emotional amplifier model, I have focused on the role of mental imagery in mood instability, anxiety, and bipolar disorder for my thesis, with the hope of contributing to a better understanding of this condition.

The prevalence of bipolar disorder has been estimated at 1-4% of the general population, with peak onset in late adolescence and early adulthood. The costs associated with this disorder are substantial and include both direct expenditure on treatment and the indirect costs of decreased productivity and excess mortality. Moreover, bipolar disorder has the highest rate of suicide of all the psychiatric disorders, with recent estimates suggesting that a third to a half of individuals with bipolar disorder will attempt suicide, with 15-20% completing suicide. Bipolar disorder is also highly co-morbid with several other mental disorders, notably anxiety and alcohol and substance misuse, which make both diagnosis and treatment more challenging. Treatment options are limited, as pharmacotherapy does not fully protect against relapse and does not target ongoing mood instability and anxiety. Additional psychosocial interventions, such as psychoeducation and CBT have mixed effects. There is a great need for treatment innovations, as well as additional integrated psychological models explaining not only episodes of mania and depression but also ongoing mood instability and anxiety, as these might help to increase the effectiveness of treatment interventions. A new integrated model might also contribute to the development of a much-needed psychosocial intervention to complement the interventions for curbing mania symptoms, as currently there is none proven helpful. This thesis has contributed to a novel way of conceptualising and treating bipolar disorder. Our results show that a recent psychological model, the cognitive Emotional amplifier model, is a promising new way of understanding the experience of bipolar disorder. We showed that the Imagery focussed cognitive therapy (ImCT) based on this model

Addendum

has a promising impact on mood instability, levels of mania, anxiety and depression, and hopelessness, which is associated with suicide. We also argued for a new way to conceptualise bipolar disorder. Mood instability, mania and depression are likely symptoms on a continuum, or spectrum, influenced by anxiety and mental imagery, with possibly a biological pre-determined form of decompensating (i.e. the bipolar expression). We stressed the importance of updating current CBT with attention to curbing anxiety, but also showed that using an imagery focus is effective, also when curbing mania symptoms. This is particularly promising as we mentioned previously, there is presently no psychological approach for curbing mania symptoms. We also showed that new research techniques, such as network modelling techniques appear suited for studying mood instability, mental imagery and anxiety. We also highlighted that the bipolar group is not a homogenous group. When euthymic, the bipolar group is highly similar to imagery prone people without mental health problems. We stressed the importance and feasibility of including patients with bipolar disorder in research studies who are currently manic or depressed. Generalising from studies with largely patients who are euthymic might prove unhelpful.

The results from several of the studies in this thesis have been presented at both national and international conferences. That is, Chapter 3 was presented at the national VGCT conference and the international EABCT conference in Berlin in 2018, Chapter 4 and 5 were presented in Belfast at the European EABCT conference in 2021, and Chapter 5 at the national VGCT conference in 2022. In addition, most chapters have been presented at smaller conferences such as the Volante Day in 2021, clinical psychology training courses and Dutch Knowledge Centre for bipolar disorder (KenBis).

In addition, during this study, an international collaboration started with ongoing supervision from the imagery research group in the UK. This international collaboration has inspired an international research collaboration group planning future studies into the special role of mental imagery in bipolar disorder, trying to further explore both the working mechanisms but also future sequel studies into the effectiveness of ImCT needed before updating the guidelines for the treatment of bipolar disorder.

The study on the effectiveness of ImCT conducted at the centre for bipolar disorders of the GGzE has been greatly valued by both patients with bipolar disorder and colleagues. This has led to an ImCT group, where feedback from its participants led to the adaptation ImCT in groups in this service. In addition, the additional focus on anxiety and mental imagery has inspired colleagues to update the group PE, which will be monitored and shared in the national knowledge group for bipolar disorder (KenBis). Finally, sharing our results in clinical training courses might inspire a future generation of clinical psychologist to adopt an additional imagery focus on their work.